

## ABLATIVE PROCEDURES FOR VENOUS INSUFFICIENCY AND VARICOSE VEINS

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**Product:**  
2001 Generic COC/SPD  
2007 Generic COC/SPD

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**Related Coverage Determination Guidelines:**  
None.

**Related Medical Policies:**  
[High Ligation at the Saphenofemoral or Saphenopopliteal Junctions](#)

### INSTRUCTIONS FOR USE

*This Coverage Determination Guideline provides assistance in interpreting certain standard UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificates of Coverage (COCs), Schedules of Benefits (SOBs), or Summary Plan Descriptions (SPDs)) may differ greatly from the standard benefit plans upon which this guideline is based. In the event of a conflict, the enrollee's specific benefit document supersedes these guidelines. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this guideline. Other coverage determination guidelines and medical policies may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its coverage determination guidelines and medical policies as necessary. This Coverage Determination Guideline does not constitute medical advice.*

### PLAN DOCUMENT LANGUAGE

Before using this guideline, please check enrollee's specific plan document and any federal or state mandates, if applicable.

### INDICATIONS FOR COVERAGE

#### I. Required Documentation:

The decision regarding whether the requested procedure will be covered as reconstructive or excluded from coverage as cosmetic will require review of **ALL** of the following required clinical information/documentation:

- A. Contemporaneous physician office notes with the history of the medical condition(s) requiring treatment or surgical intervention. This documentation must include **ALL of the following:**

1. The patient has venous insufficiency and valvular reflux that is consistent with the nature of the complaint that results in a functional deficit that is recurrent or persistent in nature **AND**
  2. The condition is causing the functional impairment (include the nature of the impairment)
- B. Duplex ultrasonography, with color flow Doppler results, and a formal, written report signed by the physician who interpreted the test, that demonstrates reflux, duration of reflux and documentation of vein size. Hand-held ultrasound is insufficient for these purposes.
  - C. For those members with pain and discomfort as their only complaint, a completed questionnaire addressing the degree and severity of the pain and the results of a compression stockings trial (refer to the Coverage Determination Guidelines on *UnitedHealthcareOnline.com* for a copy of the questionnaire form)
  - D. High-quality color photographic prints documenting skin changes, dermatitis, ulceration, and the size (with ruler and location) of veins that account for the functional impairment. Anatomical landmarks such as the ankle or knee to identify side must be included. The enrollee's identification must be documented on the photograph(s) using either enrollee name or health plan identification number.
  - E. Treatment plan that must include proposed procedures and the expected outcome for the improvement of the functional deficit.

***ADDITIONAL INFORMATION: All required documentation must be submitted and approved through the standard precertification process.***

## **II. Criteria for a Coverage Determination as Reconstructive:**

REVIEW NOTE: Each of the requested surgical excisions or catheter entry points should be reviewed independently for coverage.

- A. Varicose vein ablation (surgical excision, radiofrequency ablation or endovenous laser ablation) of the greater saphenous vein, small saphenous vein or principle branches (posterior accessory vein, anterior accessory vein and the cephalad extension of the small saphenous vein (vein of Giacomini)) is considered reconstructive when **ALL of the following** criteria are present:
  1. Condition is caused by venous insufficiency.
  2. Vein size by ultrasound
    - a. If the planned ablation involves the greater saphenous vein, the vein must be 5.5 mm or greater in diameter, as measured by duplex ultrasonography at several locations along the thigh (proximal, mid, distal).
    - b. If the planned ablation involves the small saphenous vein, the vein must measure 5 mm or greater just below the saphenopopliteal junction.
    - c. If the planned ablation involves the named principle branches, the vein must measure 5 mm or greater.
  3. Duration of reflux, as measured by duplex ultrasonography with color flow Doppler, in the standing position that meets the following parameters.
    - a. Greater saphenous vein –  $\geq 500$  milliseconds (ms) with measurements taken at the saphenofemoral junction, mid thigh and below the knee.
    - b. Small saphenous vein –  $\geq 500$  ms with measurements taken just below the knee.
    - c. Principle branches -  $\geq 500$  ms.

