

OBENEFIT COVERAGE POLICY

Title: BCP-63 Varicose Vein Treatment

Effective Date: 04/01/2022



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

The Health Plan covers treatment of varicose veins when deemed medically necessary and is supported by clinical documentation to meet criteria below. Services to treat varicose veins require prior approval for coverage of Covered Health Services.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

2.0 Background:

Varicose veins are abnormally enlarged and tortuous vessels caused by incompetent valves in the venous system that allow blood leakage or reflux. They are the visible surface manifestation of an underlying syndrome of venous insufficiency. Venous insufficiency syndromes allow venous blood to escape from its normal flow path and flow in a retrograde direction down into an already congested leg.

Mild forms of venous insufficiency are merely uncomfortable, annoying, or cosmetically disfiguring. This condition can become clinically important when symptoms such as cramping, throbbing, burning, swelling, feeling of heaviness or fatigue, and alterations in skin pigmentation in the afflicted area become pronounced. Severe varicosities may be associated with dermatitis, ulceration, and thrombophlebitis.

First-line treatment of varicose veins includes conservative methods such as exercise, weight reduction, elevation of the legs, avoidance of prolonged immobility, or compression therapy. When these measures fail, medium to large incompetent veins may be treated with surgical stripping, ligation, sclerotherapy, endovenous laser therapy (EVLT), or endoluminal radiofrequency ablation (ERFA).

3.0 Clinical Determination Guidelines:

- A. Use InterQual® Review Manager for clinical criteria benefit review.

B. The following procedures are not covered:

1. When considered cosmetic in nature and not medically necessary:
 - a. Treatment of telangiectasis or varicose veins that are less than 3 mm in diameter by any method.
 - b. Intense pulsed-light source (photothermal sclerosis) treatment of a varicose vein.
2. When considered experimental, investigational or unproven:
 - a. Non-compressive sclerotherapy.
 - b. Transdermal laser therapy.
 - c. Trans-illuminated Powered Phlebectomy (TIPP, TriVex™).
 - d. SEPS for treatment of venous insufficiency as a result of post-thrombotic syndrome.
 - e. Endomechanical or mechanochemical ablative approach (e.g., ClariVein™ Catheter, mechanical occlusion chemically assisted ablation [MOCA], mechanical-chemical endovenous ablation [MCEA], mechanically enhanced endovenous chemical ablation [MEECA]).
 - f. Venaseal/cyanoacrylate embolization (CAE).
 - g. Coil embolization.
 - h. Cryostripping (including cryoablation, cryofreezing) of any vein.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = EPO/PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
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 (e.g., great saphenous vein, accessory saphenous vein)	Y	Professional fees for surgical and medical expenses
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 (e.g., great saphenous vein, accessory saphenous vein), same leg	Y	Professional fees for surgical and medical expenses
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Y	Professional fees for surgical and medical expenses

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
36471	Injection of sclerosing solution; multiple incompetent veins (other than telangiectasia), same leg	Y	Professional fees for surgical and medical expenses
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring percutaneous, mechanochemical; first vein treated	Y	Professional fees for surgical and medical expenses
36474	... subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Y	Professional fees for surgical and medical expenses
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Y	Professional fees for surgical and medical expenses
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)	Y	Professional fees for surgical and medical expenses
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Y	Professional fees for surgical and medical expenses
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)	Y	Professional fees for surgical and medical expenses
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	Y	Professional fees for surgical and medical expenses
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Y	Professional fees for surgical and medical expenses
37718	Ligation, division, and stripping, short saphenous vein	Y	Professional fees for surgical and medical expenses
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Y	Professional fees for surgical and medical expenses
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	N	Professional fees for surgical and medical expenses

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	of lower leg, with excision of deep fascia		
37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open	N	Professional fees for surgical and medical expenses
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	N	Professional fees for surgical and medical expenses
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	Y	Professional fees for surgical and medical expenses
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions division, and/or excision of varicose vein cluster(s), one leg	Y	Professional fees for surgical and medical expenses
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Y	Professional fees for surgical and medical expenses
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg	Y	Professional fees for surgical and medical expenses

