



## MEDICAL POLICY

Date Reviewed: 03/23/01, 10/26/01, 10/25/02, 09/26/03, 02/25/05, 09/22/06, 11/16/07, 11/21/08, 12/28/09

Subject: Varicose Vein Treatments Other Than Ligation and Stripping (Ligation and Stripping (37700, 37718, 37720, 37722, 37735, 37760, 37765, 37766, 37780, 37785) is not reviewed)

Description: Varicose veins are abnormally enlarged veins that are usually the result of weakening of the walls of the veins or incompetent valves in the veins that allow backward flow of the blood in the vein. Although varicose veins are not uncommon, they do not usually require medical treatment until they become symptomatic. Various forms of varicose vein treatments are available including vein ligation (stripping, division, excision), endovenous radiofrequency occlusion (VNUS, ablation), laser ablation (ELAS), subfascial endoscopic perforator surgery (SEPS), transilluminated phlebectomy (TriVex), sclerotherapy, and photothermal sclerosis. These treatments result in the closure of the treated vein.

### Indications of Coverage:

Varicose vein treatments are considered appropriate when ALL of the following criteria are met:

The varicosities are greater than two millimeters in size

A three month trial of conservative therapy (analgesic medications, periodic leg elevation, exercise, fitted compression stockings, and weight loss where indicated) has been documented as ineffective

Severe and persistent pain, aching, or cramping to such a degree that it inhibits/interferes with activities of daily living (ADLs) or occupation

One of the following conditions is described:

Recurrent episodes of superficial phlebitis

Non-healing skin ulceration that is a direct result of the varicose vein

Bleeding (internal or external) from a varicosity

Hyperpigmentation or venous stasis dermatitis

Photographs confirm the reported conditions

If the above criteria are met, allow up to three treatments. The treatments may be a combination of any of the following: occlusion/ablation, phlebectomy, sclerotherapy. (For example, one occlusion/ablation procedure and two sclerotherapy treatments OR three sclerotherapy treatments.) Approval of an additional three varicose vein treatments will require documentation of the effectiveness of the previous three treatments.

### Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Repeat diagnostic ultrasound evaluations after the preprocedural evaluation are considered not medically necessary.

The use of ultrasound guidance during a treatment is an integral component of the procedure, and is not reimbursed separately.

Treatment of any vein less than two millimeters in size (for example, telangiectasias, spider veins, reticular veins) is considered cosmetic as these veins are considered a variant of normal.

Varicose vein treatments without documentation of failed conservative therapy are considered not medically necessary.

Varicose vein treatments are considered not medically necessary in the absence of photographic documentation of hyperpigmentation, dermatitis, ulceration (if these conditions are described).

Treatment of asymptomatic tributary veins (“high veins”, “supramelic veins”) is considered not medically necessary.

More than three varicose vein treatments without documentation of the effectiveness of the initial three treatments are not medically necessary.

More than six varicose vein treatments for a particular area/extremity require physician review.

The following treatments are considered experimental or investigative as there is insufficient peer-reviewed literature documenting the effectiveness of these treatments:

Photothermal sclerosis

Transilluminated phlebectomy (TriVex)

Transdermal laser therapy

Varicose vein treatments by other methods not listed above require physician review.

Documentation required:

Office notes

Photographs of diagnostic quality with a metric unit of measure as reference included in the photo

Ultrasound report (if available)

Rationale: Varicose veins of the lower extremities are a common condition that affect up to 25% of women and 15% of men in the United States. Although varicose veins do not cause symptoms for most individuals, it is one of the most commonly performed cosmetic procedures in the United States. While common, there is no current consensus regarding the best approach for treatment,

although ligation and stripping remains the standard. Recent studies have shown a high recurrence rate for varicose veins treated with sclerotherapy alone - as high as 50% at ten years.

Conservative therapy for varicose veins typically consists of leg elevation, oral medications for symptom relief, avoidance of prolonged periods of immobility, and compression therapy. When conservative therapy fails, treatment includes a combination of sclerotherapy and surgical stripping or ligation depending upon the severity of the condition. The goal of treatment is to eliminate the sources of reflux and redirect blood flow through competent veins.

Many of the percutaneous procedures have not been adequately evaluated or compared against the standard surgical procedure and studies typically lack adequate long-term follow up. For example, the COMPASS sclerotherapy technique completed only a three year follow up, which is not comparable to the twenty year follow up reported following surgical intervention. Long term data on efficacy and recurrence for varicose veins treated with sclerotherapy is lacking.

- References:
- Belcaro G, Cesarone MR, Di Renzo A, Brandolini R, Coen L, Acerbi G, et al. Foam-sclerotherapy, surgery, sclerotherapy, and combined treatment for varicose veins: a 10-year, prospective, randomized, controlled trial (VEDICO trial). *Angiology*. 2003 May 1; 54(3):307-15.
- Eklof B, Rutherford RB, Bergan JJ, Carpentier PH, Gloviczki P, Kistner RL, Meissner MH, Moneta GL, Myers K, Padberg FT, Perrin M, Ruckley CV, Smith PC, Wakefield TW; American Venous Forum International Ad Hoc Committee for Revision of the CEAP Classification. Revision of the CEAP classification for chronic venous disorders: consensus statement. *J Vasc Surg*. 2004 Dec; 40(6):1248-52.
- Min RJ, Khilnani N, Zimmet SE. Endovenous laser treatment of saphenous vein reflux: long-term results. *J Vasc Interv Radiol*. 2003 Aug; 14(8):991-6.
- Rigby KA, Palfreyman SJ, Beverley C, Michaels JA. Surgery versus sclerotherapy for the treatment of varicose veins. *The Cochrane Database of Systematic Reviews*. 2006 Issue 3.
- Shamiyeh A, Schrenk P, Huber E, Danis J, Wayand WU. Transilluminated powered phlebectomy: advantages and disadvantages of a new technique. *Dermatol Surg*. 2003 Jun; 29(6):616-9.
- Tisi PV, Beverley CA. Injection sclerotherapy for varicose veins. *The Cochrane Database of Systematic Reviews*. 2006 Issue 3.

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*Approved by the Medical Director*