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| <b>Department of Origin:</b><br>Integrated Healthcare Services        | <b>Effective Date:</b><br>12/12/23                           |
| <b>Approved by:</b><br>Medical Policy Quality Management Subcommittee | <b>Date Approved:</b><br>12/05/23                            |
| <b>Clinical Policy Document:</b><br>Varicose Vein Treatments          | <b>Replaces Effective Clinical Policy Dated:</b><br>12/06/22 |
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**PURPOSE:**

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

**POLICY:**

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

**GUIDELINES:**

Medical Necessity Criteria - Must satisfy any of the following: I – V

- I. Great saphenous vein or small saphenous vein ligation/division/stripping or *endovenous ablation procedures* (radiofrequency endovenous occlusion [VNUS], endovenous mechanochemical ablation [MOCA eg, ClariVein], endovenous laser ablation of the saphenous vein [ELAS]/ endovenous laser treatment [EVL]) – must satisfy all of the following: A – C
  - A. Request is for saphenofemoral or saphenopopliteal junction incompetence; and
  - B. Ultrasound performed within the past 6 months showed all of the following: 1 – 2
    1. Vein diameter below the saphenofemoral or saphenopopliteal junction is greater than or equal to 4.5mm (not valve diameter at junction); and
    2. Junctional reflux duration in the saphenofemoral or saphenopopliteal junction of the vein to be treated is greater than or equal to 500 milliseconds.
  - C. Saphenous varicosities resulting in any of the following: 1 – 5
    1. Intractable ulceration secondary to venous stasis; or
    2. Greater than 1 episode of minor hemorrhage from a ruptured superficial varicosity; or
    3. Greater than or equal to 1 significant hemorrhage from a ruptured superficial varicosity, especially if blood transfusion is required; or
    4. Recurrent superficial thrombophlebitis and failure of greater than or equal to 3 months of conservative treatment (such as, but not limited to, analgesics, prescription gradient support compression stockings), as applicable; or
    5. Severe and persistent pain and swelling – must satisfy all of the following: a – c
      - a. Interfering with *activities of daily living*; and
      - b. Requiring chronic analgesic medication; and
      - c. Failed greater than or equal to 3 months conservative treatment (such as, but not limited to, analgesics, prescription gradient support compression stockings), as applicable

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[Note: Failure of conservative treatment is not required for members with persistent or recurrent varicosities who have undergone prior endovenous catheter ablation procedures or stripping/division/ligation in the same leg.]

- II. Surgical ligation (including subfascial endoscopic perforator vein surgery [SEPS]) or *endovenous ablation procedures* (radiofrequency endovenous occlusion [VNUS], endovenous laser ablation of the saphenous vein [ELAS] (aka endovenous laser treatment [EVLT]) of perforator/perforating vein(s) – must satisfy all of the following: A – B
  - A. Request is for incompetent perforating veins located underneath an active or healed venous stasis ulcer (ie, CEAP C5 or C6 – see Attachment A); and
  - B. Ultrasound performed within the past 6 months showed all of the following: 1 – 2
    1. Vein diameter is greater than or equal to 3.5mm; and
    2. Outward flow duration is greater than or equal to 500 milliseconds.
  
- III. *Endovenous ablation procedures* (radiofrequency endovenous occlusion [VNUS], endovenous laser ablation) [ELAS]/endovenous laser treatment [EVLT]) of accessory saphenous vein(s) – must satisfy all of the following: A – D
  - A. Request is for adjunctive treatment of symptomatic accessory saphenous vein(s); and
  - B. Member is being treated or has previously been treated for incompetence (ie, reflux) at the saphenofemoral junction or saphenopopliteal junction; and
  - C. Presence of anatomically related persistent junctional reflux after the great or small saphenous veins have been removed or ablated; and
  - D. Member meets all of the following: 1 – 2
    1. Ultrasound performed within the past 6 months showed all of the following: a – b
      - a. Vein diameter below the saphenofemoral or saphenopopliteal junction is greater than or equal to 4.5mm (not valve diameter at junction); and
      - b. Junctional reflux duration in the saphenofemoral or saphenopopliteal junction of the vein to be treated is greater than or equal to 500 milliseconds.
    2. Saphenous varicosities resulting in any of the following: a – e
      - a. Intractable ulceration secondary to venous stasis; or
      - b. Greater than 1 episode of minor hemorrhage from a ruptured superficial varicosity; or
      - c. Greater than or equal to 1 significant hemorrhage from a ruptured superficial varicosity, especially if blood transfusion is required; or
      - d. Recurrent superficial thrombophlebitis and failure of greater than or equal to 3 months of conservative treatment (such as, but not limited to, analgesics, prescription gradient support compression stockings), as applicable; or
      - e. Severe and persistent pain and swelling – all of the following: 1) – 3)
        - 1) Interfering with *activities of daily living*; and
        - 2) Requiring chronic analgesic medication; and

