



Status

Active

Medical and Behavioral Health Policy

Section: Surgery

Policy Number: IV-77

Effective Date: 12/16/2013

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

SCLEROTHERAPY FOR VARICOSE VEINS OF THE LOWER EXTREMITIES

Description: Sclerotherapy is a form of treatment for varicose veins that involves injecting an irritant (sclerosing agent) into the target vessel to destroy the endothelium, resulting in occlusion of the vessel. Technical improvements in sclerotherapy have included the routine use of duplex or Doppler ultrasound to target refluxing vessels, luminal compression of the vein with anesthetics, and a foam sclerosant in place of liquid sclerosant. The long-term advantage of sclerotherapy compared to surgical treatment has not been documented in the peer-reviewed medical literature.

The venous system of the lower extremities includes the following:

- Superficial veins including the great and small saphenous and accessory, or duplicate, veins that travel in parallel with the great and small saphenous veins.
- Deep vein system consisting of the popliteal and femoral veins.
- Perforator veins cross through the fascia and connect the deep and superficial venous systems.
- Tributary veins empty into a larger vein.

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. Signs and symptoms of venous reflux include visible varicosities which may be accompanied by itching, heaviness, tension, and pain. Chronic venous insufficiency secondary to venous reflux can lead to thrombophlebitis, leg ulcerations and hemorrhage. The clinical, etiologic, anatomic, and pathologic (CEAP) characteristics of venous insufficiency range from class 0 (no visible sign of disease) to class 6 (skin changes with active venous stasis ulcer).

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.

Most venous reflux is secondary to incompetent valves at the saphenofemoral or saphenopopliteal junctions, but may also occur at incompetent valves in the perforator veins or in the deep venous system. The competence of any single valve is not static and may be pressure-dependent. For example, accessory saphenous veins may have independent saphenofemoral or saphenopopliteal junctions that become incompetent when the great or small saphenous veins are eliminated and blood flow is diverted through the accessory veins. The medical literature indicates that sclerotherapy should not be performed until surgical ligation and division or endovenous ablation of the junction has been done.

Policy:

- I. Sclerotherapy may be considered **MEDICALLY NECESSARY** for initial or follow-up treatment of varicose tributaries, accessory or perforator veins when **BOTH A and B** are met:
 - A. Results of duplex ultrasound of the deep and superficial venous system performed while patient is standing documents **ALL** of the following:
 1. Venous diameter of target vessel is between 3 mm and 6 mm;
AND
 2. Documented reflux of accessory or tributary veins of >0.5 seconds or at least 0.35 seconds if perforator veins are treated;
AND
 3. Absence of reflux at the saphenofemoral and saphenopopliteal junctions or surgical ligation and division or endovenous ablation of a refluxing saphenofemoral and/or saphenopopliteal junction has been successfully performed.
 - B. Varicose veins **with one or more** of the following:
 1. A single significant hemorrhage from a ruptured superficial varicosity, especially if transfusion was required; **OR**
 2. More than one episode of minor hemorrhage from a ruptured superficial varicosity or after a single episode of hemorrhage if a varix remains in an area prone to trauma such as the pretibial area; **OR**
 3. Venous ulcer (open or healed); **OR**
 4. Two or more episodes of superficial symptomatic thrombophlebitis or persistent and symptomatic superficial thrombophlebitis that is unresponsive to conservative therapy including use of prescribed pressure gradient stockings of at least 3 months and NSAIDs if not

contraindicated; **OR**

5. Symptoms characterized by severe, persistent pain, swelling or heaviness and throbbing that interfere with activities of daily living after conservative therapy including prescribed pressure gradient stockings for at least 3 months has not improved symptoms.

II. Sclerotherapy is considered **INVESTIGATIVE** for the following due to a lack of evidence regarding effect on health outcome:

- A. Treatment of great or small saphenous veins
- B. Sole treatment of isolated tributary, accessory, or tributary veins without concurrent or prior successful treatment of saphenous veins
- C. Treatment of veins < 3 mm or > 6 mm in diameter
- D. Treatment of veins in the presence of peripheral arterial disease

III. Sclerotherapy of spider veins, telangiectasias and asymptomatic varicosities is considered **COSMETIC**.

Coverage:

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding:

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT:

36468 Single or multiple injections of sclerosing solutions, spider veins (telangiectasias); 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

HCPCS:

S2202 Echosclerotherapy

ICD-9 Procedure:

39.92 Injection of sclerosing agent into vein

ICD-10 Procedure:

3E030TZ Introduction of Destructive Agent into Peripheral Vein, Open Approach

3E033TZ Introduction of Destructive Agent into Peripheral Vein, Percutaneous Approach

Policy History:

Developed November 16, 1990

Most recent history:

Revised September 8, 2010

Reviewed September 14, 2011

Reviewed/Updated, no policy statement changes September 12, 2012

Revised October 9, 2013

Cross Reference:

Endoluminal Ablation for Treatment of Varicose Veins / Venous Insufficiency, IV-12

Transilluminated Powered Phlebectomy for Treatment of Varicose Veins of the Lower Extremities, IV-98

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