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.

UnitedHealthcare may also use tools developed by third parties, such as the Milliman Care Guidelines®, to assist us in administering health benefits. The Milliman Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

PLAN DOCUMENT LANGUAGE

Before using this guideline, please check enrollee’s specific plan document and any federal or state mandates, if applicable.
Note: This guideline only addresses the codes in the coding section below.

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 clinical information and documentation, and such other documentation as may be reasonably requested:

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 impairment that is recurrent or persistent in nature AND

2. The condition is causing the functional impairment (including the nature of the impairment)

A. A written report, signed by the physician who interpreted the venous ultrasound study, utilizing B-mode imaging, spectral Doppler and color flow, performed with the patient standing or in reverse Trendelenburg position, demonstrating reflux, duration of reflux and documentation of vein size. Continuous wave hand-held Doppler is insufficient for these purposes. The function of the deep venous system should be addressed.

B. Documentation in physician office notes clearly showing skin changes or ulceration that may account for the functional impairment. High quality color photographs detailing dermatological changes may be requested as part of the documentation.

C. Treatment plan that must include proposed procedures (include CPT codes mapped to specific venous anatomic structures, and the expected outcome for the improvement of the functional deficit

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

II. Criteria for a Coverage Determination as Reconstructive:

REVIEW NOTES:

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

- This policy does not address stab phlebectomy or sclerotherapy or other procedures not addressed in the Coding Section of this policy.

A. Varicose vein treatments (radiofrequency ablation, endovenous laser ablation, stripping, ligation and excision) for the great saphenous vein, small saphenous vein or principle branches are considered reconstructive when all of the following criteria are present.
The plan can include either single or combination treatments. Only one procedure code submitted per named vein will be considered for each vein:

1. Condition is caused by venous insufficiency.

2. Vein size by ultrasound:
   a. If the planned ablation involves the great saphenous vein, the vein must be 5.5 mm or greater in transverse diameter, as measured by duplex ultrasonography below the saphenofemoral junction (not valve diameter)
   b. If the planned ablation involves the small saphenous vein, the vein must measure 5 mm or greater in diameter just below the saphenopopliteal junction.
   c. If the planned ablation involves the named principle branches, the vein must measure 5 mm or greater in diameter.

   (Note: repeat studies/images submitted for evaluation must be time and date stamp and confirm that repeat measurements were taken at the same level as in the initial report)
   d. If there is either bleeding or ulceration related to the varicose vein in question that has moderate or severe reflux as noted below, then vein sizes of lower diameters will be accepted.

3. Documentation in a signed report of duration of reflux, as measured by Spectral Wave Form study, in the standing or reverse Trendelenburg position that meets the following parameters:
   a. Greater than or equal to 500 milliseconds (ms) for the great saphenous, small saphenous or principle branches.
   b. Perforating veins > 350 ms
   c. Some duplex ultrasound readings will describe this as moderate to severe reflux which will be acceptable.

4. Member must have one of the following functional impairments or treatments documented in the contemporaneous office notes and submission of the planned procedure(s) include CPT codes per venous system, i.e. which extremity(s), venous system(s) and procedure(s) planned per vein. (skin changes must be documented with high quality color photography with patient ID):
   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 superficial thrombophlebitis or documented venous stasis dermatitis (high quality color photography documenting noted skin changes, with patient ID, may be requested) OR
   d. Moderate or severe pain causing limitation of activities and if done, the documentation of a trial of compression hose that supports the relief of extremity pain and improved function

B. Ablation of perforator veins are considered reconstructive when the following criteria are present:
1. Evidence of perforator venous insufficiency measured by duplex ultrasonography report (see criteria above) **AND**
2. Perforator vein size is 3.5mm or greater **AND**
3. Documentation in office notes and **Duplex Ultrasound** Study that the perforating vein *lays* beneath a healed or active venous stasis ulcer.

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

**D. Ligation (alone) of the great saphenous vein at the saphenofemoral junction (37700)**
See related medical policy: **High Ligation and Endomechanical Ablation for Varicose Veins**

**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. See related medical policy: **High Ligation and Endomechanical Ablation for Varicose Veins**

**ADDITIONAL INFORMATION:**

*Please refer to:*
- *The enrollee’s COC or specific plan documents.*

**COVERAGE LIMITATIONS AND EXCLUSIONS**

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

Refer to Cosmetic/Reconstructive Coverage Determination Guideline for spider veins and/or Telangiectasia codes these are considered cosmetic and not covered

**ADDITIONAL INFORMATION:**

*For ALL “Limitations and Exclusions” above, Please refer to:*
- *The enrollee’s COC or specific plan documents.*
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)

For California Only: Congenital Anomaly - a physical developmental defect that is present at birth

Cosmetic Procedures: 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 (2007-2011 FI Generic COC).

Note: Please see state mandate definitions for cosmetic procedures.

For California Only: Cosmetic Procedures - procedures or services are performed to alter or reshape normal structures of the body in order to improve the Covered Person's appearance

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.

Great saphenous vein: Superficial vein running the entire length of the leg.

High Quality Photograph: Ideally, a high-quality print should be in color have at least 200 pixels per inch. It must be detailed enough to show the patient’s anatomy that is described in the physician’s office notes. If submitted as a hard copy, the image must be on photographic paper.

Ligation: Tying off a vein.

Reconstructive Procedures: Surgery or other procedures which are associated with an Injury, Sickness or Congenital Anomaly, performed when a physical impairment exists and when the primary purpose of the procedure is to improve or restore physiologic functions. 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 Generic COC)

Reconstructive procedures when the primary purpose of the procedure is either to treat a medical condition or to improve or restore physiologic function. Reconstructive procedures include surgery or other procedures which are associated with an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance.

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. (2007-2011 Generic COC)

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.

For California Only: Reconstructive Procedures - Reconstructive procedures to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive procedures include surgery or other procedures which are associated with an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance for cosmetic purposes only, but rather to improve function and/or to create a normal appearance, to the extent possible. Covered Health Services include dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures.

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.

Spectral Doppler Flow Imaging:
- examines flow at one site
- provides a detailed analysis of distribution of flow
- provides good temporal resolution, capable of examining flow waveform
- allows for calculation of velocity and indices

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

1. UHC Fully Funded Generic 2001 COC
2. UHC Fully Funded Generic 2007 COC
3. UHC Fully Funded Generic 2011 COC
11. American Journal of Roentgenology. [http://www.ajronline.org/content/181/6/1695.full](http://www.ajronline.org/content/181/6/1695.full)

CODING

*The Current Procedural Terminology (CPT®) codes and HCPCS and CDT® 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 enrollee specific benefit document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Other policies and coverage determination guidelines may apply. CPT® is a registered trademark of the American Medical Association.*
### Limited to specific CPT and HCPCS codes?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>36475</td>
<td>ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED</td>
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<tr>
<td>36476</td>
<td>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)</td>
</tr>
<tr>
<td>36478</td>
<td>ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED</td>
</tr>
<tr>
<td>36479</td>
<td>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)</td>
</tr>
<tr>
<td>37718</td>
<td>LIGATION, DIVISION, AND STRIPPING, SHORT SAPHRHOUS VEIN</td>
</tr>
<tr>
<td>37722</td>
<td>LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHRHOUS VEINS FROM SAPHRHOPOPHRAL JUNCTION TO KNEE OR BELOW</td>
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</tbody>
</table>

For codes 37700 37780 for treatment of venous reflux, please refer to High Ligation and Endomechanical Ablation for Varicose Veins. 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.

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<tr>
<td>37700</td>
<td>LIGATION AND DIVISION OF LONG SAPHRHOUS VEIN AT SAPHRHOPOPHRAL JUNCTION, OR DISTAL INTERRUPTIONS</td>
</tr>
<tr>
<td>37780</td>
<td>LIGATION AND DIVISION OF SHORT SAPHRHOUS VEIN AT SAPHRHOPOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)</td>
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### Limited to specific diagnosis codes?

☐ YES  ☒ NO

### Limited to place of service (POS)?

☐ YES  ☒ NO

### Limited to specific provider type?

☐ YES  ☒ NO

### Limited to specific revenue codes?

☐ YES  ☒ NO
<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Name</th>
<th>Revision Notes</th>
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<tr>
<td>8/1/2010</td>
<td>VK</td>
<td>Original effective date</td>
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<tr>
<td>10/25/10</td>
<td>VK</td>
<td>Please see grid on page 2 for the revisions.</td>
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<tr>
<td>12/13/10</td>
<td>VK</td>
<td>The requirement for color flow Doppler studies has been removed. This will be effective 1/1/11.</td>
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<tr>
<td>06/01/12</td>
<td>SG</td>
<td>Title changed Surgical and Ablative Procedures for Added paragraph to Instructions for Use; Revised the Required Documentation; Revised the Criteria to be Reconstructive; Deleted requirement for Vein Questionnaire; included CA definitions for Congenital Abnormality; Cosmetic Procedures and Reconstructive Procedures; deleted Milliman in Reference section; added definition of Spectral Doppler Flow Imaging, High Quality Photographs; added two references. Updated footer removing confidential; Updated the coding disclaimer</td>
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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.