



## MEDICAL POLICY

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Subject: Varicose Vein Treatments

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.

### Indications of Coverage:

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

An ultrasound evaluation of the affected extremity documents that the varicosities are greater than two millimeters in size and reflux is present

Within the past six months, a three month trial of conservative therapy (analgesic medications used on a regular basis, periodic leg elevation, exercise, fitted compression stockings (greater than 30 mmHg compression), and weight loss where indicated) has been documented as ineffective

Severe and persistent pain, aching, or cramping to such a degree that it inhibits or 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 (brown discoloration of the skin of the ankles, feet and lower legs) or venous stasis dermatitis

Photographs of diagnostic quality with a unit of measure reference confirm the reported conditions

If the criteria above are met, one treatment per leg may be approved. Additional treatments may be approved if criteria for the initial approval have been met, a minimum of one month has elapsed since the previous treatment, and a physical exam continues to document that the individual is symptomatic.

### 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.

Treatment of varicose veins is considered not medically necessary in any of the following situations:

Without documentation of failed conservative therapy

In the absence of photographic documentation of hyperpigmentation, dermatitis, ulceration (if these conditions are described).

For the treatment of asymptomatic tributary veins (“high veins”, “supramelic veins”)

Sclerotherapy of varicose veins is considered not medically necessary when the ultrasound evaluation of the affected extremity documents reflux of the saphenofemoral junction, saphenopopliteal junction, greater saphenous vein, or lesser saphenous vein and these veins were not treated. Many symptomatic varicosities can be improved with resolution of the reflux in the larger veins, so management of these larger veins should be completed first.

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

Documentation required:

Office notes

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

Ultrasound report

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 may include a variety of percutaneous closure procedures, 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.

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*Approved by the Medical Director*

