Policy: Varicose veins are abnormally enlarged and tortuous vessels caused by venous hypertension and venous pooling in capacitance vessels which result from impaired venous return. This may result in venous thrombosis, dilatation of the veins and incompetent valves in the venous system. They are the visible surface manifestation of an underlying syndrome of venous insufficiency. Venous insufficiency due to venous hypertension is a progressive phenomenon resulting in clinical findings of prominence and engorgement of the superficial venous system, deep vein thrombosis, incompetence of the one way valves, edema, stasis dermatitis, brawny edema with pigmentation of the skin, and ulceration of the soft tissues.

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 to reduce the venous pooling in the extremity 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). EVLT involves ultrasonography to evaluate the veins, infiltration of the area to be treated with local anesthetic, and passage of an optical fiber into and along the length of the Great Saphenous Vein (GSV) or Lesser Saphenous Vein (LSV).

Procedure: Varicose vein treatment is a covered benefit when medically necessary as outlined below.

1. Treatment of varicose veins is covered when ALL of the following exists:
a. The patient is symptomatic and has one or more of the following:
   i. Documented history of complications of venous stasis (dermatitis, ulceration, subcutaneous induration);
   ii. History of hemorrhage of large varicosities;
   iii. Significant leg aching, heaviness, or cramps and/or swelling during activity or after prolonged standing, severe enough to impair mobility;
   iv. Recurrent episodes of superficial phlebitis in the affected area;
   v. Refractory dependent edema due to the varicosities in the absence of liver disease, CHF, or ESRD.

b. A three-month trial of conservative therapy such as exercise, periodic leg elevation, weight loss, compressive therapy, and avoidance of prolonged immobility where appropriate, has failed.

c. An ultrasound or venogram documenting patency of the deep venous system.

d. Maximum vein diameter of 20 mm for ERFA or 30 mm for EVLT.

e. A minimum vein diameter of 3 mm.

f. Thrombosis or significant vein tortuosity which would impair catheter advancement is a contraindication to ERFA or EVLT and a relative contraindication to stripping.

g. Absence of significant peripheral arterial diseases.

2. The following procedures are covered when medical necessity criteria in #1 above are met:

   a. Excision
   b. Ligation
   c. Stab phlebectomy
   d. Sclerotherapy, except foam sclerotherapy (see 3d below)
   e. Endoluminal radiofrequency ablation (ERFA or VNUS) of greater or lesser saphenous vein, if ultrasound shows evidence of venous reflux
   f. Endovenous Laser Therapy (EVLT) or greater and/or lesser saphenous vein, if ultrasound shows evidence of venous reflux
   g. ERFA or VNUS for perforator veins is a covered benefit when ALL of the following are met:
      i. Doppler and/or Duplex ultrasonography evaluation and report, performed no more than 12 months prior to the requested procedure, confirms reflux of the incompetent perforator vein and location on the medial aspect of the calf being treated.
      ii. Failure or intolerance of medically supervised conservative management, including but not limited to compression stocking therapy, for at least three consecutive months
      iii. Documentation of at least ONE of the following conditions:
         1. venous stasis dermatitis/ulceration
         2. chronic venous insufficiency
   h. Subfascial endoscopic perforator surgery (SEPS) or an open Litton’s procedure is a covered benefit when ALL of the following are met:
      i. 1. Doppler and/or Duplex ultrasonography, performed no more than 12 months prior to the requested procedure, confirms reflux of the incompetent perforator vein and location on the medial aspect of the calf being treated.
      ii. Failure or intolerance of medically supervised conservative management, including but not limited to compression stocking therapy, for at least three consecutive months
iii. Documentation of at least **ONE** of the following conditions:
   1. venous stasis dermatitis/ulceration
   2. chronic venous insufficiency

3. The following procedures are **not covered** as there is insufficient evidence to conclude benefits and efficacy:
   a. Transilluminated Powered Phlebectomy (TIPP)
   b. ERFA and EVLT for accessory or perforator veins, unless 2g above applies
   c. Endomechanical or mechanochemical ablative approach (e.g., ClariVein™ Catheter)
   d. Foam sclerotherapy (e.g. polidocanol injectable foam). Asclera/polidocanol foam is FDA approved for spider veins and telangiectasias only, which are considered cosmetic and not a covered benefit. Varithena/polidocanol foam for varicose veins has inferior clinical outcomes to other methods and is not a covered benefit (Brittenden, J. et.al. 2014).

4. Limitations:
   a. Intra-operative ultrasound guidance is included as part of the surgical procedure code(s) for ERFA and EVLT, and is not separately payable.
   b. The treatment of asymptomatic varicose veins, or of symptomatic varicose veins without a 3 month trial of conservative therapy, is not covered.
   c. The treatment of spider veins or superficial telangiectasias is considered cosmetic, and therefore not covered, unless there is associated bleeding.
   d. Coverage is only for FDA devices specifically approved for these procedures.
   e. One pre-operative Doppler ultrasound study or duplex scan will be covered.
   f. Post-procedure Doppler ultrasound studies will be allowed if medically necessary for continuing symptoms.

**NOT COVERED:** Meridian Health Plan (MHP) does not cover ANY of the following varicose vein treatments because each is considered cosmetic in nature and not medically necessary:

- treatment of telangiectasis or varicose veins that are less than 3 mm in diameter by any method
- sclerotherapy with glycerin/glycerol
- intense pulsed-light source (photothermal sclerosis) treatment of a varicose vein

MHP does not cover ANY of the following varicose vein treatments, because each is considered experimental or investigational (this list may not be all-inclusive):

- non-compressive sclerotherapy
- transdermal laser therapy
- transilluminated powered phlebectomy (TIPP, TriVex™)
- SEPS for the treatment of venous insufficiency as a result of post-thrombotic syndrome (deep venous system partially or totally occluded).
- sclerotherapy (i.e., liquid, foam, ultra-sound guided, endovenous chemical ablation) when performed for ANY of the following indications:
  - sole treatment of accessory, reticular or varicose tributaries without associated occlusion of the saphenofemoral or saphenopopliteal junction
  - incompetence that is isolated to the perforator veins
  - of the Greater Saphenous Vein (GSV), with or without associated ligation of the saphenofemoral junction
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- as a sole (i.e., stand alone) treatment for reflux occurring at the saphenofemoral or saphenopopliteal junction
  - endomechanical ablative approach (e.g., ClariVein™ Catheter)
  - cryoablation (including cryoablation, cryofreezing) of any vein

Special Instructions: N/A

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Approved by: ___________________________________________ Date: 10/20/2015

Reviewed and approved by Policy and Procedure Committee: Date: 08/14/2015
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Reviewed and approved by Physician Advisory Committee: Date: 09/25/2015
Reviewed and approved by Corporate Compliance Committee: Date: 10/20/2015

References:

