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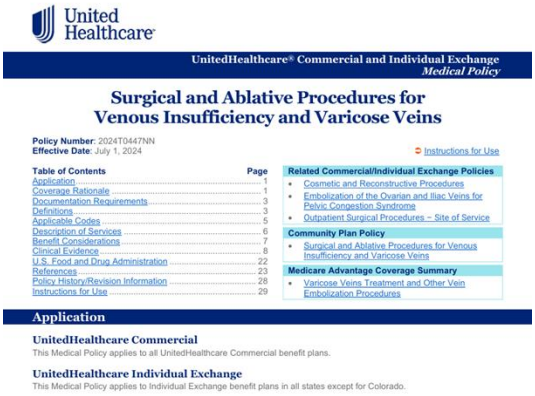
Reimbursement Alert
UnitedHealthcare (UHC) – June 3, 2024

This alert addresses an update, effective 7/1/2024, to the United Healthcare Commercial Policy for Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins.

What has been updated?

United Healthcare is one of the largest Commercial Insurance Providers. Nearly 26.6 million people in the U.S. rely on UnitedHealthcare Employer & Individual through insured and self-funded plans.


United Healthcare

UnitedHealthcare® Commercial and Individual Exchange
Medical Policy

Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins

Policy Number: 2024T0447NN
Effective Date: July 1, 2024

Instructions for Use

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Related Commercial/Individual Exchange Policies
- Cosmetic and Reconstructive Procedures
- Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome
- Outpatient Surgical Procedures – Site of Service

Community Plan Policy
- Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins

Medicare Advantage Coverage Summary
- Varicose Veins Treatment and Other Vein Embolization Procedures

Application

UnitedHealthcare Commercial
This Medical Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange
This Medical Policy applies to Individual Exchange benefit plans in all states except for Colorado.

- United Healthcare updated its Commercial Policy for Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins:
  - UHC removed “Endovenous low-nitrogen foam Sclerotherapy” (Varithena) from their list of unproven and not medically necessary treatments.
  - UHC Added a “Sclerotherapy” section stating “Refer to the Applicable codes section for Sclerotherapy (i.e., liquid, foam, ultrasound-guided, endovenous chemical ablation, endovenous microfoam).
- Link to the updated policy: [surgical-ablative-procedures-venous-insufficiency-varicose-veins-07012024.pdf (uhcprovider.com)]

What are the criteria?

- Codes applicable to Sclerotherapy sections 36465, 36466, 36470, 36471
- More than 3 sessions per leg within a year is considered cosmetic
- A session is defined as one date of service in which one of the services described by these codes is used
- A year is defined as a rolling 12 months (365) days
- Individual must have one of the following Functional or Physical Impairments:
  - Skin ulceration; or
  - Documented episode(s) of frank bleeding of the Varicose Vein due to erosion of/or trauma to the skin; or Documented Superficial Thrombophlebitis; or
  - Documented Venous Stasis Dermatitis causing Functional or Physical Impairment; or
  - Moderate to Severe Pain causing Functional or Physical Impairment
- Venous size:
  - The GSV must be 3.0. mm or greater when measured at the proximal thigh immediately below the saphenofemoral junction via Duplex Ultrasonography
  - The SSV* or Accessory Veins must measure 3.0 mm or greater in diameter immediately below the appropriate junction via Duplex Ultrasonography
- Duplex ultrasound study performed in the standing or reverse Trendelenburg position, shows duration of reflux that meets the following parameters:
  - Greater than or equal to 500 milliseconds (ms) for the GSV, SSV*, or principal tributaries.
  - Some Duplex Ultrasound readings will describe this as moderate to severe reflux which will be acceptable.

*Varithena™ is not indicated by the FDA for the treatment of Perforator Veins or the Small Saphenous Veins (SSV).

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**CPT codes 36465, 36466, 36470, and 36471 are covered for sclerotherapy up to 3 sessions per leg within a year.

- More than 3 sessions per leg within a year is considered cosmetic; does not improve a functional, physical, or physiological impairment. Cosmetic sclerotherapy is excluded. (2019 Certificate of Coverage Amendment).
- A session is defined as one date of service in which sclerotherapy (36465, 36466, 36470, 36471) is performed.
- A year is defined as a rolling 12 months (365 days).

CPT Code	Description
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (e.g., polyester, ePTFE, bovine pericardium), when performed
**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 (e.g., 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 (e.g., great saphenous vein, accessory saphenous vein), same leg
*36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
**36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
**36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg

Source: United Healthcare Group: Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins

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Why is this important?

- United Healthcare's update allows patients with Chronic Venous Insufficiency access to Varithena, providing physicians with another treatment option.
- Additional UHC companies completing the same update include, Oxford, UMR, UHC of CA HMO, UHC Benefits Plan CA EPO/POS, UHC of OK, UHC of OR, UHC Benefits of TX, UHC of WA & Effective 8/1/2024 UHC Community Plan.
- Please connect with your Field Reimbursement Manager for questions about this Alert

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INDICATIONS

Varithena (polidocanol injectable foam) is indicated for the treatment of incompetent great saphenous veins, accessory saphenous veins and visible varicosities of the great saphenous vein (GSV) system above and below the knee. Varithena improves the symptoms of superficial venous incompetence and the appearance of visible varicosities.

IMPORTANT SAFETY INFORMATION

The use of Varithena is contraindicated in patients with known allergy to polidocanol and those with acute thromboembolic disease. Severe allergic reactions have been reported following administration of liquid polidocanol, including anaphylactic reactions, some of them fatal. Observe patients for at least 10 minutes following injection and be prepared to treat anaphylaxis appropriately. Intra-arterial injection or extravasation of polidocanol can cause severe necrosis, ischemia or gangrene. Patients with underlying arterial disease may be at increased risk for tissue ischemia. If intra- arterial injection of polidocanol occurs, consult a vascular surgeon immediately. Varithena can cause venous thrombosis. Follow administration instructions closely and monitor for signs of venous thrombosis after treatment. Patients with reduced mobility, history of deep vein thrombosis or pulmonary embolism, or recent (within 3 months) major surgery, prolonged hospitalization, or pregnancy are at increased risk for developing thrombosis. The most common adverse events observed were pain/discomfort in extremity, retained coagulum, injection site hematoma or pain, common femoral vein thrombus extension, superficial thrombophlebitis, and deep vein thrombosis. Physicians administering Varithena must be experienced with venous procedures, possess a detailed working knowledge of the use of the duplex ultrasound in venous disease and be trained in the administration of Varithena.

For Full Prescribing Information visit Varithena.com

PI-1263705-AA

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