



ND

Medical Policies



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Policy Number: S-556

Policy Name: Ligation or Ablation, Incompetent Perforator Veins

Policy Type: Medical

Policy Subtype: Surgery

Effective Date: 09-15-2025

End Date: 11-02-2025

Description

A variety of treatment modalities are available to treat varicose veins/venous insufficiency, including surgical approaches, thermal ablation, and sclerotherapy. The application of each of these treatment options is influenced by the severity of the symptoms, type of vein, source of venous reflux, and the use of other (prior or concurrent) treatments.

The following are the medical definitions for the terms in this Medical Policy under the section of:

Treatment Session:

- A treatment session (visit) includes the treatment provided on the SAME day to one (1) or more veins in the SAME leg.

VEIN ANATOMY

- **Main Veins:** Greater Saphenous Vein (GSV) , Superficial Saphenous Vein/ Long Saphenous Vein (SSV/LSV)
- **Accessory Veins:** Anterior saphenous, Anterior Circumflex, Anterior Branch Lateral saphenous, Posterior Circumflex, Posterior medial branch
- **Tributary Veins:** smaller branches of all of the above listed veins
- **Perforator Veins:** Cockett's, Boyd's, Dodd's, Hunter's, May's, Kuster's
- **Telangiectasia/Reticular Veins:** Spider Veins (considered cosmetic)

COMMON ABBREVIATIONS:

- **CFV** - Common Femoral Vein: normal
- **PFV** - Proximal Femoral Vein
- **MFV** - Mid Femoral Vein
- **DFV** - Distal Femoral Vein: positive compress
- **Pop V** - Popliteal Vein: normal
- **SFJ** - Saphenofemoral Junction: normal

- **AAGSV** - Anterior Accessory Great Saphenous Vein
- **PAGSV** - Posterior Accessory Great Saphenous Vein
- **PGSV** - Proximal Great Saphenous Vein
- **MGSV** - Mid Great Saphenous Vein
- **AAGSV Calf** - Anterior Accessory Great Saphenous Vein Calf
- **PAGSV Calf** - Posterior Accessory Great Saphenous Vein Calf
- **SPJ** - Saphenopopliteal Junction
- **PSSV** - Proximal Small Saphenous Vein
- **MSSV** - Mid Small Saphenous Vein
- **TESSV** - Thigh Extension Small Saphenous Vein

The standard classification of venous disease is the **CEAP (Clinical, Etiologic, Anatomic, Pathophysiologic) classification system**.

Class	Definition
C ₀	No visible or palpable signs of venous disease
C ₁	Telangiectasies or reticular veins
C ₂	Varicose veins
C _{2r}	Recurrent varicose veins
C ₃	Edema
C ₄	Changes in skin and subcutaneous tissue secondary to cardiovascular disease (CVD)
C _{4a}	Pigmentation and eczema
C _{4b}	Lipodermatosclerosis or atrophie blanche
C _{4c}	Corona phlebectatica
C ₅	Healed
C ₆	Active venous ulcer
C _{6r}	Recurrent active venous ulcer
S	Symptomatic
A	Asymptomatic

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Endovenous laser ablation of incompetent perforator veins may be considered **medically necessary** as a treatment of leg ulcers associated with chronic venous insufficiency when **ALL** of the following criteria have been met:

- There is demonstrated perforator reflux; **AND**
- The superficial saphenous veins (great, small, or accessory saphenous and symptomatic varicose tributaries) have been previously eliminated; **AND**
- Ulcers have not resolved following combined superficial vein treatment and compression therapy for at least 3 months; **AND**
- The venous insufficiency is not secondary to deep venous thromboembolism.

Endovenous laser ablation of incompetent perforator veins not meeting the criteria in this policy is considered not medically necessary.

Ligation is **NOT COVERED** for **ANY** of the following:

- Incompetent perforator veins

Procedure Codes

36478	36479	37799
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Professional Statements and Societal Positions Guidelines

American Vein and Lymphatic Society

In 2015, the AVLS (previously named the American College of Phlebology) published guidelines on the treatment of superficial vein disease.

AVLS gave a Grade 1 recommendation based on high quality evidence that compression is an effective method for the management of symptoms, but when individuals have a correctable source of reflux, definitive treatment should be offered unless contraindicated. AVLS recommends against a requirement for compression therapy when a definitive treatment is available. AVLS gave a strong recommendation based on moderate quality evidence that endovenous thermal ablation is the preferred treatment for saphenous and accessory saphenous vein incompetence, and gave a weak recommendation based on moderate quality evidence that mechanochemical ablation may also be used to treat venous reflux.

In 2017, AVLS published guidelines on the treatment of refluxing accessory saphenous veins. The College gave a Grade 1 recommendation based on level C evidence that individuals with symptomatic incompetence of the accessory saphenous veins be treated with endovenous thermal ablation or sclerotherapy to reduce

symptomatology. The guidelines noted that although accessory saphenous veins may drain into the great saphenous vein before it drains into the common femoral vein, they can also empty directly into the common femoral vein.

National Institute for Health and Care Excellence

In 2013, the NICE updated its guidance on ultrasound-guided foam sclerotherapy for varicose veins. NICE stated that:

'1.1 Current evidence on the efficacy of ultrasound-guided foam sclerotherapy for varicose veins is adequate. The evidence on safety is adequate, and provided that individuals are warned of the small but significant risks of foam embolization (see section 1.2), this procedure may be used with normal arrangements for clinical governance, consent and audit.

1.2 During the consent process, clinicians should inform individuals that there are reports of temporary chest tightness, dry cough, headaches and visual disturbance, and rare but significant complications including myocardial infarction, seizures, transient ischaemic attacks and stroke.'

In 2015, NICE published a technology assessment on the clinical effectiveness and cost-effectiveness of foam sclerotherapy, endovenous laser ablation, and surgery for varicose veins.

In 2016, NICE revised its guidance on endovenous mechanochemical ablation, concluding that 'Current evidence on the safety and efficacy of endovenous mechanochemical ablation for varicose veins appears adequate to support the use of this procedure....'

Diagnosis Codes

I80.00	I80.01	I80.02	I80.03	I83.011	I83.012	I83.013
I83.014	I83.015	I83.018	I83.019	I83.021	I83.022	I83.023
I83.024	I83.025	I83.028	I83.029	I83.10	I83.11	I83.12
I83.201	I83.202	I83.203	I83.204	I83.205	I83.208	I83.209
I83.211	I83.212	I83.213	I83.214	I83.215	I83.218	I83.219
I83.221	I83.222	I83.223	I83.224	I83.225	I83.228	I83.229
I83.811	I83.812	I83.813	I83.819	I83.891	I83.892	I83.893
I83.899	I87.2	I87.9				

CURRENT CODING

CPT:

36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Medicaid Expansion
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	Medicaid Expansion
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Medicaid Expansion
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Commercial
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	Commercial
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Commercial

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ND Committee Review

Internal Medical Policy Committee 1-16-2024 **Effective March 01, 2024**

- **Adopted** policy

Internal Medical Policy Committee 5-14-2024-Revision w/coding update- **Effective July 01, 2024**

- **Added** section regarding Endovenous laser ablation; and
- **Added** Procedure Codes 36478; 34679; and
- **Added** Policy Application; and

- *Updated* references.

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.