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	Cosmetic, not medically necessary
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	Experimental/investigational/unproven

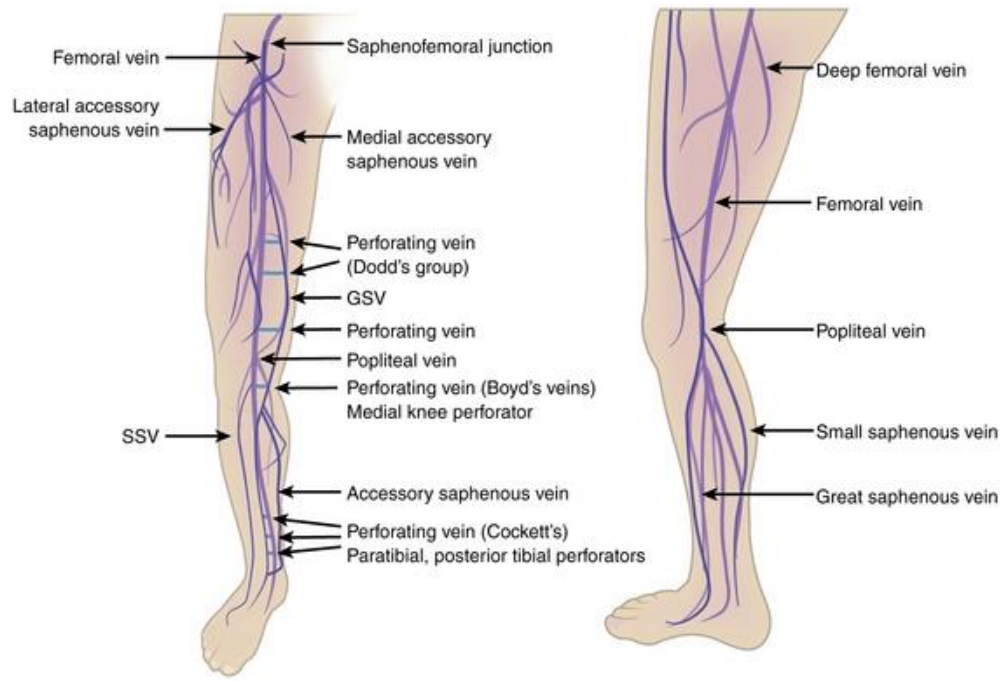
5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

6.0 Terms & Definitions:

Ambulatory phlebectomy (AKA microphlebectomy) – A minimally invasive procedure performed under local anesthesia and is an accepted outpatient therapy for the removal of incompetent veins below the saphenofemoral and saphenopopliteal junctions, not including the proximal great or short saphenous veins.

Anatomy of lower extremity veins:



Chronic venous insufficiency (CVI) – A condition that occurs when the venous wall and/or valves in the leg veins do not work effectively, making it difficult for blood to return to the heart from the legs. Symptoms of CVI are pooling of blood in the lower legs causing leg swelling (stasis), changes in the skin texture and color, and skin ulcers.

Doppler study – A handheld ultrasound instrument used to determine the competency of the valves in the veins. Also referred to as duplex, venogram, or duplex scan.

Endovenous laser therapy (EVLT) – A minimally invasive ultrasound-guided treatment that uses radiofrequency ablation (RFA) or laser ablation (ELA) to cauterize and close abnormally enlarged veins (varicose veins) in the legs.

Ligation and stripping – Ligation is the surgical tying off of a large vein in the leg called the greater saphenous vein. Stripping refers to the removal of this vein through incisions in the groin area or behind the knee. These procedures are done under general anesthesia.

Phlebectomy – A minimally invasive procedure that uses small incisions or a needle to remove varicose veins on the surface of the leg.

Reticular veins – veins measuring 1 to 4mm in diameter, are usually a blue-green or purple color and form areas of unattractive clusters of veins predominantly located on the inner thigh or ankles and on the back of the legs. They do not protrude above the skin like varicose veins.

