

Varicose Vein Treatment

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

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Summary

The lower extremities contain a system of veins that carry blood back toward the heart. This venous system consists of superficial veins (great and small saphenous veins and their tributaries) and deep veins (e.g., femoral and popliteal veins). These veins are connected by a series of perforator veins. Each vein contains small one-way valves, which function to move blood from the legs toward the heart. When these valves fail to function as intended, it is known as venous reflux or venous insufficiency. This valve malfunction results in blood pooling in the legs, which can cause varicose veins and swelling. Varicose veins are a relatively common condition that may affect 10 to 30% of the population. Symptoms of varicose veins can range from visible varicosities to more severe symptoms such as ulceration and hemorrhage. In many patients, symptoms can be alleviated with conservative management, which may include compression stockings, analgesics, nonsteroidal anti-inflammatory drugs (NSAIDs), exercise, weight loss, and elevation of the affected extremity. However, when conservative treatment fails or the symptoms warrant further intervention, surgical procedures may be indicated. The Plan considers treatment of varicose veins in the setting of non-cosmetic, persistent symptoms of venous disease to be medically necessary. Findings of venous insufficiency on a recent ultrasound examination of the veins in the leg must be documented. The specific indications for medical necessity are outlined below. *Please check your plan coverage for varicose vein treatment benefits.*

Definitions

| CEAP (Clinical Manifestations, Etiology, Anatomic Distribution, Pathophysiology) Classification System and Reporting Standard Revision 2020 (The Society for Vascular Surgery) | |
|---|--|
| Clinical Manifestations | |
| <ul style="list-style-type: none"> ● C0: No visible or palpable signs of venous disease ● C1: Telangiectasies or reticular veins ● C2: Varicose veins <ul style="list-style-type: none"> ○ C2r: Recurrent varicose veins ● C3: Edema ● C4: Changes in skin and subcutaneous tissue secondary to chronic venous disease <ul style="list-style-type: none"> ○ C4a: Pigmentation or eczema ○ C4b: Lipodermatosclerosis or atrophie blanche | |

| |
|---|
| <ul style="list-style-type: none"> ○ C4c: Corona phlebectatica ● C5: Healed venous ulcer ● C6: Active venous ulcer <ul style="list-style-type: none"> ○ C6r: Recurrent active venous ulcer |
| Etiology <ul style="list-style-type: none"> ● E_p: Primary ● E_s: Secondary ● E_{si}: Secondary - intravenous ● E_{se}: Secondary - extravenous ● E_c: Congenital ● E_n: No cause identified |
| Anatomic Distribution <ul style="list-style-type: none"> ● A_s: Superficial veins ● A_d: Deep veins ● A_p: Perforator veins ● A_n: No venous location identified |
| Pathophysiology <ul style="list-style-type: none"> ● P_r: Reflux ● P_o: Obstruction ● P_{ro}: Reflux and obstruction ● P_n: No pathophysiology identifiable |

“Endovenous mechanochemical ablation” is a technique that uses a combination of sclerotherapy and mechanical disruption of the venous walls.

“Perforator veins” are veins that connect the superficial veins to the deep draining veins.

“Phlebectomy” is a technique in which the varicose vein is removed through numerous tiny cuts made in the skin. Types of phlebectomy include, but are not limited to, the following:

- “Hook phlebectomy” or “stab avulsion” or “stab phlebectomy” is where a small hook-shaped device is inserted through the cut in the skin to remove the vein.
- “Transilluminated powered phlebectomy” is performed using a bright light to illuminate the vein, with injection of a solution to dissect the vein and suction to remove the targeted vein.

“Sclerotherapy” is an injection of a chemical into the vein that causes fibrosis (scarring) and permanent occlusion of the vessel. Types of sclerotherapy include, but are not limited to, the following:

- “Liquid sclerotherapy” is the traditional method of sclerotherapy where a liquid agent is injected into the vein.

- "Foam sclerotherapy" is similar to liquid sclerotherapy, but foam is created by mixing the liquid with air to allow for rapid treatment of larger areas.
- "Echosclerotherapy" uses ultrasound to guide the needle to the appropriate vein, often used for deeper or difficult to visualize veins.

