

Origination Date: 01/90	Revision Date(s): 7/00, 11/01, 12/02, 12/03, 12/04, 12/05, 12/06, 12/07, 1/09
Developed By: Medical Criteria Committee	

Csaba Mera M.D.

Approved:

Csaba Mera, MD

Date:

01/09/09

Description:

Varicose veins are enlarged, twisted, superficial dilated blood vessels caused by a weakening in the vessel or valve wall. This is a common condition in which the veins and valves have permanently lost their ability to maintain the normal upward flow of blood and instead allow reversal of blood flow. When conservative therapies are no longer effective, other treatment options may include surgical removal, radiofrequency endovenous occlusion, endovenous laser ablation of the saphenous vein, or injection of a sclerosing solution into the varicosity.

Criteria:

I. ODS will cover varicose vein excision, ligation, stripping, radiofrequency endovenous occlusion (VNUS procedure), endovenous laser ablation of the saphenous vein (ELAS), also known as endovenous laser therapy (ELVT), transilluminated powered phlebectomy (TIPP), sclerotherapy or ambulatory phlebectomy to plan limitations when the following criteria are met:

- A. Documentation of conservative management attempts and failures including **all** of the following:
1. The use of support stockings; and
 2. Treatment of related condition associated with or causing fluid retention, if applicable

AND the presence of one of the following:

3. Recurrent thrombophlebitis; or
4. Significant pain despite conservative management attributable to the varicose veins

OR

- B. The presence of **one** of the following:
1. Intractable ulceration secondary to venous stasis; or
 2. More than one episode of minor hemorrhage from a ruptured superficial varicosity; or
 3. A single significant hemorrhage from a ruptured superficial varicosity

II. Subfascial endoscopic perforator surgery (SEPS) will be covered to plan limitations when **all** of the following criteria are met:

- A. Doppler evaluation and/or duplex ultrasonography documents the presence of the incompetent perforator vein; and
- B. Documentation of conservative management attempts and failures, including leg elevation and the use of support stockings; and
- C. Documentation of at least **one** of the following conditions:
 1. Venous stasis dermatitis/ulceration
 2. Chronic venous insufficiency

Limitations for Sclerotherapy:

- I. Sclerotherapy is not covered for the treatment of the saphenofemoral junction or the saphenous veins as it has been shown to be ineffective for the treatment of large veins. Sclerotherapy is not covered for patients with reflux at the saphenofemoral or saphenopopliteal junctions.

Origination Date: 01/90	Revision Date(s): 7/00, 11/01, 12/02, 12/03, 12/04, 12/05, 12/06, 12/07, 1/09
Developed By: Medical Criteria Committee	

Sclerotherapy is covered for small to medium sized veins (<6mm in diameter) when the above criteria has been met. If the criteria are met, 3 initial sclerotherapy sessions will be authorized.

Not Covered:

- I. Sclerotherapy for the treatment of spider veins or telangiectasia is considered cosmetic and not a covered benefit.

- II. ODS does not cover the following varicose vein treatments as they are considered experimental and investigation:
 - A. Non-compressive sclerotherapy
 - B. Intense pulsed-light source (photothermal sclerosis)
 - C. Transdermal laser therapy
 - D. SEPS for the treatment of members with post-thrombotic syndrome

Information to be Submitted with Pre-Authorization Request:

- History and physical from the treating physician
- Medical records documenting conservative therapy attempts and failures
- Diagnostic study results such as duplex ultrasonography, doppler exam, or other venous study
- Photographs if available

References:

- The Hayes Directory of New Medical Technologies, May 2000
- Milliman & Robertson, Inpatient and Surgical Care, 1999
- Radiofrequency ablation of the long saphenous vein versus high ligation and stripping for primary varicose veins; Seminar Vascular Surgery, March 2002; 15(1): 34-8.
- Campbell WB. The outcomes of varicose vein surgery at 10 years: clinical findings, symptoms and patient satisfaction. Ann R Coll Surg Engl, Jan 2003; 85(1): 52-7.
- Bergan JJ. Varicose veins: hooks, clamps, and suction. Application of new techniques to enhance varicose vein surgery. Semin Vasc Surg, March 2002; 15(1): 21-6.
- VNUS Closure Procedure. Minimally Invasive Procedure to Treat Varicose Veins. Rush University Medical Center, Chicago, Ill. Broadcast June 15,2005. <http://www.or-live.com/transcripts/ruu-1396.pdf>. Accessed December 22, 2005.
- Iafrati MD. Subfascial endoscopic perforator vein surgery. Semin Cutan Med Surg. 2005 Dec;24(4):209-15.
- Kalra M, Gloviczki P. Subfascial endoscopic perforator vein surgery: who benefits? Semin Vasc Surg. 2002 Mar;15(1):39-49.
- Tisi PV, Beverley C, Rees A. Injection sclerotherapy for varicose veins. Cochrane Database Syst Rev. 2006 Oct 18;(4):CD001732.
- Scavee V, Lemair E, Haxhe JP. Transilluminated powered phlebectomy. Mid-term clinical experience. Int Angiol. 2005 Mar;24(1):75-9.
- Goldman MP. Intravascular lasers in the treatment of varicose veins. J Cosmet Dermatol. 2004 Jul;3(3):162-6.
- Physician Advisors