



Medical Policy

Treatment of Varicose Veins/Venous Insufficiency

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 238

BCBSA Reference Number: 7.01.124

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Greater or Lesser Saphenous Veins

Treatment of the greater or lesser saphenous veins by surgery (ligation and stripping) or endovenous radiofrequency or laser ablation may be **MEDICALLY NECESSARY** for symptomatic varicose veins/venous insufficiency when **ALL** of the following criteria have been met:

- There is demonstrated saphenous reflux documented by Doppler or duplex ultrasound scanning, AND
- There is documentation of one or more of the following indications:
 - Ulceration secondary to venous stasis that fails to respond to compressive therapy; OR
 - Recurrent superficial thrombophlebitis that fails to respond to compressive therapy; OR
 - Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity; OR
 - Persistent pain, swelling, itching, burning, or other symptoms are associated with saphenous reflux, AND the symptoms significantly interfere with activities of daily living, AND conservative management including compression therapy for at least 3 months has not improved the symptoms.

Accessory Saphenous Veins

Treatment of accessory saphenous veins by surgery (ligation and stripping) or endovenous radiofrequency or laser ablation may be **MEDICALLY NECESSARY** for symptomatic varicose veins/venous insufficiency when ALL of the following criteria have been met:

- The greater or lesser saphenous veins had been previously eliminated (at least 3 months), AND
- There is demonstrated accessory saphenous reflux documented by Doppler or duplex ultrasound scanning, AND
- There is documentation of one or more of the following indications:
 - Ulceration secondary to venous stasis that fails to respond to compressive therapy; OR

- Recurrent superficial thrombophlebitis that fails to respond to compressive therapy; OR
- Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity, OR
- Persistent pain, swelling, itching, burning, or other symptoms are associated with saphenous reflux, AND the symptoms significantly interfere with activities of daily living, AND conservative management including compression therapy for at least 3 months has not improved the symptoms.

Symptomatic Varicose Tributaries

The following treatments may be **MEDICALLY NECESSARY** as a component of the treatment of symptomatic varicose tributaries when performed either at the same time or following prior treatment (surgical, radiofrequency or laser) of the saphenous veins (none of these techniques has been shown to be superior to another):

- Stab avulsion
- Hook phlebectomy
- Sclerotherapy, or
- Transilluminated powered phlebectomy.

Perforator Veins

Surgical ligation (including subfascial endoscopic perforator surgery) or endovenous radiofrequency or laser ablation of incompetent perforator veins may be **MEDICALLY NECESSARY** as a treatment of leg ulcers associated with chronic venous insufficiency when **ALL** of the following conditions have been met:

- There is demonstrated perforator reflux documented by Doppler or duplex ultrasound scanning, AND
- The superficial saphenous veins (greater, lesser, or accessory saphenous and symptomatic varicose tributaries) have been previously eliminated, AND
- Ulcers have not resolved following combined superficial vein treatment and compression therapy for at least 3 months, AND
- The venous insufficiency is not secondary to deep venous thromboembolism.

Greater or Lesser Saphenous Veins

Treatment of greater or lesser saphenous veins by surgery or endovenous radiofrequency or laser ablation that do not meet the criteria described above is **NOT MEDICALLY NECESSARY**.

Accessory Saphenous Veins

Treatment of accessory saphenous veins by surgery or endovenous radiofrequency or laser ablation that do not meet the criteria described above is **NOT MEDICALLY NECESSARY**, as defined in the Blue Cross Blue Shield of Massachusetts subscriber certificate filed with the state Division of Insurance.

Symptomatic Varicose Tributaries

Treatment of symptomatic varicose tributaries is **INVESTIGATIONAL** when performed either at the same time or following prior treatment of saphenous veins using any other techniques than noted above.

Perforator Veins

Ligation or ablation of incompetent perforator veins performed concurrently with superficial venous surgery is **NOT MEDICALLY NECESSARY**.

Telangiectasia

Treatment of telangiectasia, such as spider veins, angiomas, and hemangiomas, is **NOT MEDICALLY NECESSARY**.