"Subfascial endoscopic perforator surgery (SEPS)" is a surgical procedure used to treat incompetent perforator veins where the veins are divided and clipped as treatment.

"Thermal ablation" is a technique that uses laser light or radiofrequency energy to generate a temperature high enough that damages the vein wall and subsequently occludes the vessel.

"Vein ligation/stripping" is a surgical procedure where the incompetent vein (usually the great saphenous vein) is surgically tied and then pulled out from under the skin through an incision.

| 2010 Revised Venous Clinical Severity Score (VCSS) (American Venous Forum) | | | | |
|--|---------------|---|---|---|
| | None: 0 | Mild: 1 | Moderate: 2 | Severe: 3 |
| Pain | | | | |
| Pain or other discomfort (ie, aching, heaviness, fatigue, soreness, burning) Presumes venous origin | None: 0 | Occasional pain or other discomfort (ie, not restricting regular daily activities) | Daily pain or other discomfort (ie, interfering with but not preventing regular daily activities) | Daily pain or discomfort (ie, limits most regular daily activities) |
| Varicose Veins | | | | |
| "Varicose" veins must be ≥ 3 mm in diameter to qualify in the standing position. | None: 0 | Few: scattered (ie, isolated branch varicosities or clusters), Also includes corona phlebectatica (ankle flare) | Confined to calf or thigh | Involves calf and thigh |
| Venous edema | | | | |
| Presumes venous origin | None: 0 | Limited to foot and ankle area | Extends above ankle but below knee | Extends to knee and above |
| Skin pigmentation | | | | |
| Presumes venous origin Does not include | None or focal | Limited to perimalleolar area | Diffuse over lower third of calf | Wider distribution above lower third of calf |

| | | | | |
|--|---------------|------------------------------------|----------------------------------|--|
| focal pigmentation over varicose veins or pigmentation due to other chronic diseases | | | | |
| Inflammation | | | | |
| More than just recent pigmentation (ie, erythema, cellulitis, venous eczema, dermatitis) | None: 0 | Limited to perimalleolar area | Diffuse over lower third of calf | Wider distribution above lower third of calf |
| Induration | | | | |
| Presumes venous origin of secondary skin and subcutaneous changes (ie, chronic edema with fibrosis, hypodermatitis). Includes white atrophy and lipodermatosclerosis | None: 0 | Limited to perimalleolar area | Diffuse over lower third of calf | Wider distribution above lower third of calf |
| Active ulcer number | 0 | 1 | 2 | ≥3 |
| Active ulcer duration (longest active) | N/A | <3 month | >3 mo but <1 year | Not healed for >1 year |
| Active ulcer size (largest active) | N/A | Diameter <2 cm | Diameter 2-6 cm | Diameter >6 cm |
| Use of compression therapy | 0 Not used | 1 Intermittent use of stockings | 2 Wears stockings most days | 3 Full compliance: stockings |

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Open Venous Surgery (Stripping/Ligation) or Endovenous Thermal Ablation (Radiofrequency or Laser)

(Please check your plan coverage for varicose vein treatment benefits)

The Plan considers initial treatment for varicose veins with open venous surgery or endovenous thermal ablation medically necessary when **ONE** of the following criteria is met:

1. For the great saphenous vein, accessory saphenous vein, or small saphenous vein, when **ALL** of the following criteria are met:
 - a. CEAP classification C2-C6r (if documented); *and*
 - b. Varicose veins result in at least **ONE** of the following symptoms:
 - i. Recurrent bleeding from a superficial varicose vein; *or*
 - ii. Ulceration secondary to venous stasis; *or*
 - iii. The following symptoms despite a 3-month trial of adherence to conservative measures such as leg elevation, exercise, compression stockings, and analgesics:
 1. Pain, edema, leg heaviness, or cramps that interfere with activities of daily living; *or*
 2. Persistent or recurrent superficial thrombophlebitis; *or*
 3. There is documentation as to why a 3-month trial of conservative management is not indicated; *and*
 - c. Duplex ultrasound study of the legs within the last 12 months confirming reflux, defined as at least 0.5 seconds of retrograde flow, at a site proximal to the anticipated location of therapy; *and*
 - d. No evidence of acute deep venous thrombosis on duplex ultrasound or other contraindications to the therapy, including but not limited to local infection or systemic infection, advanced peripheral arterial disease, or advanced collagen vascular disease; *or*
2. For perforator veins, when **ALL** of the following criteria are met:
 - a. CEAP classification C4-C6r (if documented); *and*
 - b. Duplex ultrasound study of the legs within the last 12 months confirming reflux, defined as at least 0.5 seconds of retrograde flow, at a site proximal to the anticipated location of therapy; *and*
 - c. Vein diameter of at least 3.5 mm as measured by duplex ultrasound study; *and*
 - d. Any reflux identified in superficial saphenous veins has been eliminated; *and*
 - e. **ONE** of the following:
 - i. Located beneath a healed or open venous ulcer; *or*
 - ii. Ulcer has persisted despite a 3-month trial of adherence to conservative measures such as leg elevation, exercise, compression stockings, and analgesics or documentation as to why a 3-month trial of conservative management is not indicated.

