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| Title:      | <b>SCLEROTHERAPY, VEIN STRIPPING OR ENDOVENOUS PROCEDURES FOR VARICOSE VEINS</b> |                 |   |
| Department: | QUALITY RESOURCE MANAGEMENT  | Page:           | 1 of 4  |
| Section:    | UTILIZATION MANAGEMENT   | Policy Number:  | 01-22   |
| Type:       | ( ) New  | Effective Date: | 6-03  |
|             | ( X ) Reviewed / Revised   | Date:           | 2/23/2018<br>3/25/2018<br>2/11/2019<br>1/27/2020<br>2/21/2021<br>2/10/2022<br>2/22/2023 |

**Purpose**

This policy provides the indications and contraindications necessary for the Quality Resource Management staff to make the most appropriate decision related to the medical necessity of the procedure listed.

**DIAGNOSIS ICD-9 CODE AND DESCRIPTION:**

**DIAGNOSIS/CONDITION:**

Symptomatic Varicose Veins

**CPT-4/ HCPCS CODE AND DESCRIPTION:**

37718, 37722, 36470, 36471

**1.0 STANDARD CHECKLIST**

The following procedures may be considered medically necessary for treatment of symptomatic varicose veins when the following criteria are met: greater saphenous vein, accessory saphenous vein, or small saphenous vein ligation or division, radiofrequency endovenous occlusion (VNUS procedure), and endovenous laser ablation of the saphenous vein (ELAS) (also known as endovenous laser treatment (EVLT)).

A. Incompetence at the saphenofemoral junction or saphenopopliteal junction is documented by Doppler or duplex ultrasound scanning, and **all** of the following criteria are met:

- Documented reflux duration of 500 milliseconds (ms) or greater in the vein to be treated; **and**
- Vein size is 4.5 mm greater in diameter at a location other than the saphenofemoral junction; **and**
- Saphenous varicosities result in any of the following:
  - Ulceration secondary to venous stasis; **or**
  - Any episode of hemorrhage from a ruptured varicose vein; **or**
  - Saphenous varicosities result in either of the following, and symptoms **persists despite a documented 3-month trial of conservative management\* (e.g., analgesics and gradient support compression stockings):**
    - ❖ Recurrent superficial thrombophlebitis; **or**
    - ❖ Severe and persistent pain and swelling or skin changes, interfering with activities of daily living and requiring chronic analgesic medication.

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**\*Note:** A trial of conservative management is not required for persons with persistent or recurrent varicosities who have undergone prior endovenous catheter ablation procedures or stripping/division/ligation in the same leg because conservative management is unlikely to be successful in this situation.

- B. Endovenous ablation procedures are considered medically necessary for the treatment of incompetent perforating veins with vein diameter of 3.5 mm or greater with outward flow duration of 500 milliseconds duration or more, located underneath an active or healed venous stasis ulcer.
- C. Endovenous ablation procedures are considered medically necessary adjunctive treatment of symptomatic accessory saphenous veins for persons who meet medical necessity criteria for endovenous ablation above and who are being treated or have previously been treated by one of the procedures listed above for incompetence (i.e., reflux) at the saphenofemoral junction or saphenopopliteal junction.
- D. Ambulatory or stab phlebectomy is considered a medically necessary adjunctive treatment of symptomatic varicose tributaries, accessory, and perforator veins 2.5 mm or greater in diameter for persons **who meet the medical necessity criteria for varicose vein treatment in section I above** and who are being treated or have previously been treated by one or more of the procedures noted in section I above for incompetence (i.e., reflux) at the saphenofemoral junction or saphenopopliteal junction. Ambulatory phlebectomy and the TriVex system is considered cosmetic for all other indications.

## 2.0 CONTRAINDICATIONS

Pregnancy

Current superficial thrombophlebitis in the vein to be treated.

Pulmonary emboli,

Hypercoagulable states

Allergy to the sclerosing agents.