Other

Varicose vein treatments for conditions not specifically listed above are **INVESTIGATIONAL** including, but not limited to the following:

- Sclerotherapy of perforator, greater or lesser saphenous, or accessory saphenous veins
- Sclerotherapy of isolated tributary veins without prior or concurrent treatment of saphenous veins

- Stab avulsion, hook phlebectomy, or transilluminated powered phlebectomy of perforator, greater or lesser saphenous, or accessory saphenous veins
- Endovenous radiofrequency or laser ablation of tributary veins, or
- Endovenous cryoablation of any vein.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Medicare will consider interventional treatment of varicose veins (sclerotherapy, ligation with or without stripping, and endovenous radiofrequency or laser ablation) medically necessary if the patient remains symptomatic after a six-week trial of conservative therapy. The components of the conservative therapy include, but are not limited to:

- weight reduction,
- a daily exercise plan,
- periodic leg elevation, and
- the use of graduated compression stockings.

The conservative therapy must be documented in the medical record.

The patient is considered symptomatic if any of the following signs and symptoms of significantly diseased vessels of the lower extremities are documented in the medical record:

- stasis ulcer of the lower leg, as above,
- significant pain and significant edema that interferes with activities of daily living,
- bleeding associated with the diseased vessels of the lower extremities,
- recurrent episodes of superficial phlebitis,
- stasis dermatitis, or
- refractory dependent edema.

Additional indications and limitations are discussed according to type of treatment.

In addition to the requirement for failure of a six-week trial of conservative treatment and the symptoms described above, coverage of endovenous ablation therapy is limited to patients with:

- a maximum vein diameter of 20 mm for laser ablation;
- absence of thrombosis or vein tortuosity, which would impair catheter advancement; and
- absence of significant peripheral artery disease.

Radiofrequency/laser ablation is covered only for treatment of the lesser or greater saphenous veins to improve symptoms attributable to saphenofemoral or saphenopopliteal reflux. Coverage is only for FDA devices specifically approved for these procedures.

Non-cosmetic sclerotherapy will also be covered if performed in conjunction with surgical ligation or stripping procedures in appropriately selected patients.

Limitations:

Duplex ultrasound is often used in conjunction with other non-invasive physiologic testing to define the anatomy and physiology of the varicose vein network prior to injection or surgical intervention. There is adequate evidence that the pre-procedural ultrasound is helpful, and Medicare will cover a pre procedure Duplex scan (CPT code 93970 or 93971) used in conjunction with other non-invasive physiologic testing (CPT code 93965) to determine the extent and configuration of the varicosities. NGS expects that these studies will be performed by the provider planning to provide the therapy. NGS will allow this study once per provider or provider group. Clinical experience supports the use of ultrasound during the sclerotherapy procedure, and evidence shows that the outcomes may be improved and complication rates may be minimized when ultrasound guidance is used.

Medicare will cover intraoperative ultrasonic guidance in situations when it is medically necessary.

Medicare includes payment for the ultrasound in the payment for the ERFA and laser ablation procedures.

Cosmetic surgery is statutorily excluded from coverage by Medicare. The following interventional treatments are considered to be cosmetic and will be denied as such:

- Interventional treatment of asymptomatic varicosities.
- Treatment of telangiectases (36468).
- Sclerotherapy for cosmetic purposes.

Medicare cannot cover services which are not reasonable and necessary for the *treatment of illness or injury or to improve the functioning of a malformed body member*. The following interventional treatments are not considered medically reasonable or necessary and are denied as such:

- Interventional treatment of symptomatic varicosities without documentation of a failed six week trial of conservative therapy.
- Sclerotherapy for vessels larger than 4 mm in diameter.
- Reinjection following recanalization or failure of vein closure without recurrent signs or symptoms.
- Sclerotherapy of the saphenous vein at its junction with the deep system.
- Noncompressive sclerotherapy.
- Compressive sclerotherapy for large, extensive or truncal varicosities.
- Sclerotherapy, ligation and/or stripping of varicose veins, or endovenous ablation therapy are not covered for pregnant women, patients on anti-coagulant therapy, or patients with the inability to tolerate compressive bandages or stockings; severe distal arterial occlusive disease; obliteration of deep venous system; an allergy to the sclerosant; or a hypercoagulable state.
- Any interventional treatment that uses equipment or sclerosants not approved for such purposes by the FDA.
- Laser ablation of veins with a diameter greater than 20 mm.
- Endovenous ablation therapy in the presence of thrombosis or venous tortuosity which would impair catheter advancement.