VenaSeal (Cyanoacrylate Adhesive, i.e., non-sclerosant ablation)

The Plan considers initial treatment for varicose veins with cyanoacrylate ablation (VenaSeal) medically necessary when ONE of the following criteria is met:

1. For the great saphenous vein, when ALL of the following criteria are met:
 - a. CEAP classification C2-C6r (if documented); *and*
 - b. Varicose veins result in at least ONE of the following symptoms:
 - i. Recurrent bleeding from a superficial varicose vein; *or*
 - ii. Ulceration secondary to venous stasis; *or*
 - iii. The following symptoms despite a 3-month trial of adherence to conservative measures such as leg elevation, exercise, compression stockings, and analgesics:
 1. Pain, edema, leg heaviness, or cramps that interfere with activities of daily living; *or*
 2. Persistent or recurrent superficial thrombophlebitis; *or*
 3. There is documentation as to why a 3-month trial of conservative management is not indicated; *and*
 - c. Duplex ultrasound study of the legs within the last 12 months confirming reflux, defined as at least 0.5 seconds of retrograde flow, at a site proximal to the anticipated location of therapy; *and*
 - d. No evidence of acute deep venous thrombosis on duplex ultrasound or other contraindications to the therapy, including but not limited to local infection or systemic infection, advanced peripheral arterial disease, or advanced collagen vascular disease.

Endovenous Chemical Ablation (Liquid Sclerotherapy, Foam Sclerotherapy, Echosclerotherapy)

(Please check your plan coverage for varicose vein treatment benefits)

The Plan considers initial treatment for varicose veins with endovenous chemical ablation medically necessary when ALL of the following criteria are met:

1. ONE of the following criteria is met:
 - a. After failure of endovenous thermal ablation, open venous surgery, or cyanoacrylate ablation (VenaSeal), ONE of the following:
 - i. Endovenous chemical ablation is a standalone or follow-up treatment modality for (CEAP classification C2-C6r, if documented) great saphenous, small saphenous, or accessory saphenous veins measuring greater than 3.5 mm in diameter by ultrasound. Each vein segment is a uniquely separate vein from the greater or accessory saphenous veins; *or*
 - ii. Perforator veins (CEAP classification C4-C6r, if documented) measuring greater than 3.5 mm in diameter by ultrasound. Each vein segment is a uniquely separate vein from the greater or accessory saphenous veins; *or*
 - b. For veins that are not amenable to endovenous thermal treatments, open venous surgery, or cyanoacrylate ablation (VenaSeal), ONE of the following:

- i. Endovenous chemical ablation is a concurrent or follow-up treatment modality for (CEAP classification C2-C6r, if documented) great saphenous, small saphenous, or accessory saphenous veins (measuring greater than 3.5 mm in diameter by ultrasound). Each vein segment is a uniquely separate vein from the greater or accessory saphenous veins; *or*
 - ii. Perforator veins (CEAP classification C4-C6r, if documented) measuring greater than 3.5 mm in diameter by ultrasound. Each vein segment is a uniquely separate vein from the greater or accessory saphenous veins; *and*
- 2. Varicose veins result in at least ONE of the following symptoms:
 - a. Recurrent bleeding from a superficial varicose vein; *or*
 - b. Ulceration secondary to venous stasis; *or*
 - c. The following symptoms despite a 3-month trial of adherence to conservative measures such as leg elevation, exercise, compression stockings, and analgesics:
 - i. Pain, edema, leg heaviness, or cramps that interfere with activities of daily living; *or*
 - ii. Persistent or recurrent superficial thrombophlebitis; *or*
 - iii. There is documentation as to why a 3-month trial of conservative management is not indicated; *and*
- 3. Duplex ultrasound study of the legs within the last 12 months confirming reflux, defined as at least 0.5 seconds of retrograde flow, at a site proximal to the anticipated location of therapy; *and*
- 4. No evidence of acute deep venous thrombosis on duplex ultrasound or other contraindications to the therapy, including but not limited to local infection or systemic infection, advanced peripheral arterial disease, or advanced collagen vascular disease.

Polidocanol Endovenous Microfoam 1% (Varithena)

(Please check your plan coverage for varicose vein treatment benefits)

The Plan considers initial treatment for varicose veins with polidocanol endovenous microfoam 1% (Varithena) medically necessary when ALL of the following criteria are met:

- 1. After failure of endovenous thermal ablation, open venous surgery, or cyanoacrylate ablation (VenaSeal):
 - a. Polidocanol endovenous microfoam 1% is either a standalone, follow-up, or concurrent treatment modality for great saphenous veins or accessory saphenous veins; *and*
- 2. No more than 3 injections (5 mL per injection, 15mL total) per session (one or both legs); *and*
- 3. If documented, ONE of the following:
 - a. CEAP classification C2-C6r for great saphenous veins, small saphenous veins, or accessory saphenous veins; *or*
 - b. CEAP classification C4-C6r for perforator veins; *and*
- 4. Varicose veins result in at least ONE of the following symptoms:
 - a. Recurrent bleeding from a superficial varicose vein; *or*
 - b. Ulceration secondary to venous stasis; *or*

- c. ONE of the following symptoms despite a 3-month trial of adherence to conservative measures such as leg elevation, exercise, compression stockings, and analgesics:
 - i. Pain, edema, leg heaviness, or cramps that interfere with activities of daily living; *or*
 - ii. Persistent or recurrent superficial thrombophlebitis; *or*
 - iii. There is documentation as to why a 3-month trial of conservative management is not indicated; *and*
- 5. Duplex ultrasound study of the legs within the last 12 months confirming reflux, defined as at least 0.5 seconds of retrograde flow, at a site proximal to the anticipated location of therapy; *and*
- 6. No allergy to polidocanol, no evidence of acute deep venous thrombosis on duplex ultrasound, or other contraindications to the therapy, including but not limited to local infection or systemic infection, advanced peripheral arterial disease, or advanced collagen vascular disease.

Stab Avulsion / Hook Phlebectomy / Stab Phlebectomy

The Plan considers initial treatment for varicose veins with stab avulsion, hook phlebectomy, or stab phlebectomy medically necessary when ALL of the following criteria are met:

- 1. Visible superficial tributary varicosities (CEAP classification C2-C6r, if documented), accessory saphenous veins (CEAP classification C2-C6r, if documented), or perforator veins (CEAP classification C4-C6r, if documented) that are 3 mm or greater in diameter; *and*
- 2. Performed concurrently or in conjunction with or after another treatment method for varicose veins as listed in the guideline (e.g., vein stripping, thermal or chemical ablation); *and*
- 3. Reflux, defined as at least 0.5 seconds of retrograde flow, confirmed by ultrasound or duplex ultrasound study of the legs within the last 12 months proximal to the incompetent junction that is also being treated; *and*
- 4. Saphenous venous (CEAP classification C2-C6r, if documented for great saphenous veins or small saphenous veins) insufficiency symptoms causing functional impairment to activities of daily living, including 1 or more of the following:
 - a. Bleeding, recurrent bleeding, or ruptured superficial varicose veins; *or*
 - b. Leg edema (swelling); *or*
 - c. Leg fatigue or heaviness; *or*
 - d. Leg pain or cramps; *or*
 - e. Persistent or recurrent superficial thrombophlebitis; *or*
 - f. Persistent or recurrent venous stasis ulcer; *or*
 - g. Skin changes (e.g., hemosiderosis, lipodermatosclerosis); *and*
- 5. No other exclusions listed under [Experimental or Investigational / Not Medically Necessary](#); *and*
- 6. No lymphedema or severe peripheral edema in region of procedure; *and*
- 7. No evidence of acute deep venous thrombosis on duplex ultrasound or other contraindications to the therapy, including but not limited to local infection or systemic infection, advanced peripheral arterial disease, or advanced collagen vascular disease.