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- 3) Failed greater than or equal to 3 months conservative treatment (such as, but not limited to, analgesics, prescription gradient support compression stockings), as applicable

[Note: Failure of conservative treatment is not required for members with persistent or recurrent varicosities who have undergone prior endovenous catheter ablation procedures or stripping/division/ligation in the same leg.]

IV. *Sclerotherapy* (liquid or foam) (ie, endovenous chemical ablation) (eg, Varithena), *ambulatory phlebectomy*, or *transilluminated powered phlebectomy* (eg, TriVex System) – must satisfy all of the following: A – C

- A. Request is for adjunctive treatment of symptomatic saphenous veins, varicose tributaries, accessory, and perforator veins greater than or equal to 3.5mm; and
- B. Member is being treated or has previously been treated for incompetence (ie, reflux) at the saphenofemoral junction or saphenopopliteal junction; and
- C. Member meets all of the following: 1 – 2
  1. Ultrasound performed within the past 6 months showed all of the following: a – b
    - a. Vein diameter below the saphenofemoral or saphenopopliteal junction is greater than or equal to 4.5mm (not valve diameter at junction); and
    - b. Junctional reflux duration in the saphenofemoral or saphenopopliteal junction of the vein to be treated is greater than or equal to 500 milliseconds.
  2. Saphenous varicosities resulting in any of the following: a – e
    - a. Intractable ulceration secondary to venous stasis; or
    - b. Greater than 1 episode of minor hemorrhage from a ruptured superficial varicosity; or
    - c. Greater than or equal to 1 significant hemorrhage from a ruptured superficial varicosity, especially if blood transfusion is required; or
    - d. Recurrent superficial thrombophlebitis and failure of greater than or equal to 3 months of conservative treatment (such as, but not limited to, analgesics, prescription gradient support compression stockings), as applicable; or
    - e. Severe and persistent pain and swelling – all of the following: 1) – 3)
      - 1) Interfering with *activities of daily living*; and
      - 2) Requiring chronic analgesic medication; and
      - 3) Failed greater than or equal to 3 months conservative treatment (such as, but not limited to, analgesics, prescription gradient support compression stockings), as applicable

[Note: Failure of conservative treatment is not required for members with persistent or recurrent varicosities who have undergone prior endovenous catheter ablation procedures or stripping/division/ligation in the same leg.]

V. Valvular reconstruction for chronic venous insufficiency is medically necessary.

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**EXCLUSIONS:**

Refer to member's Certificate of Coverage or Summary Plan Description

The following are considered investigative (see Investigative List): I – XI

- I. Cryoablation/cryostripping
- II. Endovascular catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous (KAVS)
- III. *Endovenous ablation* (laser or radiofrequency) for treatment of reflux of the common femoral vein
- IV. Measurements of plasma growth factors (eg, angiotensin-1 [ANG1], angiotensin-2 [ANG2], epidermal growth factor [EGF], platelet-derived growth factor [PDGF], and vascular endothelial growth factor [VEGF]) for predicting adequacy of treatment and recurrence risk before and after treatment with endovenous laser ablation
- V. Medical adhesive treatments, eg, VenaSeal Closure System, cyanoacrylate superglue or n-butyl-cyanoacrylate
- VI. Micronized purified flavonoid fraction (MPFF) (oral drug)
- VII. Polymorphism genotyping of matrix metalloproteinases genes (eg, MMP1, MMP2, MMP3, and MMP7) as markers of predisposition to varicose veins
- VIII. Synthetic matrix metalloproteinases inhibitors
- IX. Transdermal laser treatment for the treatment of large varicose veins
- X. VeinGogh Ohmic Thermolysis (RFA device)
- XI. VeinOPlus vascular device for treatment of muscle atrophy due to varicose veins

**DEFINITIONS:**

Activities of Daily Living (ADL):

Activities related to personal self-care and independent living, which include eating, bathing, dressing, transferring, walking/mobility, and toileting/continence

Ambulatory phlebectomy or transilluminated powered phlebectomy (eg, TriVex System):

Removes segments of varicose veins through multiple stab incisions.

