

Medical Necessity Guidelines: Procedures for the Treatment of Symptomatic Varicose Veins

Effective: October 21, 2020

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>Applies to: COMMERCIAL Products <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 • CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization</p> <p>TUFTS HEALTH PUBLIC PLANS Products <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>SENIOR Products • Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List • Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</p>	
<p>To obtain InterQual® SmartSheets™:</p> <ul style="list-style-type: none"> • Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products: If you are a registered Tufts Health Plan provider click here to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404. • Tufts Health Public Plans products: InterQual SmartSheet(s) available as part of the prior authorization process. 	

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires the use of an InterQual SmartSheet to obtain prior authorization for Procedures for the Treatment of Symptomatic Varicose Veins.

To obtain prior authorization for procedure(s), choose appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Tufts Health Plan.

- **Ablation, Endovenous, Varicose Vein**
- **Ambulatory Phlebectomy, Varicose Vein**
- **Ligation/Excision, Varicose Vein, +/- Stripping**
- **Ligation, Subfascial, Endoscopic, Perforating Vein**
- **Sclerotherapy, Varicose Vein**

TUFTS HEALTH PLAN MODIFICATION TO INTERQUAL CRITERIA

- Endovenous Ablation of the greater and/or lesser saphenous vein requires duplex ultrasound documentation of sapheno-femoral junction reflux¹.
- Sclerotherapy requires documentation of varicosities greater than 3mm in diameter.
- Requests for Polidocanol Endovenous Microfoam (Varithena) require documentation that vein segment(s) to be treated is non-amenable to alternative treatment, including physician-compounded foam sclerotherapy, due to tortuosity of vein.

CODES**PROCEDURES REQUIRING PRIOR AUTHORIZATION:**

Tufts Health Plan will be using InterQual SmartSheet(s) for the following procedure code(s).

ABLATION, ENDOVENOUS, VARICOSE VEIN

The following CPT code(s) require prior authorization:

Code	Description
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)

AMBULATORY PHLEBECTOMY, VARICOSE VEIN

The following CPT code(s) require prior authorization for ambulatory phlebectomy procedure, including stab phlebectomy, hook phlebectomy and transilluminated powered phlebectomy (e.g. Trivex):

Code	Description
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions

LIGATION/EXCISION, VARICOSE VEIN, +/- STRIPPING

The following CPT code(s) require prior authorization:

Code	Description
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 elbow
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	Ligation and division and/or excision of varicose vein cluster(s), one leg

LIGATION, SUBFASCIAL, ENDOSCOPIC, PERFORATING VEIN

The following CPT code(s) require prior authorization:

Code	Description
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
Note: For the following two CPT codes use the InterQual SmartSheet for Ligation, Subfascial, Endoscopic, Perforating Vein	
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
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg

SCLEROTHERAPY, VARICOSE VEIN

The following CPT code(s) require prior authorization:

Code	Description
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) (e.g. Varithena)
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 (e.g. Varithena)
36470	Injection of sclerosing solution; single vein
36471	Injection of sclerosing solution; multiple veins, same leg
Note: For the following CPT code use the InterQual SmartSheet for Sclerotherapy, Varicose Vein	
S2202	Echosclerotherapy
Note: Sclerotherapy after endovenous laser treatment (EVLT), for the treatment of varicose veins, is limited up to three sessions	

LIMITATIONS

- Sclerotherapy after Endovenous Laser Treatment (EVLT), for the treatment of varicose veins, is limited up to three sessions.

Tufts Health Plan will not cover:

- Treatment of varicose veins 3mm or less as this is considered cosmetic (e.g., telangiectasia, spider veins, reticular veins).
- Clarivein Mechanochemical Ablation (MOCA) as this is considered investigational.
- Tufts Health Plan will not cover any treatment of varicose veins for cosmetic purposes.
- Vena-Seal closure system as this is considered investigational.

REFERENCES

1. Milliman Care Guidelines, Saphenous Vein Ablation, Radiofrequency
2. Hayes, Inc. Hayes Health Technology Brief. Endovenous mechanochemical ablation (MOCA) (ClariVein Occlusion Catheter, Nonthermal Vein Ablation System [Vascular Insights, LLC]) for treatment of varicose veins. Lansdale, PA: Hayes, Inc.; March 12, 2015. Accessed April 4, 2016
3. Hayes, Inc. Hayes Health Technology Brief. Endovenous Mechanochemical Ablation (MOCA) (ClariVein Infusion Catheter, Nonthermal Vein Ablation System; Vascular Insights LLC) for Treatment of Varicose Veins. Lansdale, PA: Hayes Inc.; June 30, 2017. Accessed July 20, 2017
4. Hayes, a TractManager Company. Health Technology Assessment. Polidocanol Endovenous Microfoam (Varithena) 1% for Treatment of Varicose Veins. September 16, 2019. Accessed September 25, 2019. Health Technology Assessment
5. Scovell S, MD, FACS. Liquid, foam, and glue sclerotherapy techniques for the treatment of lower extremity veins. www.uptodate.com ©2019 UpToDate, Inc. Accessed December 6, 2019
6. Passman M, MD. Approach to treating symptomatic superficial venous insufficiency. uptodate.com ©2019 UpToDate, Inc. Accessed December 6, 2019

