

Varicose Veins

Policy Number: **M050801572**
Effective Date: **8/1/2005**
Sponsoring Department: **Health Care Services**
Impacted Department(s): **Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐ Confidential ☐ Restricted ☒ Public

Applies to (Line of Business):

- ☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒ MediSource; ☒ MediSource Connect; ☒ Child Health Plus; ☒ Essential Plan
☐ Medicare, if yes, which plan(s): ☒ MAPD; ☐ PDP; ☒ ISNP; ☒ CSNP
☐ Commercial, if yes, which type: ☒ Large Group; ☒ Small Group; ☒ Individual
☒ Self-Funded Services (*Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.*)

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No ☒

Purpose and Applicability:

To set forth the medical necessity criteria for medical and surgical treatment of chronic venous insufficiency/varicose veins.

Policy:

Commercial and Medicare services are managed through Evolent

Self-Funded: cover varicose vein procedures utilizing the criteria below.

Medicare Advantage:

There is currently a Centers for Medicare and Medicaid (CMS) Local Coverage Determination and Local Coverage Article for varicose veins. Please refer to the links listed in the Reference section for Medicare Advantage members.

MediSource, MediSource Connect, Child Health Plus and Essential Plan:

MediSource, MediSource Connect, Child Health Plus and Essential Plan cover sclerotherapy for telangiectasia. MediSource, MediSource Connect, Child Health Plus and Essential Plan cover sclerotherapy for single or multiple veins, radiofrequency, or laser endovenous ablation, and stab phlebectomy utilizing the Commercial criteria below.

MediSource does not cover cyanoacrylate adhesion and mechanochemical endovenous ablation.

Credentialing:

Privileges for these procedures are limited to general surgeons, vascular surgeons, plastic surgeons, thoracic surgeons, interventional radiologists, or other physicians that can provide proof of experience (≥50 cases) or appropriate board certification (American Board of Surgery, American Board of Vascular Surgery, American Board of Thoracic Surgery, American Board of Plastic Surgery or the Phlebology Board of the American College of Phlebology).

Note: Independent Health requires submission of photographic evidence submitted of wounds and ultrasounds imaging prints where indicated by *. Independent Health does not cover varicose vein procedures done for solely cosmetic reasons.

Requests for intervention for residual veins after successful ablation of the Great Saphenous, Small Saphenous, or perforators systems is evaluated on their merits using the same standards for activities of daily living (ADLs), VCSS, CEAP and reflux as outlined below.

Foam sclerotherapy is covered, including Varithena (Polidocanol Injectable Foam) 1% (Provensis Ltd.) microfoam. Non-cosmetic sclerotherapy will also be covered if performed in conjunction with surgical ligation or stripping procedures in appropriately selected members.

Clinical Indications

Varicose vein procedures may be considered medically necessary for **ALL** of the following:

- The member has undertaken at least 3 months of conservative therapy including **ALL** of the following (Conservative therapy documentation should include start date, ongoing evaluation, and any relevant information from the providing physician. All requests for the treatment of varicose veins must include clinical documentation from all treating practitioners including, but

not limited to, specialists and primary care physicians documenting prior conservative treatment):

- Prescription medical grade compression stockings for 12 weeks
- Leg elevation
- NSAIDs OR NSAIDs contraindicated
- Regular ambulation
- Weight loss OR weight loss not applicable
- Correction of other causes of edema (e.g., congestive heart failure [CHF]) OR no other causes of edema have been identified
- **1 or more** of the following procedures is being requested:
 - Endovenous Ablation (Radiofrequency AND Laser), Ligation, Stripping, or VenaSeal and **ALL** of the following (Independent Health requires submission of photographic evidence submitted of wounds and ultrasounds imaging prints where indicated by *):
 - The procedure is being requested for treatment of the lesser or greater saphenous veins to improve symptoms attributable to saphenofemoral or saphenopopliteal reflux
 - The devices/treatments requested are FDA approved for the procedure
 - Coverage will be authorized as medically necessary for the treatment of saphenous vein reflux associated with symptomatic varicose veins of the leg for **1 or more** of the following clinical indications:
 - Intractable ulceration of at least 1 month secondary to venous stasis*
 - Single episode of significant hemorrhage or multiple episodes of minor hemorrhage
 - Recurrent superficial thrombophlebitis
 - **ALL** of the following criteria are met with clinical documentation and photographic verification:
 - Clinical-Etiology-Anatomy-Pathophysiology (CEAP) classification class three or higher
 - Venous Clinical Severity Score (VCSS) of five or higher
 - Documentation by the treating physician of severe or intractable pain and swelling of the legs, interfering with activities of daily living (i.e., unable to perform normal household or work activities) for at least three months
 - Confirmation of clinically significant (> 0.5 seconds after calf compression or when placed in the standing or steep reverse Trendelenburg position) sapheno-femoral, sapheno-popliteal, and/or perforator reflux by vascular ultrasound performed in an accredited US or Vascular Lab (Note: refer to Independent Health Policy Diagnostic Imaging Providers Privileging) *
 - Veins to be treated measure ≥ 3 mm in diameter with submitted ultrasonographic print imaging submission*
 - Ambulatory Phlebectomy, Subfascial Endoscopic Perforator Surgery (SEPS), or Sclerotherapy for the treatment of symptomatic varicose veins for **1 or more** of the

