

Medical Policy

Criteria Modification Policy	
MEDICAL POLICY NUMBER	MED_Clin_Ops-126
CURRENT VERSION EFFECTIVE DATE	January 1, 2024
APPLICABLE PRODUCT AND MARKET	<i>Individual Family Plan: All Plans</i> <i>Small Group: All Plans</i> <i>Medicare Advantage: All Plans</i>

Brand New Day/Central Health Medicare Plan develops policies and makes coverage determinations using credible scientific evidence including but not limited to MCG™ Health Guidelines, the ASAM Criteria™, and other third party sources, such as peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and expert opinion as relevant to supplement those sources. Brand New Day/Central Health Medicare Plan Medical Policies, MCG™ Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member's case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice. Members may contact Brand New Day/Central Health Medicare Plan Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Brand New Day/Central Health Medicare Plan Medical Policy may contact the Health Plan. Brand New Day/Central Health Medicare Plan policies and practices are compliant with federal and state requirements, including mental health parity laws.

If there is a difference between this policy and the member specific plan document, the member benefit plan document will govern. For Medicare Advantage members, Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), govern. Refer to the CMS website at <http://www.cms.gov> for additional information.

Brand New Day/Central Health Medicare Plan medical policies address technology assessment of new and emerging treatments, devices, drugs, etc. They are developed to assist in administering plan benefits and do not constitute an offer of coverage nor medical advice. Brand New Day/Central Health Medicare Plan medical policies contain only a partial, general description of plan or program benefits and do not constitute a contract. Brand New Day/Central Health Medicare Plan does not provide health care services and, therefore, cannot guarantee any results or outcomes. Treating providers are solely responsible for medical advice and treatment of members. Our medical policies are updated based on changes in the evidence and healthcare coding and therefore are subject to change without notice. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). MCG™ and Care Guidelines® are trademarks of MCG Health, LLC (MCG).

PURPOSE

The purpose of this policy is to document the modifications made to commercial or third-party clinical review criteria used by Brand New Day/Central Health Medicare Plan when determining the medical necessity of various procedure

POLICY

Clinical Review Criteria

Brand New Day/Central Health Medicare Plan develops and adopts clinical criteria for reference during utilization review in accordance with MED-073 Clinical Criteria and MED-033 MA Clinical Criteria.

Brand New Day/Central Health Medicare Plan may modify commercial criteria for its own use. Criteria are based on current, evidence-based clinical principles, processes, or business need. Modification of established commercial criteria may occur as follows:

1. Modification of criteria is supported based on the professional judgment of practicing physicians, pharmacists, and other providers' experience
2. Analysis of peer-reviewed publications, with consideration of the following:
 - a. Identification of risk factors for conditions

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- b. Diagnostic criteria for conditions
 - c. Prognostic factors with and without treatment
 - d. Benefits and harms of different treatment options
 - e. Resources associated with different diagnostic or treatment options
 - f. Patients' experiences of healthcare interventions¹
3. Criteria changes are reviewed and approved by Brand New Day/Central Health Medicare Plan physician and/or clinical leadership.
 4. Documentation of the rationale for modification to the criteria is maintained by the UM Committee.

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- A. [Varicose Veins](#) – Venous Surgery and Endovascular Thermal Ablation

¹ URAC HUM 1(b) NCQA UM 2 (A-4)

A. Varicose Veins

Criteria:

Venous Surgery (stripping/ligation) and Endovascular Thermal Ablation (radiofrequency or laser)

The initial and subsequent radiofrequency ablation, endovenous laser ablation, stripping, ligation, and excision of the Great Saphenous Vein (GSV) and Small Saphenous Veins (SSV) may be considered reconstructive, proven, and medically necessary when **ALL** of the following criteria are present:

1. Junctional reflux:
 - a. Ablative therapy for the GSV or SSV only if junctional reflux is demonstrated in these veins; or
 - b. Ablative therapy for accessory veins only if anatomically related persistent junctional reflux is demonstrated after the GSV or SSV have been removed or ablated.
2. Individual must have at least **ONE** of the following functional or physical impairments:
 - 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
 - d. Documented Venous Stasis Dermatitis causing functional or physical impairment; or
 - e. Moderate-to-severe pain causing functional or physical impairment
3. Venous Size:
 - a. The GSV must be 5.5 mm or greater when measured at the proximal thigh immediately below the saphenofemoral junction via duplex ultrasonography.²
 - b. The SSV or Accessory Veins must measure 5 mm or greater in diameter

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immediately below the appropriate junction.

4. Duration of reflux, in the standing or reverse Trendelenburg position that meets the following parameters:
 - a. Greater than or equal to 500 milliseconds (ms) for the GSV, SSV or principal tributaries.
 - b. Perforating veins greater than 350 ms.
 - c. Some duplex ultrasound readings will describe this as moderate to severe reflux which will be acceptable.

Exclusions: N/A

² Navarro et al. 2002

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Applicable Codes

The codes listed below are for reference purposes. This list does not imply whether the code is covered or not covered. The benefit document should be referenced for coverage determination. This list of applicable codes may not be all-inclusive.

- 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
- 36473 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
- 36474 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
- 36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
- 36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
- 36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
- 36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
- 36482 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (e.g., cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
- 36483 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (e.g., cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
- 37500 Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
- 37700 Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
- 37718 Ligation, division, and stripping, short saphenous vein
- 37722 Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
- 37735 Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
- 37760 Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg
- 37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
- 37765 Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
- 37766 Stab phlebectomy of varicose veins, one extremity; more than 20 incisions
- 37780 Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
- 37785 Ligation, division, and/or excision of varicose vein cluster(s), one leg
- 37799 Unlisted procedure, vascular surge

Definitions

N/A

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Related MCG Health Criteria:

- A-0170
- A-0171
- A-0172
- A-0174
- A-0735
- R-0013
- R-0128

EVIDENCE BASED REFERENCES

Refer to Criteria Modification References and Documentation (stored by UM Committee)

POLICY HISTORY

This policy has been approved by the approval body listed below or has received other necessary approval pursuant to Brand New Day/Central Health Medicare Plan policies on clinical criteria and policy development.

Approval Body		Utilization Management Committee	
Version History	Approval Date	Effective Date	Action
V1	08-18-2022	08-18-2022	New Policy
V2	08-18-2022	03-01-2023 01-01-2024	Adopted by MA UMC Updated to Brand New Day/Central Health Medicare Plan (no policy revisions made)