- d. Perforating veins-  $\geq 350$  ms
4. High-quality color photographic prints that document either:
- a. Skin pigmentation changes of venous stasis dermatitis **OR**
  - b. Skin ulcerations **OR**
  - c. In cases where painful varicosities are described as the cause of impairment, the photographs must document veins of sufficient size, and in a location that explains the degree and severity of functional impairment.
5. Member must have one of the following functional impairments:
- a. Skin ulceration **OR**
  - b. Documented episode(s) of frank bleeding of the varicose vein due to erosion of or trauma to the skin **OR**
  - c. Documented history of superficial thrombophlebitis **OR**
  - d. Documented venous stasis dermatitis **OR**
  - e. Moderate or severe pain and/or limitation of activities as indicated by answers to the following questions (the following questions are applicable to 5-e only):



QUESTIONNAIRE

1) *Do the patient's daily activities require prolonged periods of standing?*

*If yes, what activity requires prolonged periods of standing?*

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*If yes, how many times during the day does the patient have to sit or take a break due to aching, cramping, burning, itching or swelling in the lower extremities? (Please answer this question regarding these symptoms as they were experienced PRIOR to any recent trial of compression stockings)*

- a) *Never (0)*
- b) *Once per day (1)*
- c) *2 – 3 times per day (2)*
- d) *4 or more times per day (3)*

2) *Does the patient take over-the-counter medications (e.g., aspirin, ibuprofen, NSAIDS or a similar type of medication) or prescription medications for aching, cramping, burning or swelling of the lower extremities?*

*If yes, what is the medication and dosage?*

\_\_\_\_\_

If yes, how many days in a **two week period** of time did the patient take the medication? (Please answer this question regarding these symptoms as they were experienced PRIOR to any recent trial of compression stockings)

- a) 0 - 2 days (0)
- b) 3 - 4 days (1)
- c) 5 - 6 days (2)
- d) 7 or more days (3)

3) Has the patient completed a minimum two-week trial of compression stockings of at least 30mmHg?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No  
\_\_\_\_\_ Strength of stockings (in mmHg)

If yes, did the trial result in a significant improvement in symptoms?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

Scale:

- 0 =no symptoms
- 1=mild
- 2=moderate
- 3=severe

(If the member has a moderate or severe rating for either question #1 or question #2, he/she would meet the criteria.)

6. For the member whose only functional impairment is pain, heaviness or aching, there must be a documented trial of a minimum of two weeks use of compression stockings, 30 mmHg or greater, that resulted in significant improvement in symptoms.

B. Ablation of perforator veins is considered reconstructive when the following criteria are present:

- 1. Evidence of perforator venous insufficiency measured by duplex ultrasonography (see criteria above) **AND**
- 2. Perforator vein size is 4 mm or greater **AND**
- 3. Presence of venous stasis ulceration(s) due to the insufficiency.

C. Endovenous ablation (radiofrequency or laser) of either reticular or telangiectatic veins is not considered reconstructive.

D. Ligation (alone) of the greater saphenous vein at the saphenofemoral junction (37700) is unproven as a treatment for venous reflux due to high long-term recurrence rates and increased risk of neovascularization. There is insufficient evidence in the peer-reviewed clinical literature to consider it proven. Therefore, it is not a covered service for use in the treatment of venous reflux and insufficiency. This code is proven as a covered service only when used to prevent the propagation of an active clot from the superficial system to the deep venous system. See related medical policy: [High Ligation at the Saphenofemoral or Saphenopopliteal Junctions](#)

- E. Ligation (alone) of the small saphenous vein at the saphenopopliteal junction (37780) is unproven as a treatment for venous reflux due to insufficient evidence in the peer-reviewed clinical literature. Therefore, it is not a covered service. This code is proven as a covered service only when used to prevent the propagation of an active clot from the superficial system to the deep venous system. See related medical policy: [High Ligation at the Saphenofemoral or Saphenopopliteal Junctions](#)

**ADDITIONAL INFORMATION:**

*Please refer to:*

- *The enrollee's COC or specific plan documents,*
- *Coverage Determination Guideline, if one, for specific requirements for Reconstructive criteria*

**COVERAGE LIMITATIONS AND EXCLUSIONS**

1. Cosmetic Procedures are excluded from coverage.
  - a. Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a reconstructive procedure.
  - b. Any procedure that does not meet the reconstructive criteria above in the Indications for Coverage section

**ADDITIONAL INFORMATION:** For ALL "Limitations and Exclusions" above, Please refer to:

- *The enrollee's COC or specific plan documents,*
- *Coverage Determination Guideline, if one, for specific requirements for Reconstructive criteria*

**DEFINITIONS**

**Congenital Anomaly:** A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth. (2007 FI Generic COC)

**Cosmetic Procedures:** Cosmetic Procedures are excluded from coverage. Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery or other procedures done to relieve such consequences or behavior as a reconstructive procedure. **(2001 FI Generic COC)**

Procedures or services that change or improve appearance without significantly improving physiological function, as determined by UHC **(2007 FI Generic COC).**

Note: Please see state mandate definitions for cosmetic procedures.

**Duplex ultrasonography:** Combines a real-time B mode scanner with built-in Doppler capability. The B mode scanner outlines anatomical structure while Doppler detects the flow, direction of flow and flow velocity.

