

## Clinical Policy: Sclerotherapy for Varicose Veins

Reference Number: CP.MP.146

Last Review Date: 04/18

[Coding Implications](#)  
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### 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 health plans affiliated with Centene Corporation<sup>®</sup> 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  $\geq$  500 milliseconds;
      - b. Vein size  $\geq$  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  $\geq$  6 months;
        - ii. Failure of  $\geq$  3 weeks prescription dose analgesic medications for pain;
    3. Does NOT include any of the following contraindications:
      - a. Allergy to sclerotherapy agent;
      - b. Pregnant or within 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 health plans affiliated with Centene Corporation<sup>®</sup> 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, chronic venous insufficiency, including symptomatic varicosities, can have a substantial negative impact on quality of life.<sup>1</sup> The pathophysiology that leads to these varicosities include inadequate muscle pump function, incompetent venous valves (reflux), and venous obstruction.<sup>2</sup>

According to clinical practice guidelines by the Society for Vascular Surgery and the American Venous Forum, sclerotherapy is a recommended treatment option for varicose veins.<sup>4</sup> 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.<sup>3,4</sup> 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.<sup>7</sup>

**Coding Implications**

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| CPT®<br>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  |

**CLINICAL POLICY**  
**Sclerotherapy for Varicose Veins**

| Reviews, Revisions, and Approvals                   | Date  | Approval Date |
|---|-------|---------------|
| New policy  | 05/17 | 06/17         |
| References reviewed and updated. CPT codes updated. | 04/18 | 04/18         |

**References**

1. Behraves, 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 4/17/2018.
3. Scovell, S. Liquid, foam, and glue sclerotherapy techniques for the treatment of lower extremity veins. In: UpToDate, Collins, KA (Ed), UpToDate, Waltham, MA. Accessed 4/17/2018.
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.

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

## CLINICAL POLICY

### Sclerotherapy for Varicose Veins

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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