Local Coverage Determination (LCD) for Varicose Veins of the Lower Extremity, Treatment of

(L25519): [http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=25519&ContrId=286&ver=56&ContrVer=1&CntrctrSelected=286*1&Cntrctr=286&name=National+Government+Services%2c+Inc.+\(14211%2c+MAC++Part+A\)&s=24&DocType=Active%7cRetired%7cFuture&bc=AggAAAIAAAAAA%3d%3d&](http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=25519&ContrId=286&ver=56&ContrVer=1&CntrctrSelected=286*1&Cntrctr=286&name=National+Government+Services%2c+Inc.+(14211%2c+MAC++Part+A)&s=24&DocType=Active%7cRetired%7cFuture&bc=AggAAAIAAAAAA%3d%3d&)

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

	Outpatient
Commercial Managed Care (HMO and POS)	No
Commercial PPO and Indemnity	No
Medicare HMO BlueSM	No
Medicare PPO BlueSM	No

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

CPT codes:	Code Description
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
36470	Injection of sclerosing solution; single vein
36471	Injection of sclerosing solution; multiple veins, 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; second and subsequent veins 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; second and subsequent veins 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
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 and 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, one extremity; more than 20 incisions
37780	Ligation and division of short saphenous vein at saphenopopliteal junction
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

HCPCS Codes

HCPCS codes:	Code Description
S2202	Echosclerotherapy

ICD-9 Diagnosis Codes

ICD-9-CM diagnosis codes:	Code Description
451.0	Phlebitis and thrombophlebitis of superficial vessels of lower extremities
451.11	Phlebitis and thrombophlebitis of femoral vein (deep) (superficial)
451.19	Phlebitis and thrombophlebitis of deep veins of lower extremities, other
451.2	Phlebitis and thrombophlebitis of lower extremities, unspecified
451.81	Phlebitis and thrombophlebitis of iliac vein

454.0	Varicose veins of lower extremities with ulcer
454.1	Varicose veins of lower extremities with inflammation
454.2	Varicose veins of lower extremities with ulcer and inflammation
454.8	Varicose veins of lower extremities with other complications
459.81	Venous (peripheral) insufficiency, unspecified

ICD-9 Procedure Codes

ICD-9-CM procedure codes:	Code Description
38.59	Ligation and stripping of varicose veins, lower limb veins
39.92	Injection of sclerosing agent into vein
39.99	Other operations on vessels

ICD-10 Diagnosis Codes

ICD-10-CM diagnosis codes:	Code Description
I80.00	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity
I80.01	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity
I80.02	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity
I80.03	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
I80.10	Phlebitis and thrombophlebitis of unspecified femoral vein
I80.11	Phlebitis and thrombophlebitis of right femoral vein
I80.12	Phlebitis and thrombophlebitis of left femoral vein
I80.13	Phlebitis and thrombophlebitis of femoral vein, bilateral
I80.201	Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity
I80.202	Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity
I80.203	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral
I80.209	Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity
I80.221	Phlebitis and thrombophlebitis of right popliteal vein
I80.222	Phlebitis and thrombophlebitis of left popliteal vein
I80.223	Phlebitis and thrombophlebitis of popliteal vein, bilateral
I80.229	Phlebitis and thrombophlebitis of unspecified popliteal vein
I80.231	Phlebitis and thrombophlebitis of right tibial vein
I80.232	Phlebitis and thrombophlebitis of left tibial vein
I80.233	Phlebitis and thrombophlebitis of tibial vein, bilateral
I80.239	Phlebitis and thrombophlebitis of unspecified tibial vein
I80.291	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity
I80.292	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
I80.293	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
I80.299	Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity
I80.3	Phlebitis and thrombophlebitis of lower extremities, unspecified
I80.211	Phlebitis and thrombophlebitis of right iliac vein
I80.212	Phlebitis and thrombophlebitis of left iliac vein
I80.213	Phlebitis and thrombophlebitis of iliac vein, bilateral
I80.219	Phlebitis and thrombophlebitis of unspecified iliac vein
I83.001	Varicose veins of unspecified lower extremity with ulcer of thigh
I83.002	Varicose veins of unspecified lower extremity with ulcer of calf

