Varicose vein procedures of the lower extremities

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is required for the following treatments for varicose veins of the lower extremities:

- Endovenous thermal ablation procedures [e.g., endovenous laser ablation (EVLA), endovenous laser therapy (EVLT), endovenous laser ablative surgery (ELAS) or endovenous radiofrequency ablation (EVRF, VNUS RF)]
- Endovenous non-thermal ablation procedures (e.g., cyanoacrylate embolization via the VenaSeal closure system)
- Endovenous chemical ablation procedures (e.g., liquid or foam sclerotherapy)

Prior authorization is not required for the following treatments for varicose veins of the lower extremities:

- Ambulatory phlebectomy
- Vein ligation/stripping
- Subfascial endoscopic perforator surgery (SEPS)

Coverage

The following documentation must be included with all requests for coverage of varicose vein procedures:

1. Detailed clinical history including symptoms, medically supervised conservative treatments attempted, and response to treatments.
2. Duplex ultrasound report and interpretation which demonstrate location and duration of venous reflux. A narrative description alone is insufficient to meet this documentation requirement.
3. Description and date of any previous invasive treatment of varicose veins.
4. Clear description of the intended treatment plan, including applicable procedure (CPT) codes for the planned interventions. Documentation must include the name, location, size, and duration of reflux for each vessel to be treated.

Indications that are covered

1. Minimally invasive endovenous thermal ablation (e.g., EVLA, EVLT, ELAS, VNUS) or non-thermal ablation (e.g., cyanoacrylate embolization/VenaSeal) for treatment of the great saphenous vein (GSV), small saphenous vein (SSV), accessory saphenous veins [anterior accessory (AAGSV), posterior accessory (PAGSV) or intersaphenous vein (vein of Giacomini)] or perforator veins, is eligible for coverage when criteria A and B below are met and either C or D:
   A. Results of duplex ultrasound scanning performed no more than six months prior to the requested procedure and measured in the standing position (or upright position on an ultrasound table) indicate all of the following:
      i. Absence of deep venous thromboembolism in the affected extremity
      ii. Reflux duration of 0.5 seconds or greater in the vein for which treatment is requested
      iii. The diameter of the vein(s) targeted for treatment is 3mm or greater
   B. Venous reflux/insufficiency in the vein targeted for treatment correlates with clinical symptoms and results in at least one of the following (i-iv):
      i. Venous stasis ulceration
      ii. External hemorrhage from a ruptured superficial varicose vein
      iii. Recurrent superficial thrombophlebitis
      iv. Persistent pain that is moderate to severe in intensity and is characterized by all of the following:
         a) Limits activities of daily living
         b) Is accompanied by recurring edema (swelling)
         c) Has failed to respond to treatment with physician ordered graded compression garments for a minimum of three months
   C. Isolated insufficiency of the accessory saphenous veins or perforator veins targeted for treatment or;
   D. If present, reflux in the great or small saphenous veins proximal to vein(s) targeted for treatment is concurrently or has previously been treated (within the past six months).
2. Endovenous chemical ablation (e.g., liquid or foam sclerotherapy) as a stand-alone or adjunctive treatment for symptomatic accessory saphenous veins (anterior accessory (AAGSV), posterior accessory (PAGSV) or intersaphenous vein (vein of Giacomini)), significant tributaries or perforator veins or as an adjunctive treatment for the greater saphenous vein (GSV) or small saphenous vein (SSV) is eligible for coverage when the following criteria are met:

A. Results of duplex ultrasound scanning performed no more than six months prior to the requested procedure and measured in the standing position (or upright position on an ultrasound table) indicate all of the following:
   i. Absence of deep venous thromboembolism in the affected extremity
   ii. The diameter of the vein(s) targeted for treatment is 3mm or greater
   iii. A reflux duration of 0.5 seconds or greater in the veins for which treatment is requested.

B. Venous reflux/insufficiency in the vein targeted for treatment correlates with clinical symptoms and results in at least one of the following (i.-iv.):
   i. Venous ulceration
   ii. External hemorrhage from a ruptured superficial varicose vein
   iii. Recurrent superficial thrombophlebitis
   iv. Persistent pain that is moderate to severe in intensity and is characterized by all of the following:
      a) Limits activities of daily living
      b) Is accompanied by recurring edema (swelling)
      c) Has failed to respond to treatment with physician ordered graded compression garments for a minimum of three months

C. If present, reflux in the great or small saphenous veins proximal to vein(s) targeted for treatment is concurrently or has previously been treated (within the past six months).

3. When medical criteria are met, coverage is initially limited to the following:

A. For minimally invasive endovenous thermal or non-thermal ablation procedures: One treatment session per affected leg within a six-month period. A session is defined as treatment provided to the affected limb on one date of service. Thus, one primary code for the initial vein treated and one secondary code for any subsequent veins treated on the affected leg are eligible for coverage for the initial treatment.

B. For endovenous chemical ablation (e.g., liquid or foam sclerotherapy): Two sessions per affected leg within a six-month period. A session is defined as treatment provided to the affected limb on one date of service.

