



Varicose Veins of the Lower Extremities Clinical Coverage Criteria

Overview

Varicose veins are caused by venous insufficiency as a result of valve reflux (incompetence). The venous insufficiency results in dilated, tortuous, superficial vessels that protrude from the skin of the lower extremities. Spider veins (telangiectases) are dilated capillary veins that are most often treated for cosmetic purposes.

The venous system can be divided into three major components: the superficial venous system, the deep venous system, and perforating veins.

- The superficial venous system drains the blood flow from the skin and the subcutaneous tissues. Historically, any veins located above the deep muscular fascia, which are not deep veins, are considered superficial veins. The superficial venous system can be divided into the thick-walled truncal veins such as the as the great saphenous vein (GSV) and the small saphenous vein (SSV), which lie between the saphenous sheath and the muscular fascia, and the thin-walled superficial or epifascial tributaries, which lie between the skin and saphenous fascia
- The deep venous system is a low pressure, high volume system that is responsible for approximately 90% of the venous blood flow in the lower extremities. Deep veins usually have a thinner wall than superficial veins. However, they are supported by the muscle and/or fascia. This forms a rigid compartment and makes a vein pump the venous blood flowing upwards during walking. All deep veins follow corresponding arteries in general except on the distal side of the intramuscular veins (soleal and gastrocnemius). The anterior and posterior tibial vein, peroneal vein, soleal vein, and gastrocnemius vein are located in the infrapopliteal area. The main function of the deep venous system is to provide a venous return to the right heart.
- Perforating veins connect the superficial and deep venous systems and play a role in balancing blood-flow during calf muscle contraction. Perforating veins are numerous and highly variable in arrangement, connection, and size. There are four clinically important perforator groups: upper thigh (Hunterian), lower thigh (Dodd's), at knee level (Boyd's), and in the calf region (Cockett's). Although perforator valve incompetence is always associated with chronic venous insufficiency, the cause of perforator insufficiency is not known, and the routine treatment of perforating veins in varicose vein patients is not supported.

Accepted treatments for eliminating saphenous reflux include endoluminal radiofrequency ablation (RFA), endoluminal laser ablation (EVLA), polidocanol microfoam, cyanoacrylate embolization ablation, and mechanochemical ablation.

The CEAP (Clinical-Etiology-Anatomy-Pathophysiology) classification is an internationally accepted standard for describing patients with chronic venous disorders and it has been used for reporting clinical research findings in scientific journals. Developed in 1993, updated in 1996, and revised in 2004, CEAP is a classification system based on clinical manifestations of chronic venous disorders, on current understanding of the etiology, the involved anatomy, and the underlying venous pathology. As the evidence related to these aspects of venous disorders, and specifically of chronic venous diseases (CVD, C2-C6) continue to develop, the CEAP classification needs periodic analysis and revisions. In May of 2017, the American Venous Forum created a CEAP Task Force and charged it to critically analyze the current classification system and recommend revisions, where needed.

The 2020 revision of CEAP: Summary of clinical (C) classifications (Lurie et al., 2020):

C Class	Description
C0	No visible or palpable signs of venous disease
C1	Telangiectasias or reticular veins
C2	Varicose veins
C2r	Recurrent varicose veins
C3	Edema
C4	Changes in skin and subcutaneous tissue secondary to chronic venous disease
C4a	Pigmentation or eczema
C4b	Lipodermatosclerosis or atrophie blanche
C4c	Corona phlebectatica
C5	Healed ulcer
C6	Active venous ulcer
C6r	Recurrent active venous ulcer

Policy

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
- MassHealth ACO
- NaviCare HMO SNP (Dual Eligible Medicare Advantage and MassHealth)
- NaviCare SCO (MassHealth-only)
- PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)

Prior authorization is required. Photos must be submitted. All veins to be treated must have documented reflux on ultrasound, including those after a prior procedure.

Interventional treatments must be performed using equipment and sclerosants approved by the FDA in accordance with FDA-approved Labeling (Instructions for Use).

Medicare Advantage

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Medicare statutes and regulations do not have coverage criteria for the treatment of varicose veins of the lower extremities. Medicare does not have an NCD for treatment of varicose veins of the lower extremities. National Government Services, Inc., the Part A/B Medicare Administrative Contractor (MAC) with jurisdiction in the Plan's service area has an LCD for Varicose Veins of the Lower Extremity, Treatment of (L33575) (Medicare Coverage Database search 10/26/2024).

Coverage criteria for the treatment of varicose veins are fully established by Medicare in LCD L33575, and therefore, the Plan's coverage criteria are not applicable.

[Link: LCD Varicose Veins of the Lower Extremity, Treatment of \(L33575\)](#)

MassHealth ACO

Fallon Health follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

MassHealth has Guidelines for Medical Necessity Determination for Treatment of Varicose Veins, therefore the Plan's Clinical Coverage Criteria are not applicable.

Link: [Guidelines for Medical Necessity Determination for Treatment of Varicose Veins](#)

NaviCare HMO SNP, NaviCare SCO

For plan members enrolled in NaviCare, Fallon Health first follow's CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations.