183.003	Varicose veins of unspecified lower extremity with ulcer of ankle
183.004	Varicose veins of unspecified lower extremity with ulcer of heel and midfoot
183.005	Varicose veins of unspecified lower extremity with ulcer other part of foot
183.008	Varicose veins of unspecified lower extremity with ulcer other part of lower leg
183.009	Varicose veins of unspecified lower extremity with ulcer of unspecified site
183.011	Varicose veins of right lower extremity with ulcer of thigh
183.012	Varicose veins of right lower extremity with ulcer of calf
183.013	Varicose veins of right lower extremity with ulcer of ankle
183.014	Varicose veins of right lower extremity with ulcer of heel and midfoot
183.015	Varicose veins of right lower extremity with ulcer other part of foot
183.018	Varicose veins of right lower extremity with ulcer other part of lower leg
183.019	Varicose veins of right lower extremity with ulcer of unspecified site
183.021	Varicose veins of left lower extremity with ulcer of thigh
183.022	Varicose veins of left lower extremity with ulcer of calf
183.023	Varicose veins of left lower extremity with ulcer of ankle
183.024	Varicose veins of left lower extremity with ulcer of heel and midfoot
183.025	Varicose veins of left lower extremity with ulcer other part of foot
183.028	Varicose veins of left lower extremity with ulcer other part of lower leg
183.029	Varicose veins of left lower extremity with ulcer of unspecified site
183.10	Varicose veins of unspecified lower extremity with inflammation
183.11	Varicose veins of right lower extremity with inflammation
183.12	Varicose veins of left lower extremity with inflammation
183.201	Varicose veins of unspecified lower extremity with both ulcer of thigh and inflammation
183.202	Varicose veins of unspecified lower extremity with both ulcer of calf and inflammation
183.203	Varicose veins of unspecified lower extremity with both ulcer of ankle and inflammation
183.204	Varicose veins of unspecified lower extremity with both ulcer of heel and midfoot and inflammation
183.205	Varicose veins of unspecified lower extremity with both ulcer other part of foot and inflammation
183.208	Varicose veins of unspecified lower extremity with both ulcer of other part of lower extremity and inflammation
183.209	Varicose veins of unspecified lower extremity with both ulcer of unspecified site and inflammation
183.211	Varicose veins of right lower extremity with both ulcer of thigh and inflammation
183.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation
183.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
183.214	Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation
183.215	Varicose veins of right lower extremity with both ulcer other part of foot and inflammation
183.218	Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation
183.219	Varicose veins of right lower extremity with both ulcer of unspecified site and inflammation
183.221	Varicose veins of left lower extremity with both ulcer of thigh and inflammation
183.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation
183.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation
183.224	Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation
183.225	Varicose veins of left lower extremity with both ulcer other part of foot and inflammation
183.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation

183.229	Varicose veins of left lower extremity with both ulcer of unspecified site and inflammation
183.811	Varicose veins of right lower extremities with pain
183.812	Varicose veins of left lower extremities with pain
183.813	Varicose veins of bilateral lower extremities with pain
183.819	Varicose veins of unspecified lower extremities with pain
183.891	Varicose veins of right lower extremities with other complications
183.892	Varicose veins of left lower extremities with other complications
183.893	Varicose veins of bilateral lower extremities with other complications
183.899	Varicose veins of unspecified lower extremities with other complications
187.2	Venous insufficiency (chronic) (peripheral)
187.9	Disorder of vein, unspecified