Endovenous ablation procedures:

A catheter is inserted and advanced into the affected vein through a small incision. Once ultrasound imaging confirms proper placement, the radiofrequency electrode or laser is slowly withdrawn while applying energy to occlude the vein.

Sclerotherapy:

Injection of an inflammatory chemical solution (sclerosing agent) directly into a vein.

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**BACKGROUND:**

Varicose veins (ie, varix, varices, varicosities) are dilated subcutaneous veins greater than or equal to 3mm in diameter measured in the upright position. It can involve the great saphenous vein (GSV) or the small saphenous vein (SSV) (ie, main axial superficial veins), or any of the other superficial lower limb vein tributaries.

Frequently, varicose veins are caused by intrinsic morphologic or biochemical abnormality in the vein wall. They can also result from secondary causes, such as deep vein thrombosis (DVT), deep venous obstruction, superficial thrombophlebitis, or arteriovenous fistula. They can also be congenital, presenting as venous malformations.

The deep venous and the superficial venous systems, which are connected by perforator veins, are the main components of the lower extremity venous system. The deep venous system contains the popliteal and femoral veins. The superficial venous system contains the greater saphenous vein (GSV) and the small saphenous vein (SSV). The GSV meets the femoral vein at the saphenofemoral junction (SFJ). The SSV meets the deep venous system and the saphenopopliteal junction (SPJ).

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Prior Authorization: Yes, per network provider agreement.

**CODING:**

CPT® or HCPCS

36465 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectant, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)

36466 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectant, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg

36470 Injection of sclerosant; single incompetent vein (other than telangiectasia)

36471 Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg

36473 Endovenous ablative therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein

36474 Endovenous ablative therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites

36475 Endovenous ablative therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein

36476 Endovenous ablative therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites

36478 Endovenous ablative therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein

36479 Endovenous ablative therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites

37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions

37766 Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions

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**REFERENCES:**

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**DOCUMENT HISTORY:**

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| <b>Revised Date:</b> 06/11/21                                |

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## **Attachment A**

### **Clinical, Etiological, Anatomical and Pathophysiological (CEAP) Classification**

| <b>Clinical Classification</b> | <b>Description</b>  |
|--------------------------------|---|
| C0                             | No visible or palpable signs of venous disease                              |
| C1                             | Telangiectasias, reticular veins  |
| C2                             | Varicose Veins  |
| C2 <sub>r</sub>                | Recurrent Varicose Veins  |
| C3                             | Edema   |
| C4                             | Changes in skin and subcutaneous tissue secondary to chronic venous disease |
| C4 <sub>a</sub>                | Pigmentation or eczema  |
| C4 <sub>b</sub>                | Lipodermatosclerosis or atrophie blanche                                    |
| C4 <sub>c</sub>                | Corona phlebectatica  |
| C5                             | Healed  |
| C6                             | Active venous ulcer   |
| C6 <sub>r</sub>                | Recurrent active venous ulcer   |
| S                              | With symptoms attributable to venous disease                                |
| A                              | Absence of symptoms attributable to venous disease                          |