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

(Please review the relevant criteria based on the request)

History of Prior Complete Ablation with Recurrence

If there is documentation with classifications (CEAP or VCSS) for members with a history of complete ablation of incompetent varicose veins, the following criteria must be met to be considered medically necessary for continued care. Otherwise, please refer to the relevant criteria:

1. For patients with previous complete ablation of incompetent varicose veins (CEAP classification C2-C6r), ALL of the following must be met:
 - a. Persistent or recurrent symptoms; *and*
 - b. ONE of the following:
 - i. CEAP classification C2-C6r (if documented) for great saphenous veins, small saphenous veins, accessory saphenous veins, or tributary varicosities; *or*
 - ii. CEAP classification C4-C6r for perforator veins; *or*
 - iii. An increasing VCSS score from prior, that is now considered moderate or severe (VCSS > 10).

Open Venous Surgery (Stripping/Ligation) or Endovenous Thermal Ablation (Radiofrequency or Laser)

The Plan considers repeat procedures with open venous surgery or endovenous thermal ablation medically necessary when ONE of the following criteria is met:

1. Member continues to have symptomatic varicose vein(s) after treatment with ≥ 0.5 seconds of retrograde flow (for perforator veins ≥ 3.5 mm diameter); *or*
2. If documented, ONE of the following:
 - a. CEAP classification C2-C6r for great saphenous veins, small saphenous veins, accessory saphenous veins, or tributary varicosities; *or*
 - b. CEAP classification C2-C6r for perforator veins; *or*
 - c. A VCSS score considered moderate or severe (VCSS > 10).

Endovenous Chemical Ablation (Liquid Sclerotherapy, Foam Sclerotherapy, Echosclerotherapy)

The Plan considers repeat procedures with endovenous chemical ablation medically necessary when ALL of the following criteria are met:

1. Member continues to have symptomatic varicose vein(s) after treatment with ≥ 0.5 seconds of retrograde flow (for perforator veins ≥ 3.5 mm diameter); *and*
2. No more than 3 sessions per vein field in total; *and*
3. If documented, ONE of the following:
 - a. CEAP classification C2-C6r for great saphenous veins, small saphenous veins, accessory saphenous veins, or tributary varicosities; *or*
 - b. CEAP classification C4-C6r for perforator veins; *or*
 - c. A VCSS score considered moderate or severe (VCSS > 10).

Polidocanol Endovenous Microfoam 1% (Varithena)

The Plan considers repeat procedures with polidocanol endovenous microfoam 1% (Varithena) medically necessary when ALL of the following criteria are met:

1. Member continues to have symptomatic varicose vein(s) after treatment with ≥ 0.5 seconds of retrograde flow (for perforator veins ≥ 3.5 mm diameter); *and*
2. No more than 3 sessions per vein field in total; *and*
3. A minimum of 5 days have passed since the last session; *and*
4. If documented, ONE of the following:
 - a. CEAP classification C2-C6r for great saphenous veins, small saphenous veins, accessory saphenous veins, or tributary varicosities; *or*
 - b. CEAP classification C4-C6r for perforator veins; *or*
 - c. A VCSS score considered moderate or severe (VCSS > 10).

Stab Avulsion / Hook Phlebectomy / Stab Phlebectomy

The Plan considers repeat procedures with stab avulsion, hook phlebectomy, or stab phlebectomy medically necessary when ALL of the following criteria are met:

1. Member continues to have symptomatic varicose vein(s) after treatment; *and*
2. Procedure is performed no more than a total of three sessions (dates of services) per leg; *and*;
3. A minimum of 10 days since last session; *and/or*
4. If a request is beyond three total sessions per leg, the member must meet initial treatment criteria and a 3-month trial of adherence to conservative measures such as leg elevation, exercise, compression stockings, and analgesics or documentation as to why a 3-month trial of conservative management is not indicated; *and/or*
5. If documented, ONE of the following:
 - a. CEAP classification C2-C6r for great saphenous veins, small saphenous veins, accessory saphenous veins, or tributary varicosities; *or*
 - b. CEAP classification C4-C6r for perforator veins; *or*
 - c. A VCSS score considered moderate or severe (VCSS > 10).