ICD-10 Procedure Codes

ICD-10-CM procedure codes:	Code Description
06DM0ZZ	Extraction of Right Femoral Vein, Open Approach
06DM3ZZ	Extraction of Right Femoral Vein, Percutaneous Approach
06DM4ZZ	Extraction of Right Femoral Vein, Percutaneous Endoscopic Approach
06DN0ZZ	Extraction of Left Femoral Vein, Open Approach
06DN3ZZ	Extraction of Left Femoral Vein, Percutaneous Approach
06DN4ZZ	Extraction of Left Femoral Vein, Percutaneous Endoscopic Approach
06DP0ZZ	Extraction of Right Greater Saphenous Vein, Open Approach
06DP3ZZ	Extraction of Right Greater Saphenous Vein, Percutaneous Approach
06DP4ZZ	Extraction of Right Greater Saphenous Vein, Percutaneous Endoscopic Approach
06DQ0ZZ	Extraction of Left Greater Saphenous Vein, Open Approach
06DQ3ZZ	Extraction of Left Greater Saphenous Vein, Percutaneous Approach
06DQ4ZZ	Extraction of Left Greater Saphenous Vein, Percutaneous Endoscopic Approach
06DR0ZZ	Extraction of Right Lesser Saphenous Vein, Open Approach
06DR3ZZ	Extraction of Right Lesser Saphenous Vein, Percutaneous Approach
06DR4ZZ	Extraction of Right Lesser Saphenous Vein, Percutaneous Endoscopic Approach
06DS0ZZ	Extraction of Left Lesser Saphenous Vein, Open Approach
06DS3ZZ	Extraction of Left Lesser Saphenous Vein, Percutaneous Approach
06DS4ZZ	Extraction of Left Lesser Saphenous Vein, Percutaneous Endoscopic Approach
06DY0ZZ	Extraction of Lower Vein, Open Approach
06DY3ZZ	Extraction of Lower Vein, Percutaneous Approach
06DY4ZZ	Extraction of Lower Vein, Percutaneous Endoscopic Approach
06HM0DZ	Insertion of Intraluminal Device into Right Femoral Vein, Open Approach
06HM3DZ	Insertion of Intraluminal Device into Right Femoral Vein, Percutaneous Approach
06HM4DZ	Insertion of Intraluminal Device into Right Femoral Vein, Percutaneous Endoscopic Approach
06HN0DZ	Insertion of Intraluminal Device into Left Femoral Vein, Open Approach
06HN3DZ	Insertion of Intraluminal Device into Left Femoral Vein, Percutaneous Approach
06HN4DZ	Insertion of Intraluminal Device into Left Femoral Vein, Percutaneous Endoscopic Approach
06HP0DZ	Insertion of Intraluminal Device into Right Greater Saphenous Vein, Open Approach
06HP3DZ	Insertion of Intraluminal Device into Right Greater Saphenous Vein, Percutaneous Approach
06HP4DZ	Insertion of Intraluminal Device into Right Greater Saphenous Vein, Percutaneous Endoscopic Approach

