Clinical Policy: Sclerotherapy for Varicose Veins

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Coding Implications
Revision Log

Description
Sclerotherapy is a minimally invasive procedure to diminish abnormally dilated and symptomatic veins. In this procedure, liquid or foam irritants are injected into unwanted veins, causing their eventual reduction. This policy describes the medical necessity requirements for sclerotherapy.

Policy/Criteria

I. It is the policy of Pennsylvania Health and Wellness® (PHW) that sclerotherapy is **medically necessary** for the following indications:

A. Symptomatic varicose veins, including all of the following criteria:
   1. Ultrasound-documented saphenous varicosities at the saphenofemoral junction or saphenopopliteal junction, including both of the following:
      a. Junctional reflux ≥ 500 milliseconds;
      b. Vein size ≥ 2.5 mm;
   2. Complications attributed to the varicosities, including any of the following:
      a. Intractable ulceration;
      b. Hemorrhage or recurrent bleeding episodes from a ruptured varicosity;
      c. Recurrent superficial thrombophlebitis;
      d. Severe and persistent pain and swelling, including both of the following:
         i. Duration ≥ 6 months;
         ii. Failure of ≥ 3 weeks prescription dose analgesic medications for pain;
   3. Does NOT include any of the following contraindications:
      a. Allergy to sclerotherapy agent;
      b. During pregnancy and for 3 months after delivery;
      c. Acute febrile illness;
      d. Local or general infection;
      e. Severe distal arterial occlusive disease (ankle-brachial index 0.4 or less);
      f. Critical limb ischemia, arterial ulcer(s), gangrene;
      g. Obliteration of deep venous system;
      h. Recent deep venous thrombosis;
      i. Acute deep venous thrombophlebitis or acute superficial thrombophlebitis;
      j. Inability to ambulate;
      k. Tortuosity of the great saphenous vein severe enough to impede catheter placement.

II. It is the policy of PHW that sclerotherapy is **not medically necessary** for any of the following indications:

A. Asymptomatic varicose veins
   1. Superficial reticular veins and/or telangiectasias;
B. For the treatment of all other conditions than those specified above.

Background

Varicose veins can cause significant pain and discomfort, superficial thrombophlebitis, bleeding, and ulceration. As such, the management of chronic venous insufficiency, including symptomatic varicosities, can have a substantial negative impact on quality of life.[1] The pathophysiology that leads to these varicosities include inadequate muscle pump function, incompetent venous valves (reflux), and venous obstruction.[2]

According to clinical practice guidelines by the Society for Vascular Surgery and the American Venous Form, sclerotherapy is a recommended treatment option for varicose veins.[4] Sclerotherapy is a minimally invasive and cost effective procedure used to treat varicose veins. To perform this procedure, chemical irritants are injected into the unwanted vein to close varicosities. Destruction of venous endothelial cells and the formation of a fibrotic obstruction facilitate the venous closure due to injection of sclerosing agents. Liquid and foam sclerotherapy are the two predominant modalities for the introduction of sclerosing agents; examples of such sclerosing agents include osmotic, alcohol and detergent agents.[3,4] A systemic review by Tisi *et al* evaluated 17 randomized controlled trials, and concluded that choice of sclerosing agents, dose, formulation (foam versus liquid), among other factors lack a significant effect on the efficacy of sclerotherapy for varicose veins.[7]

Coding Implications

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CPT® Codes	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)
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.
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg

Reviews, Revisions, and Approvals	Date	Approval Date
Policy Developed	10/17	

Reviews, Revisions, and Approvals	Date	Approval Date
References reviewed and updated. CPT codes updated.	05/18	11/18

References

1. Behravesh, Sasan, et al. "Venous malformations: clinical diagnosis and treatment." *Cardiovascular Diagnosis and Therapy* 6.6 (2016): 557-569.
2. Alguire, PC. Overview and management of lower extremity chronic venous disease. In: UpToDate, Collins, KA (Ed), UpToDate, Waltham, MA. (Accessed on 4/17/18).
3. Scovell, S. Liquid, foam, and glue sclerotherapy techniques for the treatment of lower extremity 04/17/18 10, 2017).
4. The care of patients with varicose veins and associated chronic venous diseases: Clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum; Peter Gloviczki, et al; J Vasc Surg 2011;53:2S-48S
5. Jose I. Almeida, MD, et al. Use of the Clinical, Etiologic, Anatomic, and Pathophysiologic classification and Venous Clinical Severity Score to establish a treatment plan for chronic venous disorders. J Vasc Surg: Venous and Lym Dis 2015;3:456-60.
6. Weiss, Margaret A., et al. "Consensus for sclerotherapy." *Dermatologic Surgery* 40.12 (2014): 1309-1318.
7. Tisi PV, Beverley C, Rees A. Injection sclerotherapy for varicose veins. Cochrane Database Syst Rev 2006:CD001732.