VenaSeal (Cyanoacrylate Adhesive, i.e., non-sclerosant ablation)

The Plan considers repeat procedures with cyanoacrylate ablation (VenaSeal) medically necessary when ONE of the following criteria is met:

1. Member continues to have symptomatic great saphenous vein(s) after treatment with ≥ 0.5 seconds of retrograde flow; *or*
2. If documented, ONE of the following:
 - a. CEAP classification C2-C6r for great saphenous veins; *or*
 - b. A VCSS score considered moderate or severe (VCSS > 10).

Experimental or Investigational / Not Medically Necessary

1. Treatment of asymptomatic varicose veins is considered cosmetic, not medically necessary.
2. Sclerotherapy performed in conjunction with an open ligation of the saphenofemoral junction is not medically necessary. Sclerotherapy or thermal ablation to the saphenofemoral junction, performed at the same time as a primary ligation procedure of the same, for any reason, is considered not medically necessary.
3. Treatment of small veins, telangiectasias, and spider veins (reticular veins) measuring less than 3 mm by any mechanism is not medically necessary, as such small veins are cosmetic problems and do not typically cause pain, bleeding, ulceration, or other medical problems. These include but are not limited to:
 - a. Asclera polidocanol injections
 - b. Photothermal sclerosis (phototherapy, e.g., PhotoDerm, VascuLight, VeinLase)
 - c. Transdermal laser
 - d. VeinGogh Ohmic Thermolysis System
4. The following treatment options are *not covered*, as they are considered experimental and investigational as there is insufficient evidence in the peer-reviewed literature documenting their effectiveness and long-term outcomes relative to established therapies:
 - a. Endovenous Mechanochemical Ablation (ClariVein® Catheter, MOCA, MCEA, MEECA)
 - b. Transdermal laser
 - c. SEPS for the treatment of venous insufficiency associated with post-thrombotic syndrome
 - d. Coil embolization
 - e. Any type of cryosurgery or cryoablation or cryostripping
 - f. Endoluminal radiofrequency, thermal, or laser ablation of varicose tributaries or as an alternative to SEPS for perforator veins.
 - g. Transilluminated Powered Phlebectomy (TIPP)
5. Additional duplex ultrasound when used to monitor response to treatment within 90 days of procedure is not covered separately as it is considered integral to the original procedure.

Applicable Billing Codes

| Table 1 | |
|---|--|
| CPT/HCPCS codes considered medically necessary if criteria are met: | |
| <i>Code</i> | <i>Description</i> |
| 36465 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein) |

| Table 1 | |
|---|--|
| CPT/HCPCS codes considered medically necessary if criteria are met: | |
| <i>Code</i> | <i>Description</i> |
| 36466 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, 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 |
| 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated |
| 36476 | Endovenous ablation 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 (List separately in addition to code for primary procedure) |
| 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated |
| 36479 | Endovenous ablation 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 (List separately in addition to code for primary procedure) |
| 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated |
| 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) |
| 37500 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS) |
| 37700 | Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions |
| 37718 | Ligation, division, and stripping, short saphenous vein |

| Table 1 | |
|---|---|
| CPT/HCPCS codes considered medically necessary if criteria are met: | |
| <i>Code</i> | <i>Description</i> |
| 37722 | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below |
| 37735 | Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia |
| 37760 | Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg |
| 37761 | Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg |
| 37765 | Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions |
| 37766 | Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions |
| 37780 | Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure) |
| 37785 | Ligation, division, and/or excision of varicose vein cluster(s), one leg |
| 93970 | Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study |
| 93971 | Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study |
| S2202 | Echosclerotherapy |