Sclerotherapy – A procedure used to eliminate small varicose veins and spider veins. It involves an injection of a solution (generally a salt solution) directly into the vein. The solution causes the vein to scar, forcing blood to reroute through healthier veins. The collapsed vein is reabsorbed and eventually fades.

Telangiectasias (spider veins) – Intradermal varicosities that are small, usually less than 0.3 mm in diameter, and tend to be cosmetically unappealing but not symptomatic.

Varicose veins – Veins that have become enlarged and twisted. This is caused by the valves in the veins not working properly allowing blood to flow backwards (reflux) causing the veins to enlarge. This can lead to pain, especially when standing, leg swelling, eczema, skin thickening and ulcerations.

7.0 References, Citations & Resources:

- 1 Hayes Health Technology Assessment: Cyanoacrylate Embolization (VenaSeal Closure System) for the Treatment of Varicose Veins. Dec. 2, 2020.

2. Hayes Technology Assessment: Polidocanol Endovenous Microfoam (Varithena) 1% for Treatment of Varicose Veins. Dec. 2, 2020.
3. InterQual; Sclerotherapy, Varicose Vein, 04/16/2021.
4. InterQual; Ablation, Endovenous, Varicose Vein, 04/16/2021.
5. InterQual; Ligation, Subfascial, Endoscopic, Perforating Vein, 04/16/2021.
6. InterQual; Ligation, Excision, Varicose Vein +/- Stripping, 04/16/2021.
7. InterQual; Ambulatory Phlebectomy, Varicose Vein, 04/16/2021.

8.0 Associated Documents [For internal use only]:

Policy and Procedure (P&P) - MMP-02 Transition/Continuity of Care; MMP-06 Peer-to-Peer Conversations; MMP-09 Benefit Determinations.

Standard Operating Procedure (SOP) – MMS-03 Algorithm for Use of Criteria for Benefit Determinations.

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Partial Coverage, Partial Non-Coverage Letter; Specific Exclusion Denial Letter.

Form – Request Form: Out of Network/ Prior Authorization.

9.0 Revision History:

Original Effective Date: 06/14/2004

Next Review Date: 04/01/2023

Revision Date & Approval	Reason for Revision
2/16	Annual review and update: Title changes – removed references to Medical Resource Management with title changed to “Medical Policy” and Responsible Dept is now “Utilization Management.” Removed references to Sparrow PHP, Healthy Michigan, MI Child and MDHHS. Product Application – added reference to COC definitions related to policy. General Background – information added. Clinical Determination Guidelines – reorganized information by clinical criteria (expanded failed conservative treatment), procedure, and non-covered procedures. ICD-10 codes added. References and Resources updated
2/17	Annual review – changed from MRM Medical Policy 002 to Benefit Coverage Committee Policy formatting; revised B.3 to remove reflux criteria s/p EVLA or EVLT treatment; added 2 new CPT codes effective 1/1/2017 to “Non-Covered Codes” table.
2/18	Sclerotherapy moved from "not covered, cosmetic" to "covered when criteria met, PA" - criteria added (Sec. 3.0 E), removed (Sec. 3.0 F.2.e.ii). Codes moved from "Not Covered" to "Covered." (36470, 36471). Added "Reticular veins" to "Terms & Definitions." Clarified measurements for telangiectasias and varicose veins.
9/18	References updated. No criteria or code changes. Annual review and approval by QI/MRM 10/10/18.
1/20	Annual review: unlisted code added to covered, code added to not covered, references updated, illustration added to definitions; section E revised.
8/20	Annual review: criteria and ICD-10 Diagnosis Code table removed with transition to InterQual criteria. Codes 36465 and 36466 moved from “Non-covered” to “Covered” with PA required. Codes 37735, 37769, 37761 changed from “PA” to “Covered” as there is no InterQual criteria. No claims in the past 12 months. Added description when unlisted code is appropriate to use.
11/21	Annual review: moved codes deemed experimental/unproven to “Covered” section and requiring PA. Updated references., removed unlisted codes 37799