



Clinical Medical Policy Varicose Vein Treatment

Benefit Coverage:

Conditional benefit; approval is based on review of medical necessity documentation.

Description:

Varicose veins are enlarged, twisted, painful superficial veins resulting from poorly functioning valves. Varicose vein treatment includes removal or occlusion of the vein. In the absence of medical necessity, surgery being performed solely to enhance physical appearance is considered “cosmetic”, and therefore not covered.

Coverage Determination:

Neighborhood Health Plan of Rhode Island (NHPRI) covers Varicose Vein Treatment as a clinical option when determined medically necessary by the Medical Management Department. Prior authorization and review for medical necessity is required.

Criteria:

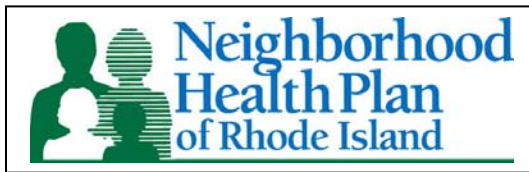
Varicose vein surgery may include excision, ligation, sclerotherapy, or laser ablation, and is considered a clinical option for patients who receive the treatment from a contracted NHPRI practitioner or provider group. The following criteria must be met:

- 1) If saphenous varicosities result in any of the following:
 - Intractable ulceration secondary to venous stasis, or
 - More than one episode of minor hemorrhage from a ruptured superficial varicosity, or
 - A single significant hemorrhage from a ruptured superficial varicosity, especially if transfusion of blood is required.
- 2) Or, if conservative management has been unsuccessful (e.g. compression stockings) after a trial period of at least six (6) months, and the saphenous varicosities result in:
 - Recurrent and superficial thrombophlebitis, or
 - Severe and persistent pain and swelling interfering with activities of daily living and requiring chronic prescription analgesic medication for at least six (6) months.

Additional Criteria – Sclerotherapy

- Sclerotherapy is limited to treatment of varicose veins which meet the above noted medical criteria and are between 2 and 6mm in size.
- Contraindications to sclerotherapy include:
Significant incompetence of saphenofemoral or saphenopopliteal junctions, diabetes, difficulty with ambulation, history of DVT, thrombophlebitis or pulmonary emboli, pregnancy.

Covered Procedures:



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CMP Number: CMP-009.00

CMP Cross Reference:

References:

MedlinePlus.gov On-line dictionary

Aremu MA, et al. Prospective Randomized Controlled Trial: Conventional versus powered phlebectomy. J Vasc Surgery: Jan 2004;39 (1), pp 88-94.

Shamiyeh A, et al. transilluminated Powered Phlebectomy: Advantages and Disadvantages of a New Technique Dermatol Surg: 2003;29, pp 616-619.

Created: 3/04

Annual Review Month:

Review Dates:

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