When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Fallon Health Clinical Coverage Criteria

These Fallon Health Clinical Coverage Criteria apply to Community Care members.

Effective for dates of service on or after 12/01/2024, Fallon Health will use InterQual® Criteria when making medical necessity determinations for the treatment of varicose veins of the lower extremities for Community Care members.

For coverage criteria, refer to the InterQual® Criteria in effect on the date of service:

- InterQual® CP:Procedures, Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
- InterQual® CP:Procedures, Phlebectomy, Lower Extremity Superficial Tributary Varicose Vein
- InterQual® CP:Procedures, Sclerotherapy, Lower Extremity Superficial Tributary Varicose Vein
- InterQual® CP:Procedures, Ligation and Division +/- Stripping or Excision, Lower Extremity Superficial Vein
- InterQual® CP:Procedures Subfascial Endoscopic Perforator Surgery (SEPS)

Fallon Health makes InterQual criteria available to the public through the transparency tool on our website, effective January 1, 2024.

Documentation Requirements:

The member's medical record must contain documentation that fully supports the medical necessity for the requested services.

The member's medical record must document the following:

- History and physical findings supporting a diagnosis of symptomatic varicose veins including location and number of varicosities, level of incompetence of the vein and the veins involved; and
- CEAP classification of chronic venous disease present; and
- Results of venous duplex ultrasound documenting flow in the venous system of the lower extremities, specifically, the presence of reflux \geq 500 milliseconds (ms); and
- Pre-treatment photographs of the varicose veins to be treated.

Exclusions

- The following treatments are not covered:
 - Surgery, endovenous ablation, or sclerotherapy are typically not performed for varicose veins that develop or worsen during pregnancy because most will spontaneously resolve or improve after delivery.
 - 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
 - Coil embolization
 - Sclerotherapy for large, extensive or truncal varicose veins/varicosities.
 - Sclerotherapy, ligation and/or stripping of varicose veins, or endovenous ablation therapy for patients with 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.
- Cosmetic surgery is not covered. The following treatments are considered cosmetic and will be denied as such:
 - Interventional treatment of asymptomatic varicose veins/varicosities
 - Treatment of telangiectases (CPT code 36468)
 - Sclerotherapy for cosmetic purposes

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

Fallon Health recognizes that multiple injections are needed to perform sclerotherapy and that responses differ due to the anatomical site being treated. Fallon would not expect to see more than three sclerotherapy sessions for each leg.

Only one sclerotherapy service per treatment session should be reported for either leg, regardless of how many veins are treated per session.

Code	Description	Procedure and InterQual Criteria (when applicable)
36465	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 extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Foam Sclerotherapy Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Foam Sclerotherapy Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Treatment of telangiectasias (spider veins)
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Liquid Sclerotherapy Sclerotherapy
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Liquid Sclerotherapy

		Sclerotherapy
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Endovenous Mechanochemical Ablation Endovenous Ablation
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Endovenous Mechanochemical Ablation Endovenous Ablation
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Endovenous Radiofrequency Ablation Endovenous Ablation
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Endovenous Radiofrequency Ablation Endovenous Ablation
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Endovenous Laser Ablation (EVLA) Endovenous Ablation
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Endovenous Laser Ablation (EVLA) Endovenous Ablation
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Endovenous Chemical Adhesive (e.g., cyanoacrylate) Endovenous Ablation
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Endovenous Chemical Adhesive (e.g., cyanoacrylate) Endovenous Ablation
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	Subfascial Endoscopic Perforator Surgery (SEPS) Subfascial Endoscopic Perforator Surgery (SEPS)
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Ligation, Division, and/or Stripping Ligation and Division

37718	Ligation, division, and stripping, short saphenous vein	Ligation, Division, and/or Stripping Ligation and Division
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Ligation, Division, and/or Stripping Ligation and Division
37735	Ligation and division and complete stripping of long or 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	Ligation, Division, and/or Stripping
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	Ligation, Division, and/or Stripping
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Ligation, Division, and/or Stripping
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	Ambulatory Phlebectomy (Stab or Hook Phlebectomy) Phlebectomy
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	Ambulatory Phlebectomy (Stab or Hook Phlebectomy) Phlebectomy
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Ligation, Division, and/or Stripping Ligation and Division
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Ligation, Division, and/or Stripping
37799	Unlisted procedure, vascular surgery	Transilluminated Powered Phlebectomy (TIPP; e.g., TRIVEX™) Phlebectomy

References

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2. National Government Services, Inc. LCD Reference Article. Billing and Coding Treatment of Varicose Veins of the Lower Extremity (A52870). Original Effective Date 10/01/2015. Revision Effective Date 11/21/2019. Available at: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52870&ver=34>. Accessed 10/26/2024.
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11. O'Donnell TF Jr, Passman MA, et al.; Society for Vascular Surgery; American Venous Forum. Management of venous leg ulcers: clinical practice guidelines of the Society for Vascular Surgery® and the American Venous Forum. *J Vasc Surg*. 2014 Aug;60(2 Suppl):3S-59S.
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Policy history

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Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.