## 3.0 VIEW OF THE SOUTHEAST PERMANENTE MEDICAL GROUP

2.1 When clinical findings are consistent with medical necessity criteria as noted above, patients will be considered for:

- Sclerotherapy alone\*
- High Ligation
- Endovenous laser or radiotherapy ablation
- Stab Phlebectomy

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The procedures noted above are **not covered benefits** for purely cosmetic reasons. Patients must meet the TSPMG criteria for referral to Vascular Surgery prior to consideration for these procedures. Surgery or surgery with sclerotherapy provides the best long term result for varicose veins related to insufficiency of saphenous vein or deep venous system if the patient fails conservative management. Endovenous procedures may be just as effective without sclerotherapy.

#### 4.0 **CLINICAL SUMMARY:**

Varicose veins are elongated, tortuous superficial veins (usually in the legs) with incompetent valves. Symptoms may include aching pain, fatigue or heat relieved by elevating the legs or using compression hose. These symptoms are not specific and may be due to other causes. High ligation is a surgical procedure that is followed by sclerotherapy or venous stripping, for treatment of severe symptomatic varices. Sclerotherapy is an injection of a chemical sclerosing agent into a varicose vein that results in scarring and obliteration of the vein.

#### 5.0 **REVIEW OF THE LITERATURE:**

Sabiston's Textbook of Surgery, 16<sup>th</sup> edition states that "the cornerstone of therapy for patients with chronic venous insufficiency is external compression hose." Findings of ulceration, thrombophlebitis, and hyperpigmentation may be an indication for surgery. Lower extremity symptoms such as aching, swelling, cramping, or heaviness are often attributed to varicose veins, but are extremely common in the general population and tend to increase with age. Performing varicose veins surgery based on chronicity of symptoms and severity of varicosities by physical exam does not guarantee symptomatic relief. Varicose veins > 3mm in diameter treated with sclerotherapy have a higher recurrence rate than those treated with branch excision. For patients with symptoms during treatment with compressive hose confirms that the symptoms are secondary to the varicose veins.

#### 6.0 **OTHER REVIEWS:**

##### **External Technology Assessments/Systematic Reviews:**

- **INTC Nov, 2006: Endolumenal Radiofrequency Ablation for Varicose Veins;** There is **sufficient evidence** to determine that endovenous radiofrequency ablation is a medically appropriate treatment for patients with superficial vein reflux in the lower extremities.
- **Medicare Policy (GA 10/01/02):**
- Sclerosing injections of varicose veins or sclerotherapy of varicose veins is performed for signs and symptoms of diseased vessels, as an adjunct to surgical therapy or for cosmetics.
- Medicare will cover injection of sclerosing solution in the following circumstances:
  - In conjunction with surgical stripping or ligation, **or**
  - Signs and symptoms of significantly diseased vessels associated with:
    - Deep or superficial femoral vein phlebitis
    - Lower extremities phlebitis and thrombophlebitis of lower extremities
    - Varicose veins of lower extremities with ulcer and/or inflammation

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## 7.0 REFERENCES:

- TSPMG Clinical Practice and Prevention Guidelines, includes Practice Resources, 2003-2005, 4<sup>th</sup> Edition.
- Aetna CPB\_ Varicose Veins Updated 11/2021
- UptoDate: Approach to treating Symptomatic Superficial Venous Insufficiency October 2019
- MCG Criteria 24<sup>nd</sup> Edition:
  - Sclerotherapy Leg vein sclerotherapy may be indicated for **1 or more** of the following(1)(2)(3):
  - Bleeding or ruptured superficial varicose veins(10)
  - Recurrent or residual symptomatic superficial varicosities after vein stripping or ablation(18)
  - Skin ulcer with surrounding large superficial varices, when not associated with saphenofemoral valve incompetence(22)(23)
  - Symptomatic superficial varices (localized)(4)

### Expert Opinion: Dr. Patrick Austin- TSPMG Chief Vascular Surgery Updated 1/1/2021

“Sclerotherapy **for asymptomatic spider veins** is a purely cosmetic procedure. Our Health Plan should not approve it as a covered benefit, in my **opinion**”

### Approval

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Luke Beno, MD,  
Physician Program Director,  
Quality Resource Management

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02/14/2023  
Date

Date