APPROVAL HISTORY

May 7, 2007: Reviewed by the Clinical Coverage Criteria Committee

Subsequent endorsement date(s) and changes made:

- July 25, 2007: Coverage of sclerotherapy clarified
- March 11, 2008: Changes to formatting only
- July 7, 2008: Conservative management clarified
- June 1, 2009: Changes made to when more than one type of vein treatment will be authorized
- September 2010: Reviewed by Medical Affairs-Medical Policy, no changes.
- March 2011: Reviewed by Medical Affairs-Medical Policy. Bullet 3A clarified, limit of 3 treatment sessions added; 3b sclerotherapy limitation clarified. Effective October 1, 2011.
- April 11, 2012: Reviewed at IMPAC (Integrated Medical Policy Advisory Committee), changes made to criteria; conservative management clarified.
- October 10, 2012: Reviewed by IMPAC. A completed InterQual® SmartSheet™ for the listed procedure codes will be required effective January 1, 2013. Note: Procedures for the Treatment of Symptomatic [Varicose Veins Not Available from InterQual®: Stab Phlebectomy](#) will have separate Medical Necessity Guidelines.
- December 11, 2013: Reviewed by IMPAC, renewed without changes.

- January 8, 2014: Reviewed at IMPAC. Added sclerotherapy after EVLT is limited to three sessions effective April 1, 2014.
- December 10, 2014: Reviewed by IMPAC, renewed without changes.
- January 1, 2015: Instructions for Tufts Health Plan – Network Health products included in this document.
- July 23, 2015: Reviewed by IMPAC. Coverage Guidelines, in addition to Interqual®, for Endovenous Ablation and Sclerotherapy added. Treatment of varicose veins three millimeters or less included under Limitations. These changes are effective January 1, 2016.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- April 13, 2016: Reviewed by IMPAC, Clarivein Mechanochemical Ablation (MOCA) procedure added to Limitation section of this document because it is considered investigational.
- July 20, 2016: Reviewed by IMPAC, renewed without changes.
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- July 20, 2017: Reviewed by IMPAC; renewed without changes.
- December 31, 2017: Coding updated. Per AMA CPT, effective January 1, 2018 the following code(s) added: 36465, 36466, 36482, 36483.
- October 10, 2018: Reviewed by IMPAC; renewed without changes
- October, 2018: Template and disclaimer updated
- December 3, 2018: 2018.2 Interqual upgrade for Tufts Health Commercial products including Tufts Health Freedom Plan. Effective December 17, 2018, Interqual upgrade is effective for Tufts Health Direct and Tufts Health Together. Effective January 14, 2019, Interqual upgrade effective for Tufts Health RITogether.
- December 12, 2018: Reviewed at IMPAC. Polidocanol Endovenous Microfoam (Varithena) for Treatment of Varicose Veins added to limitations section. Link to Medical Necessity Guidelines: Noncovered Investigational Services added. Effective April 1, 2019, new Interqual subset Ambulatory Phlebectomy, Varicose Vein criteria will be used for prior authorization of CPT 37765 and 37766 and MNG: Procedures for the Treatment of Symptomatic Varicose Veins Not Available from InterQual®: Stab Phlebectomy is retired. Treatment of varicose veins for cosmetic purposes added to limitations section.
- September 18, 2019: Reviewed by IMPAC, renewed without changes
- February 19, 2020: Reviewed at IMPAC. Varithena removed from limitations section and is covered with prior authorization for treatment of tortuous varicose vein(s). THP Modification to InterQual criteria, sclerotherapy varicose vein, added for Varithena coverage
- June 17, 2020: Reviewed at IMPAC. Language added to clarify types of procedures which can be included under ambulatory phlebectomy subset. For effective date October 1, 2020, VenaSeal closure system (CPT 36482 and 36483) will not be covered as it is considered investigational. Refer to Medical Necessity Guidelines: Noncovered Investigational Services.
- June 19, 2020: Fax number for Unify updated
- October 21, 2020: Reviewed by IMPAC, renewed without changes

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.