**Endovenous ablation:** A minimally invasive procedure that uses heat generated by radiofrequency (RF) or laser energy to seal off damaged veins.

**Functional/Physical Impairment:** A physical/functional or physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.

**Greater saphenous vein:** Superficial vein running the entire length of the leg.

**Ligation:** Tying off a vein.

**Reconstructive Procedures:** Include surgery or other procedures which are associated with an Injury, Sickness or Congenital Anomaly. The fact that physical appearance may change or improve as a result of a reconstructive procedure does not classify such surgery as a Cosmetic Procedure when a physical impairment exists, and the surgery restores or improves function. **(2001 FI Generic COC)**

Procedures performed incidental to an Injury, Sickness, or Congenital Anomaly when the primary purpose is to improve or restore physiological functioning of the impaired part of the body are reconstructive procedures. The fact that physical appearance may change or improve as a result of reconstructive surgery does not classify such surgery as cosmetic when a functional impairment exists, and the surgery's primary purpose is to restore or improve function.

Examples of a reconstructive procedure include, but are not limited to:

- Surgery to correct cleft lip, cleft palate, or combinations of the two.
- Scar revision when the scar has caused a contracture and is limiting motion of a body part.
- Breast reconstruction after mastectomy, including tattooing to create a nipple.
- Blepharoplasty (i.e., upper eyelid surgery) when there is significant visual impairment. **(2007 FI Generic COC)**

**Reticular vein:** Flat, blue veins often seen behind the knees.

**Sickness:** Physical illness, disease or Pregnancy. The term Sickness as used in this *Certificate* does not include mental illness or substance abuse, regardless of the cause or origin of the mental illness or substance abuse.

**Small saphenous vein:** Superficial vein of the calf.

**Spider vein:** Smaller versions of varicose veins that involve the capillaries.

**Stripping:** Removing a vein through small incisions in the skin.

**Superficial thrombophlebitis:** Inflammation of a vein due to a blood clot in a vein just below the skin's surface.

**Telangiectasia:** Small clusters of blood vessels. See spider vein.

**Varicose veins:** Abnormally enlarged veins that are visible under the surface of the skin; often appear blue, bulging and twisted.

**Venous reflux/insufficiency:** A reversal of flow through a venous valve; considered pathological when the reversal of flow persists beyond certain time parameters.

**Venous stasis dermatitis:** A skin condition due to the buildup of fluid (swelling) under the skin.

## REFERENCES

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5. Milliman Care Guidelines® Ambulatory Care 13th Edition, 2009. Saphenous Vein Stripping: ACG: A-0172 (AC). Available at: <http://careweb.careguidelines.com/ed13/>
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9. Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL). 2007 ICAVL Standards. Part II: Vascular Laboratory Operations – Peripheral Venous. Available at: <http://www.icavl.org/icavl/pdfs/venous2007.pdf>
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11. Labropoulos N, Leon L et al. Sapheno-femoral Junction Reflux in Patients with a Normal Saphenous Trunk *Eur J Vasc Endovasc Surg* 28, 595–599 (2004) doi:10.1016/j.ejvs.2004.07.021, available online at <http://www.sciencedirect.com>.
12. Labropoulos N, Tiongson J Definition of venous reflux in lower-extremity veins *Journal Of Vascular Surgery* October 2003 Volume 38, Number 4.

## CODING

Ablative Procedures for Venous Insufficiency and Varicose Veins

The Current Procedural Terminology (CPT) codes and HCPCS codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the benefit document.

Limited to specific CPT and HCPCS codes?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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**Vein Procedures CPT Code Section**

36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, <i>RADIOFREQUENCY</i> ; FIRST VEIN TREATED
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, <i>RADIOFREQUENCY</i> ; 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, <i>LASER</i> ; FIRST VEIN TREATED
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, <i>LASER</i> ; SECOND AND SUBSEQUENT VEINS TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW

**For codes 37700 37780 for treatment of venous reflux, please refer to [High Ligation at the Saphenofemoral or Saphenopopliteal Junctions](#). These codes are proven as a covered service only when used to prevent the propagation of an active clot from the superficial system to the deep venous system**

37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)

Limited to specific diagnosis codes?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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Limited to place of service (POS)?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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Limited to specific provider type?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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Limited to specific revenue codes?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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**HISTORY**

Ablative Procedures for Venous Insufficiency and Varicose Veins

Revision Date	Name	Revision Notes

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*The enrollee's specific benefit documents supersede these guidelines and are used to make coverage determinations. These Coverage Determination Guidelines are believed to be current as of the date noted.*