06HQ0DZ	Insertion of Intraluminal Device into Left Greater Saphenous Vein, Open Approach
06HQ3DZ	Insertion of Intraluminal Device into Left Greater Saphenous Vein, Percutaneous Approach
06HQ4DZ	Insertion of Intraluminal Device into Left Greater Saphenous Vein, Percutaneous Endoscopic Approach
06HR0DZ	Insertion of Intraluminal Device into Right Lesser Saphenous Vein, Open Approach
06HR3DZ	Insertion of Intraluminal Device into Right Lesser Saphenous Vein, Percutaneous Approach
06HR4DZ	Insertion of Intraluminal Device into Right Lesser Saphenous Vein, Percutaneous Endoscopic Approach
06HS0DZ	Insertion of Intraluminal Device into Left Lesser Saphenous Vein, Open Approach
06HS3DZ	Insertion of Intraluminal Device into Left Lesser Saphenous Vein, Percutaneous Approach
06HS4DZ	Insertion of Intraluminal Device into Left Lesser Saphenous Vein, Percutaneous Endoscopic Approach
06HY0DZ	Insertion of Intraluminal Device into Lower Vein, Open Approach
06HY3DZ	Insertion of Intraluminal Device into Lower Vein, Percutaneous Approach
06HY4DZ	Insertion of Intraluminal Device into Lower Vein, Percutaneous Endoscopic Approach
065P3ZZ	Destruction of Right Greater Saphenous Vein, Percutaneous Approach
065P4ZZ	Destruction of Right Greater Saphenous Vein, Percutaneous Endoscopic Approach
065Q3ZZ	Destruction of Left Greater Saphenous Vein, Percutaneous Approach
065Q4ZZ	Destruction of Left Greater Saphenous Vein, Percutaneous Endoscopic Approach
065R3ZZ	Destruction of Right Lesser Saphenous Vein, Percutaneous Approach
065R4ZZ	Destruction of Right Lesser Saphenous Vein, Percutaneous Endoscopic Approach
065S3ZZ	Destruction of Left Lesser Saphenous Vein, Percutaneous Approach
065S4ZZ	Destruction of Left Lesser Saphenous Vein, Percutaneous Endoscopic Approach
06LP0ZZ	Occlusion of Right Greater Saphenous Vein, Open Approach
06LP3ZZ	Occlusion of Right Greater Saphenous Vein, Percutaneous Approach
06LP4ZZ	Occlusion of Right Greater Saphenous Vein, Percutaneous Endoscopic Approach
06LQ0ZZ	Occlusion of Left Greater Saphenous Vein, Open Approach
06LQ3ZZ	Occlusion of Left Greater Saphenous Vein, Percutaneous Approach
06LQ4ZZ	Occlusion of Left Greater Saphenous Vein, Percutaneous Endoscopic Approach
06LR0ZZ	Occlusion of Right Lesser Saphenous Vein, Open Approach
06LR3ZZ	Occlusion of Right Lesser Saphenous Vein, Percutaneous Approach
06LR4ZZ	Occlusion of Right Lesser Saphenous Vein, Percutaneous Endoscopic Approach
06LS0ZZ	Occlusion of Left Lesser Saphenous Vein, Open Approach
06LS3ZZ	Occlusion of Left Lesser Saphenous Vein, Percutaneous Approach
06LS4ZZ	Occlusion of Left Lesser Saphenous Vein, Percutaneous Endoscopic Approach

Description

The venous system of the lower extremities consists of the superficial veins (this includes the greater and lesser saphenous, and accessory or duplicate veins that travel in parallel with the greater and lesser saphenous veins), the deep system (popliteal and femoral veins), and perforator veins that cross through the fascia and connect the deep and superficial systems. One-way valves are present within all veins to direct the return of blood up the lower limb. Since venous pressure in the deep system is generally greater than that of the superficial system, valve incompetence at any level may lead to backflow (venous reflux) with pooling of blood in superficial veins. Varicose veins with visible varicosities may be the only sign of venous reflux, although itching, heaviness, tension, and pain may also occur. Chronic venous insufficiency secondary to venous reflux can lead to thrombophlebitis, leg ulcerations and hemorrhage. Treatment of venous reflux/venous insufficiency is aimed at reducing abnormal pressure transmission from the deep to the superficial veins. Conservative medical treatment consists of elevation of the extremities, graded compression, and wound care when indicated. Conventional surgical treatment

consists of identifying and correcting the site of reflux by ligation of the incompetent junction followed by stripping of the vein to redirect venous flow through veins with intact valves.

Sclerotherapy

The objective of sclerotherapy is to destroy the endothelium of the target vessel by injecting an irritant solution (either a detergent, osmotic solution, or chemical irritant), ultimately resulting in the occlusion of the vessel. The success of the treatment depends on accurate injection of the vessel, an adequate injectate volume and concentration of sclerosant, and compression.