following clinical indications (Independent Health requires submission of photographic evidence submitted of wounds and ultrasounds imaging prints where indicated by *) :

- Intractable ulceration secondary to venous stasis*
- Single episode of significant hemorrhage or multiple episodes of minor hemorrhage
- Recurrent superficial thrombophlebitis
- **ALL** of the following criteria are met with clinical documentation and photographic verification
 - Failure of previous venous procedures to alleviate symptoms, including but not limited to: ligation, stripping or endovenous ablation of the Great Saphenous, Small Saphenous or Perforator veins
 - Documentation by a physician of pain or swelling of the legs, interfering with ADLs (i.e., unable to perform normal household or work activities) for at least three months
 - CEAP classification class 3 or higher
 - Venous Clinical Severity Score (VCSS) of 5 or higher
 - Veins to be treated measure ≥ 3 mm in diameter with submitted ultrasonographic print imaging submission *

NOT COVERED for **ANY** of the following:

- Presence of deep venous thrombosis
- Presence of vascular malformation
- Presence of significant arterial peripheral vascular disease (i.e. Ankle Brachial Index (ABI) ≤ 0.8)
- Pregnancy or contemplating future pregnancies
- Inability to ambulate
- Hypercoagulable state
- Significant systemic illness
- Presence of a pacemaker or internal defibrillator is a contraindication to use of the Radio Frequency ablation procedure without proper monitoring
- Laser ablation of veins with segments that are aneurysmal with > 2.5 cm
- Mechanochemical endovenous ablation (MOCA) therapy (Clarivein) of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous is considered experimental and investigational
- Coil embolization (CPT code 37241) for any varicose vein procedure is considered experimental and investigational
- Foam sclerotherapy of the saphenous vein at its junction with the deep venous system is considered experimental and investigational

Pre-Authorization Required? Yes ☐ No ☐ Other ☒

Preauthorization is required for Commercial and Medicare services are preauthorized through Evolent. Self-Funded, MediSource, MediSource Connect, Child Health Plus members are preauthorized through Independent Health.

Preauthorization is not required for Medicare Advantage members. Criteria above will be utilized upon retro-review.

Definitions

Ambulatory Phlebectomy (also known as microphlebectomy) is the removal of varicose veins through a series of small incisions over the symptomatic, enlarged ($\geq 3\text{mm}$) varicose veins. The procedure is done under local anesthesia. Evidence supports that ambulatory phlebectomy is considered a medically appropriate treatment option for symptomatic varicose vein tributaries after a failed trial of conservative treatment. It is also used as an adjunct to surgical treatment of venous reflux disease (i.e., endovenous ablation, stripping, high ligation).

Cyanoacrylate adhesion (CAE) (VenaSeal Closure System) is a non-tumescent, non-thermal and non-sclerosant procedure that uses a medical adhesive to close the diseased vein in patients with symptomatic venous reflux disease.

CEAP is the descriptive classification of chronic venous disorders based on clinical manifestations (C), etiologic factors (E), anatomic distribution of disease (A), and underlying pathophysiologic findings (P).

