Medical Affairs Policy

Service: Varicose Vein Treatments  
*PUM 250-0032*

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<th>Medical Policy Committee Approval</th>
<th>12/09/16</th>
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<td><strong>Effective Date</strong></td>
<td>01/01/17</td>
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<tr>
<td><strong>Prior Authorization Needed</strong></td>
<td>Yes</td>
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**Description:**

Varicose veins of the lower extremities are a common condition that affect 10-20 percent of the population in the United States. Rates increase with age. Varicose veins do not cause symptoms for most individuals, and the concern is primarily cosmetic. Varicose vein treatment is one of the most commonly performed cosmetic procedures in the United States. Although varicose veins are common, they do not usually require medical treatment until they become symptomatic. Complications such as skin ulceration, lipodermatosclerosis, and thrombophlebitis are infrequent.

Varicose veins are abnormally enlarged tortuous and dilated veins that are usually the result of incompetent valves in the veins that allow backward flow (reflux) of the blood in the vein and weakening of the walls of the veins.

Conservative therapy for varicose veins typically consists of leg elevation, oral medications for symptom relief, avoidance of prolonged periods of immobility, and/or compression therapy. When conservative therapy fails, treatment may include a variety of procedures 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.

Terms used for the various forms of varicose vein treatments include vein removal by stripping, phlebectomy, stab phlebectomy, division, or excision; surgically cutting and tying (vein ligation); laser or radiofrequency energy (thermal ablation, endovenous radiofrequency occlusion (VNUS, ablation), laser ablation (ELAS), endovenous laser ablation (ELVA); endovenous laser therapy (EVLT); subfascial endoscopic perforator surgery (SEPS); transilluminated phlebectomy (TriVex), ablation through application of
chemical agents (sclerotherapy), mechanochemical ablation (ClariVein), photothermal sclerosis, and percutaneous closure procedures.

**Indications of Coverage:**

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

   A. An ultrasound evaluation of the affected extremity documents vein size and reflux as specified below. Note: Although a vein described as “incompetent” denotes reflux, the measured reflux duration must be reported

      1. **Vein Size.** If the treatment involves:

         a. The great (large) saphenous vein (GSV) or the saphenofemoral junction (SFJ), the vein must be 5 mm or greater in diameter, as measured by duplex ultrasonography.

         b. The small (lesser) saphenous vein (SSV), the vein must measure 4 mm or greater just below the saphenopopliteal junction.

         c. The named principal branches including (posterior accessory vein, anterior accessory vein and the cephalad extension of the small saphenous vein [vein of Giacomini]), the vein must measure 5 mm or greater.

         d. Perforator/tributary veins, the veins must measure 3.5mm or greater. Perforator veins connect the superficial veins to the deep veins. Perforator veins which may be pertinent to varicose vein treatments include those in the thigh (Hunter’s veins), knee (Boyd’s veins), and calf (Cockett’s veins).

      2. **Reflux** measured when the patient is standing or in reverse Trendelenburg position. Reflux has been defined as retrograde or reversed flow equal to or greater than:

         a. 500 ms (0.5 seconds) duration in the superficial (GSV, SSV, SFJ)

            ➢ Reflux of the deep veins-common femoral vein (CFV), Femoral Vein (also called the Superficial Femoral Vein or SFV), Popliteal Vein, Anterior Tibial, Posterior Tibial, and Peronea) does not denote reflux in the superficial veins

         b. 350 ms of outward flow in the perforating/tributary veins.

   B. There is documentation of severe and persistent pain, aching, or cramping to such a degree that it inhibits or interferes with mobility and activities of daily living
(ADLs) or occupation. The limiting effect of the pain on the activity or occupation must be described in terms of frequency, intensity, reduced or discontinued activity.

C. Within the past six months, a three-month trial of analgesic medications and fitted compression stockings (greater than 20 mmHg compression), and weight loss (where indicated) has been documented as ineffective. A trial of conservative therapy may be waived if one of the following is documented:

a. Recurrent episodes of superficial phlebitis.

b. Non-healing skin ulceration that is a direct result of the varicose vein (CEAP Class 6).

c. Bleeding (internal or external) from a varicosity.

➢ If the criteria above are met, one Treatment Day of Service for each leg is approved. A Treatment Day of Service can consist of treatment (e.g. ablations, stab phlebectomies) of as many veins as have been approved, done during that one date of service. Multiple dates of service require Medical Director review AND will only be considered when there is documentation of the medical need for repeated visits.

II. Sclerotherapy of varicose veins (especially perforators/tributaries) is considered medically necessary for either of these circumstances:

A. After treatment of larger veins (of the saphenofemoral junction, saphenopopliteal junction, great saphenous vein, or lesser saphenous vein) that meet criteria have been treated, because many symptomatic varicosities of perforator and tributary veins will improve with resolution of reflux in the larger veins. Sclerotherapy of vessels is considered medically necessary after prior surgery/treatment when all of the following are met:

1. A minimum of one month has elapsed since the previous treatment, and

2. There is documentation that the individual is symptomatic and

3. Post-operative ultrasound measurements for size and reflux meet criteria above.

➢ NOTE: Another trial of conservative therapy is not required.

OR

B. When sclerotherapy is the only treatment being requested:
1. Larger veins do not meet size or reflux measurement treatment criteria above, **AND** there is documentation of bleeding or ruptured varicose veins necessitating emergent treatment.

**OR**

2. There is skin ulceration present with large surrounding superficial varices requiring treatment.

- If the sclerotherapy criteria above are met, **one Treatment Day of Service for each leg is approved.** A Treatment Day of Service can consist of sclerotherapy treatments of as many veins as have been approved, done during that one date of service. More than one sclerotherapy date of service for each approved leg from 12 months from the start of sclerotherapy therapy is considered not medically necessary.

**CEAP CLINICAL CLASSIFICATION** descriptions: The CEAP classification is a method commonly used to document the severity of chronic venous disease and is based on clinical presentation (C), etiology (E), anatomy (A), and pathophysiology (P)

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| C - Clinical Classification, supplemented by “A” for asymptomatic and “S” for symptomatic presentation | Class 0: No visible or palpable signs of venous disease  
Class 1: Telangiectasia, reticular veins, malleolar flare  
Class 2: Varicose veins  
Class 3: Edema without skin changes  
Class 4: Skin changes ascribed to venous disease (e.g., pigmentation, venous eczema, lipodermatosclerosis)  
Class 5: Skin changes as defined above with healed ulceration  
Class 6: Skin changes as defined above with active ulceration |
| E - Etiology            | Congenital, Primary, Secondary, No venous disease                                                     |
| A - Anatomy             | Superficial, Perforator, Deep, No venous location                                                     |
| P - Pathophysiology     | Reflux or obstruction (alone or combined); Basic or Advanced                                         |

**Limitations of Coverage:**

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

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

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

E. Treatment of any vein less than 3.5 millimeters in size (e.g. telangiectasias, spider veins, reticular veins) with any method, is considered cosmetic and not medically necessary.

F. Treatment with Varithena (polidocanol injectable foam 1%) for treatment of varicose veins is considered experimental, investigational, unproven

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

1. Without documentation of failed conservative therapy.

2. For the treatment of asymptomatic tributary veins, also known as ‘high veins’ or ‘supramelic veins’.

H. The following treatments are considered experimental or investigative as there is insufficient peer-reviewed literature documenting the effectiveness of these treatments, comparing methodologies and long term outcomes:

1. Photothermal sclerosis.

2. Transilluminated phlebectomy (TriVex).

3. Transdermal laser therapy.

4. ClariVein Occlusion Catheter (Endovenous Mechanochemical Ablation [MOCA]), Nonthermal Vein Ablation System

**Documentation Required:**

- Office notes
- Ultrasound report
- Documentation of location for planned procedure (office, outpatient surgical center, inpatient etc.)
References:


16. UpToDate Medical management of lower extremity chronic venous disease. Literature review current through Oct 2016 This topic last updated: Aug 8, 2016


27. Hayes HTB Varithena (Polidocanol Injectable Foam) 1% (Provensis Ltd.). First published March 31, 2015; updated May 12, 2016 to the following:

28. Hayes HTB Polidocanol Endovenous Microfoam (Varithena) for treatment of Varicose Veins Publication date May 12, 2016

**Review History:**

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➢ Note: For review/revision history prior to 2014 see previous Medical Policy or Coverage Policy Bulletin

*Approved by the Medical Director*