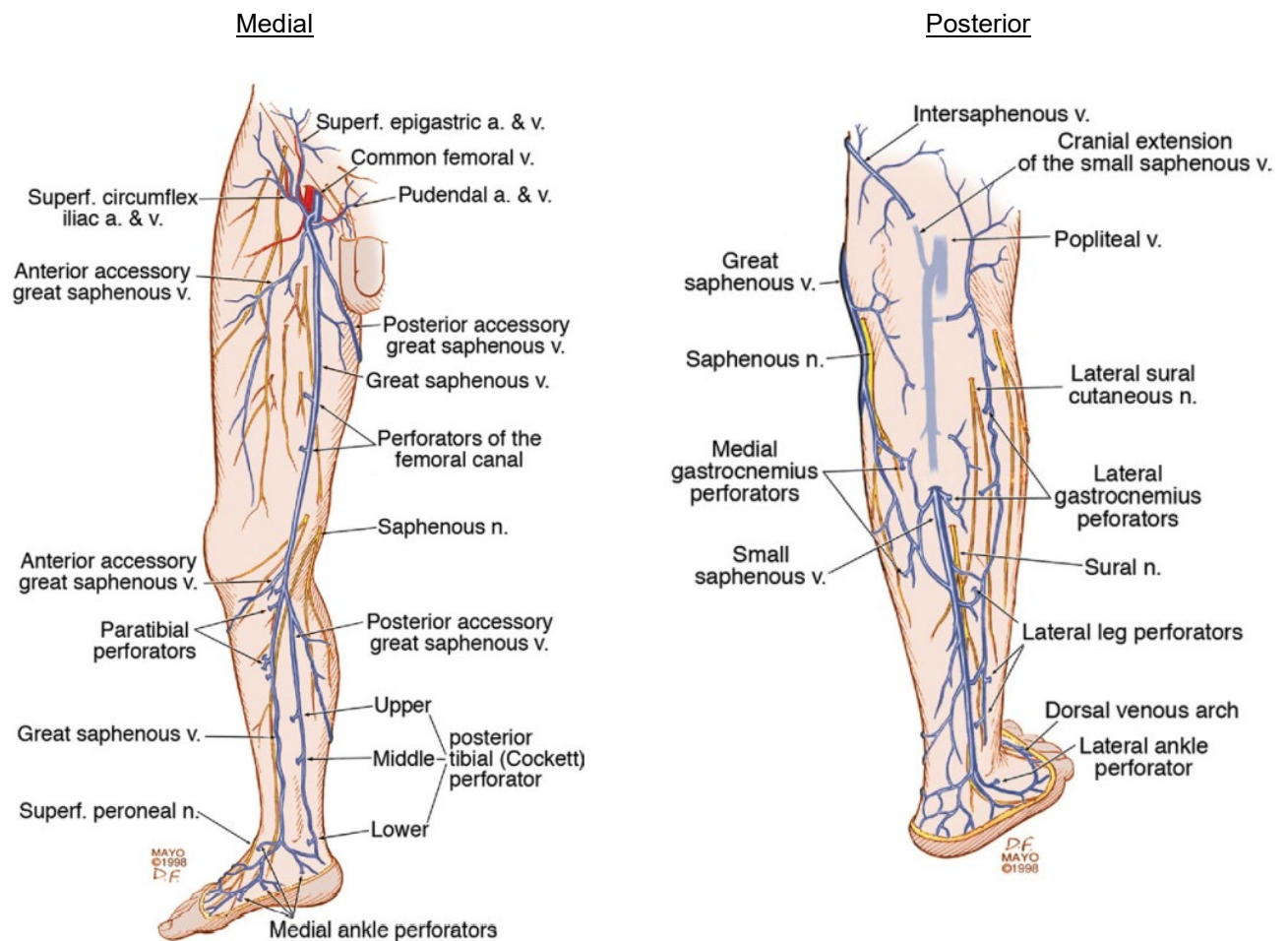
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## Attachment B

### Superficial and Perforating Veins of the Lower Extremity



Retrieved from Gloviczki P, Comerota AJ, Dalsing MC, et al. The care of patients with varicose veins and associated chronic venous diseases: clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. *J Vasc Surg.* 2011;53:2S-48S. Retrieved from <https://www.jvascsurg.org/action/showPdf?pii=S0741-5214%2811%2900327-2>.

## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. We do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

We will:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact us at the phone number shown on the inside cover of this contract, your id card, or aspirushealthplan.com.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1.866.631.5404 (TTY: 711)  
Fax: 763.847.4010  
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1.866.631.5404 (TTY: 711) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

**Traditional Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY:711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

**Lao:** ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).