| Table 2 | |
|---|--|
| ICD-10 codes considered medically necessary with Table 1 codes if criteria are met: | |
| <i>Code</i> | <i>Description</i> |
| I80.00 - I80.009 | Phlebitis and thrombophlebitis |
| I83.001 - I83.029 | Varicose veins of lower extremity with ulcer |
| I83.10 - I83.12 | Varicose veins of lower extremities with inflammation |
| I83.201 - I83.229 | Varicose veins of lower extremities with both ulcer and inflammation |

| Table 2 | |
|---|--|
| ICD-10 codes considered medically necessary with Table 1 codes if criteria are met: | |
| <i>Code</i> | <i>Description</i> |
| I83.811 - I83.899 | Varicose veins of lower extremities with other complications |
| I87.001 - I87.099 | Postthrombotic syndrome |
| I87.2 | Venous Insufficiency (Chronic) (Peripheral) |
| I87.301 - I87.399 | Chronic venous hypertension (idiopathic) |
| R60.0 | Localized edema |

| Table 3 | |
|--|--|
| ICD-10 codes <u>not considered medically necessary</u> with Table 1 codes: | |
| <i>Code</i> | <i>Description</i> |
| I83.90 - I83.93 | Asymptomatic varicose veins of lower extremities |

| Table 4 | |
|--|---|
| CPT/HCPCS codes <u>not considered medically necessary</u> for indications in this guideline: | |
| <i>Code</i> | <i>Description</i> |
| 36011 | Selective catheter placement, venous system; first order branch (e.g., renal vein, jugular vein) |
| 36468 | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk |
| 37241 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles) |
| 37244 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation |
| 75894 | Transcatheter therapy, embolization, any method, radiological supervision and interpretation |
| 76942 | Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation |

| | |
|-------|--|
| | <ul style="list-style-type: none"> Due to the broad nature of this code and lack of specificity in certain scenarios, clarification is provided below: When this code is billed for needle guidance in varicose vein treatment, it is considered NOT medically necessary |
| 76998 | Ultrasonic guidance, intraoperative |
| 37799 | Unlisted procedure; vascular surgery |

| Table 5 | |
|--|--|
| ICD-10 codes <u>not considered medically necessary</u> with Table 4 codes: | |
| <i>Code</i> | <i>Description</i> |
| I80.00 - I80.009 | Phlebitis and thrombophlebitis |
| I83.001 - I83.029 | Varicose veins of lower extremity with ulcer |
| I83.10 - I83.12 | Varicose veins of lower extremities with inflammation |
| I83.201 - I83.229 | Varicose veins of lower extremities with both ulcer and inflammation |
| I83.811 - I83.899 | Varicose veins of lower extremities with other complications |
| I83.90 - I83.93 | Asymptomatic varicose veins of lower extremities |

| Table 6 | |
|--|--|
| CPT/HCPCS codes considered experimental or investigational with Table 7 codes: | |
| <i>Code</i> | <i>Description</i> |
| 17106 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm |
| 17107 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0-50.0 sq cm |
| 17108 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); greater than 50.0 sq cm |

| Table 7 | |
|---|--------------------------------|
| ICD-10 codes considered experimental or investigational with Table 6 codes: | |
| <i>Code</i> | <i>Description</i> |
| I80.00 - I80.009 | Phlebitis and thrombophlebitis |

| Table 7 | |
|---|--|
| ICD-10 codes considered experimental or investigational with Table 6 codes: | |
| <i>Code</i> | <i>Description</i> |
| I83.001 - I83.029 | Varicose veins of lower extremity with ulcer |
| I83.10 - I83.12 | Varicose veins of lower extremities with inflammation |
| I83.201 - I83.229 | Varicose veins of lower extremities with both ulcer and inflammation |
| I83.811 - I83.899 | Varicose veins of lower extremities with other complications |
| I83.90 - I83.93 | Asymptomatic varicose veins of lower extremities |
| I87.001 - I87.099 | Postthrombotic syndrome |
| I87.2 | Venous Insufficiency (Chronic) (Peripheral) |
| I87.301 - I87.399 | Chronic venous hypertension (idiopathic) |

| Table 8 | |
|---|---|
| CPT/HCPCS codes considered experimental or investigational for indications in this guideline: | |
| <i>Code</i> | <i>Description</i> |
| 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated |
| 36474 | Endovenous ablation 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 (List separately in addition to code for primary procedure) |

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