Requests for additional sessions will be reviewed by a medical director to determine medical necessity. Documentation must include:

A. Description of ongoing symptoms which correlate anatomically with the veins targeted for additional treatment and result in at least one of the following:
   i. Venous stasis ulceration.
   ii. External hemorrhage from a ruptured superficial varicose vein
   iii. Recurrent superficial thrombophlebitis
   iv. Persistent pain that is moderate to severe in intensity and is characterized by all of the following:
      a) Limits activities of daily living
      b) Is accompanied by recurring edema (swelling)

B. Results of duplex ultrasound scanning performed no more than six months prior to the requested procedure and measured in the standing position (or upright position on an ultrasound table) demonstrate:
   i. Absence of deep venous thromboembolism in the affected extremity
   ii. Persistent or recurrent reflux in the veins targeted for treatment.
   iii. Reflux duration of 0.5 seconds or greater in the vein(s) for which treatment is requested
   iv. The diameter of the vein(s) targeted for treatment is 3mm or greater
   v. Absence of reflux proximal (higher than) the veins(s) targeted for treatment

Indications that are not covered

1. Endomechanical ablative approaches using a rotating catheter/mechanical occlusion chemically assisted ablation (MOCA) (e.g., ClariVein) are considered investigational.

2. Endovenous chemical ablation, including but not limited to use of polidocanol endovenous microfoam 1% (e.g., Varithena), as a stand-alone treatment of the great or small saphenous vein, is considered investigational.
3. Treatment of varicose veins less than 3mm in diameter (including telangiectasia or spider veins), via any method, in the absence of associated hemorrhage is considered cosmetic and therefore non-covered.

Definitions

ClariVein® is a non-thermal, endomechanical vein ablation system. The device consists of a flexible, steerable infusion catheter with a 360-degree, rotating dispersion wire. The wire tip causes minimal mechanical damage to the vein wall and the rotating tip evenly distributes a sclerosing agent to the targeted treatment area.

Cyanoacrylate embolization (e.g., VenaSeal closure system) is a minimally invasive, non-thermal, non-sclerosant procedure that uses a medical adhesive to close a symptomatic varicose vein.

Distal means situated away from the center of the body or from the point of attachment

Duplex ultrasound combines traditional ultrasound, which uses sound waves that bounce off blood vessels to create pictures, with Doppler ultrasound, which records sound waves reflecting off moving objects such as blood, to detect flow, direction of flow and speed of flow through vessels.

Endovenous thermal ablation procedures (e.g., EVLA, EVLT, ELAS, VNUS) are less invasive alternatives to surgical venous ligation and stripping of the GSV or SSV. A catheter is inserted into the affected vein through a small incision, usually near the knee, and advanced. After proper placement is confirmed via Duplex ultrasound imaging, the radiofrequency electrode or laser is slowly withdrawn while applying energy to occlude the vein.

Proximal means situated nearer to the center of the body or to the point of attachment

Sclerotherapy is the injection of an inflammatory chemical solution (sclerosing agent) directly into a vein. The sclerosant causes irritation and damage to the lining of the vein wall. As a result, the vein hardens or scleroses. This sclerosed vein is eventually absorbed into the body. Following sclerotherapy, the remaining vessels in the venous system compensate for the absent or treated vein.

Telangiectasias are permanently dilated blood vessels, also called spider veins, which create fine red or blue lines on the skin.

Varicose Veins (also known as varices or varicosities) are defined as dilated, tortuous subcutaneous veins that are greater than or equal to 3mm in diameter measured in the upright position. They develop as result of weakening or incompetency of a one-way valve.

Venous insufficiency or reflux occurs when an incompetent valve allows blood to leak backwards through the valve. This causes increased venous pressure and capillary damage which is typically worse at the more distal (lower) part of the vein. Symptoms resulting from venous insufficiency may include pain, cramping, burning, throbbing, swelling, and feelings of heaviness or fatigue in the legs.

In many cases, a combination of techniques is required to treat symptoms associated with venous insufficiency. Most of these can be completed in a single treatment session. Typically, the first step is elimination of the refluxing saphenous vein. The second step is elimination of the more superficial symptomatic veins. The choice of treatment options is influenced by the severity of symptoms, type of vein requiring treatment, source of venous reflux, history of prior treatment and need for current treatment.

Codes

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>36465</td>
<td>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</td>
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**ICD-10 codes applicable to this policy**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tr>
<td>I80.00 -I80.03</td>
<td>Phlebitis and thrombophlebitis of superficial vessels of lower extremities</td>
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<tr>
<td>I83.00T- I83.009</td>
<td>Varicose veins of unspecified lower extremity with ulcer</td>
</tr>
<tr>
<td>I83.011- I83.019</td>
<td>Varicose veins of right lower extremity with ulcer</td>
</tr>
<tr>
<td>I83.021- I83.029</td>
<td>Varicose veins of left lower extremity with ulcer</td>
</tr>
<tr>
<td>I83.10</td>
<td>Varicose veins of unspecified lower extremity with inflammation</td>
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<tr>
<td>I83.11</td>
<td>Varicose veins of right lower extremity with inflammation</td>
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<tr>
<td>I83.12</td>
<td>Varicose veins of left lower extremity with inflammation</td>
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<tr>
<td>Code</td>
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<tr>
<td>I83.201-</td>
<td>Varicose veins of unspecified lower extremity with both ulcer and inflammation</td>
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<tr>
<td>I83.209</td>
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<tr>
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<td>Varicose veins of right lower extremity with both ulcer and inflammation</td>
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<td>Varicose veins of left lower extremity with both ulcer and inflammation</td>
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<td>I83.891-</td>
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<td>I83.90-</td>
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<td>I83.93</td>
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<tr>
<td>I87.2</td>
<td>Chronic peripheral venous insufficiency</td>
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</table>

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**Products**

This information is for most, but not all. HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

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**References**