Endovenous Ablation of Incompetent Vein (RF and Laser) is a minimally invasive alternative to vein ligation and stripping. It is FDA approved for treatment of the Great Saphenous, Small Saphenous and perforator veins associated with venous reflux. Reflux is defined as reverse flow in the vein > 0.5 seconds after calf compression or when placed in the standing or steep reverse Trendelenburg position. This procedure involves delivering radiofrequency or laser energy to damage the intimal wall of the vessel resulting in fibrosis and ultimately obliteration of a long segment of the vein. This reduces increased venous pressure in the legs. The procedure is typically performed by means of a specifically designed catheter inserted through a small incision in the distal thigh to within 2 cm of the sapheno-femoral or sapheno-popliteal junction. The procedure is performed under local tumescent anesthesia.

Clinical evidence supports the safety and efficacy of endoluminal radiofrequency and laser ablation of the Great Saphenous, Small Saphenous and perforator veins as an alternative to saphenous vein ligation and stripping in patients with documented symptomatic venous reflux after a failed trial of conservative therapy. Multiple studies suggest that endoluminal radiofrequency and laser ablation is effective as a treatment option for symptomatic venous insufficiency/varicose veins and is associated with a faster postoperative recovery and less pain than traditional surgical therapy.

Ligation and Stripping of varicose veins is a treatment option that aims to eliminate reflux at the sapheno-femoral or sapheno-popliteal junction. Evidence supports ligation and stripping as the treatment of choice for symptomatic venous insufficiency/varicose veins that cannot be closed with endovascular techniques.

Mechanochemical ablation (MOCA) (ClariVein Infusion Catheter) is an endovenous treatment of varicose veins. The device features a flexible, steerable infusion catheter with a 360° rotatable dispersion wire. The wire tip causes minimal mechanical damage to the endothelium, inducing

vasospasm, and the rotating tip evenly distributes a sclerosing agent to the targeted treatment area. After treatment, sealing of the vein is confirmed ultrasonically. Sclerosis of the vein activates the clotting system, resulting in formation of a thrombus and occlusion of the vessel.

Sclerotherapy is sclerosing compression therapy that eliminates varicose veins through injection of a sclerosing agent. This injection directly damages the endothelium of the target vein. Sclerotherapy usually requires no anesthesia and is performed in the outpatient setting. The vein to be treated may be imaged with ultrasonography prior to injection. Compressive sclerotherapy refers to injection of the sclerosing agent into an empty vein followed by application of compressive dressings. This is the most commonly performed sclerotherapy procedure for varicose veins of the lower extremities. Evidence supports compressive sclerotherapy (liquid or foam) as medically proven to be effective and therefore medically appropriate as a treatment option for symptomatic varicose tributaries after a failed trial of conservative treatment or when conservative treatment is contraindicated, and as an adjunct to surgical treatment of chronic venous insufficiency. Sclerotherapy as the sole treatment of varicose tributaries with documented reflux of the sapheno-femoral junction or reflux isolated to the perforator veins is considered investigational. Sclerotherapy of the Great Saphenous vein with or without associated ligation of the sapheno-femoral junction is considered investigational. Compressive sclerotherapy is considered not medically necessary when performed for dermal or subdermal cosmetic lesions, for star or flare lesions, spider nevi, or telangiectasia. An adhesive agent (VenaSeal) has been approved for use in the United States. The procedure is performed like radiofrequency and laser ablation, but without the need for tumescent anesthesia. In a randomized trial comparing this system with radiofrequency ablation, short-term outcomes at three months were similar. Longer-term follow-up is needed to determine the durability of the results.

Subfascial Endoscopic Perforator Surgery (SEPS) is a minimally invasive procedure designed to interrupt incompetent perforator veins as a treatment of chronic venous insufficiency. Using endoscopic techniques, the perforating veins are clipped or divided by endoscopic scissors. SEPS can be performed as an ambulatory procedure. Evidence supports SEPS as medically proven to be effective and is considered a medically appropriate treatment option for chronic venous insufficiency.

Venous Clinical Severity Score (VCSS) includes 10 clinical descriptors (pain, varicose veins, venous edema, skin pigmentation, inflammation, induration, number of active ulcers, duration of active ulceration, size of ulcer, and compressive therapy use), scored from 0 to 3 (total possible score, 30) that may be used to assess changes in response to therapy.

References

Related Policies, Processes and Other Documents

N/A

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This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No ☐

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12/1/2025	Health Care Services	Revised
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