Thermal Ablation

Radiofrequency ablation is performed by means of a specially designed catheter inserted through a small incision in the distal medial thigh to within 1–2 cm of the saphenofemoral junction. The catheter is slowly withdrawn, closing the vein. Laser ablation is performed similarly; a laser fiber is introduced into the greater saphenous vein under ultrasound guidance; the laser is activated and slowly removed along the course of the saphenous vein. Cryoablation uses extreme cold to cause injury to the vessel. The objective of endovenous techniques is to cause injury to the vessel, causing retraction and subsequent fibrotic occlusion of the vein.

Transilluminated Powered Phlebectomy

Transilluminated powered phlebectomy is an alternative to stab avulsion or hook phlebectomy. Following removal of the saphenous vein, an illuminator is introduced and tumescence solution is infiltrated along the course of the varicosity. A resector is then inserted to fragment and loosen the veins from the supporting tissue. Irrigation clears the vein fragments and blood through aspiration and additional drainage holes.

Examples of devices for the endovenous treatment of superficial vein reflux include the Closure™ system from VNUS®, the Diomed 810 nm surgical laser and EVLT™ (endovenous laser therapy) procedure kit and Erbe Erbokryo® cryosurgical unit from Erbe USA. All devices for the endovenous treatment of superficial vein reflux are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except when used for the medically necessary indications that are consistent with the policy statement.”

Summary

Although randomized, controlled trials with longer follow-up are needed to evaluate long-term durability, and repeat treatments may be required, evidence indicates that endovenous treatment of saphenous veins with radiofrequency or laser ablation improves short-term clinical outcomes (e.g., pain and return to work) in comparison with surgery. Due to these findings, this treatment may be medically necessary.

In contrast, results from a recent randomized, controlled trial of cryoablation indicate that this therapy is inferior to conventional stripping. Sclerotherapy as the sole treatment of saphenofemoral or saphenopopliteal reflux has not been demonstrated to be as effective as available alternatives and so is investigational.

The literature indicates that sclerotherapy of tributaries following occlusion of the saphenofemoral or saphenopopliteal junction and saphenous veins may be considered medically necessary. Evidence is insufficient to evaluate the health benefit of sclerotherapy as a sole treatment of varicose tributaries without prior or concurrent treatment of the saphenous veins. For saphenous veins, sclerotherapy as a sole treatment of varicose tributaries without prior or concurrent treatment is investigational. No studies have been identified that compare radiofrequency or laser ablation of tributary veins with standard procedures (microphlebectomy and/or sclerotherapy) so these approaches are investigational. Transilluminated powered phlebectomy is effective at removing varicosities; outcomes are comparable to available alternatives such as stab avulsion and hook phlebectomy. Transilluminated powered phlebectomy may be medically necessary.

The literature indicates that the routine ligation/ablation of incompetent perforator veins is not medically necessary for the treatment of varicose veins/venous insufficiency at the time of superficial vein procedures. However, when combined superficial vein procedures and compression therapy have failed to improve symptoms (i.e., ulcers), treatment of perforator vein reflux may be as beneficial as any alternative (e.g., deep vein valve replacement). Therefore, treatment of incompetent perforator veins may be considered medically necessary in this specific situation.

Comparative studies are needed to determine the most effective method of ligating/ablating incompetent perforator veins. Subfascial endoscopic perforator surgery has been shown to be as effective as the Linton procedure with a reduction in adverse events and so may be medically necessary. Although only one case series has been identified showing an improvement in health outcomes, endovenous ablation with specialized laser or radiofrequency probes has been shown to effectively ablate incompetent perforator veins with a potential decrease in morbidity in comparison with surgical interventions and may also be medically necessary. For sclerotherapy, concerns have been raised about the risk of deep vein occlusion, and evidence is currently insufficient to evaluate the safety or efficacy of this treatment for incompetent perforator veins; it is investigational.

Policy History

Date	Action
9/2014	LCD Varicose Veins of the Lower Extremity, Treatment of (L25519) added
6/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
4/2014	New references added from BCBSA National medical policy.
11/2013	Added HCPCS code S2202
5/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
11/2011	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
12/2010	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
11/1/2010	Medical Policy 238 effective 11/2/2010 describing covered and non-covered indications.

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[Managed Care Guidelines](#)

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