blue of california

Medical Policy

Varicose Vein Treatments	
Type: Medical Necessity and Investigational / Experimental	**Policy Specific Section:** Surgery
Original Policy Date: October 11, 2000	**Effective Date:** July 1, 2011

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

The venous system of the lower extremities consists of the superficial veins (this includes the greater and lesser saphenous, accessory veins that travel in parallel with the greater and lesser saphenous veins, and tributary veins that empty into a larger vein), the deep system (popliteal and femoral veins), and perforator veins that cross through the fascia and connect the deep and superficial systems. One-way valves are present within all veins to direct the return of blood up

the lower limb. Since venous pressure in the deep system is generally greater than that of the superficial system, valve incompetence at any level may lead to backflow (venous reflux) with pooling of blood in superficial veins. Varicose veins with visible varicosities may be the only sign of venous reflux, although itching, heaviness, tension, and pain may also occur. Chronic venous insufficiency secondary to venous reflux can lead to thrombophlebitis, leg ulcerations and hemorrhage.

Most varicose veins are asymptomatic and require no treatment. When indicated, surgical treatment is directed at repair of the highest level or most proximal point of valve incompetence or reflux, removing or destroying the associated varicosities and tributaries and redirecting the blood flow through veins with intact valves.

Conventional surgical treatment includes:

- Suture ligation and division of the saphenofemoral or saphenopopliteal junction
- Stripping of the greater and/or lesser saphenous veins

Minimally invasive alternatives to ligation and stripping include:

- Endovenous radiofrequency or laser ablation
- Sclerotherapy (liquid or foam)
- Stab avulsion (also known as microphlebectomy or ambulatory phlebectomy)
- Transilluminated powered phlebectomy
- Subfascial endoscopic perforator surgery
- Thermal ablation using cryotherapy

Policy

Treatment of varicose veins of the lower extremities is considered **medically necessary** when the following criteria are met:

- Documentation of valvular reflux of the greater or lesser saphenous veins, accessory saphenous, perforators, or tributaries by Doppler or Duplex ultrasound scanning and **one** of the following:
    - Documentation of failed conservative treatments (e.g., anti-inflammatories, extremity elevation) and three month failed trial of compression stockings
    - Hemorrhage from a superficial varicosity
    - Recurrent thrombophlebitis
    - Ulceration due to stasis dermatitis

If the above criteria are met, the following procedures are allowable:

Surgical treatment must be directed at repair of the highest level or most proximal point of valve incompetence or reflux.

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Treatment of Greater or Lesser Saphenous Veins:

- Surgery (ligation and stripping)
- Stab avulsion as an adjunct to prior or concomitant surgical treatment of venous reflux disease
- Endovenous radiofrequency ablation or laser ablation as an alternative to surgical ligation and stripping
- Transilluminated powered phlebectomy as an adjunct to prior or concomitant surgical treatment of venous reflux disease

Treatment of Accessory Saphenous Veins when the greater or lesser saphenous veins have been previously eliminated (at least three months):

- Surgery (ligation or stripping)
- Endovenous radiofrequency ablation or laser ablation

Treatment of Tributary Veins when performed either at the same time or following prior treatment (surgical, laser ablation, or radiofrequency ablation) of the saphenous veins:

- Stab avulsion
- Transilluminated powered phlebectomy
- Sclerotherapy (liquid or foam)

Treatment of Perforator Veins when the saphenous veins have been previously eliminated:

- Surgical ligation
- Stab avulsion
- Endovenous radiofrequency ablation or laser ablation
- Sclerotherapy (liquid or foam) as an adjunct to any procedure
- Subfascial endoscopic perforator surgery
- Transilluminated powered phlebectomy

Treatment of telangiectasia or superficial varicose veins that are less than 3 millimeters in diameter by any method is considered **not medically necessary**.

The following procedures are **investigational**:

- Endovenous radiofrequency ablation or laser ablation of tributary veins
- Sclerotherapy as a stand alone (sole) treatment of greater or lesser saphenous, perforators, tributary veins, or accessory saphenous veins
- Transilluminated powered phlebectomy of accessory saphenous veins or greater or lesser saphenous as a stand alone (sole) treatment
- Endovenous cryoablation of any vein

Doppler or Duplex ultrasound studies are **medically necessary** for **either** of the following:

- Prior to varicose vein treatment to assess the need for surgery
- Postoperatively for documented complications or signs and symptoms of failed intervention

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Postoperative Doppler or Duplex ultrasound studies are **not medically necessary** for routine follow-up.

Policy Guideline

There is no specific CPT or HCPCS code for transilluminated powered phlebectomy.

Up to three sclerotherapy (liquid or foam) sessions (dates of service) are allowable per extremity. More than three sessions are subject to medical review.

All of the following are incidental to the primary procedure (as described above in the policy statement) and not separately reimbursable:

- All imaging guidance and monitoring (Doppler or Duplex ultrasound, or fluoroscopy) performed during the procedure (surgery, sclerotherapy, ablation, etc) or for the purpose of mapping
- Injection procedures with or without automatic power injection
- Introduction of needles or catheters
- Local anesthesia
- Sedation
- Use of optical magnifying glasses (loupes)
- Vascular access including venipuncture

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• History and physical including: all prior varicose vein treatments to date and response • Specify which leg is being treated • Copy of all Doppler and/or Duplex ultrasounds documenting reflux within last three months Post Service • Operative or procedure report

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The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available

Click here to view the appendix for this policy

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