Subject: Varicose Vein Interventions (Lower Extremities)*

Effective Date: July 31, 2007

Department(s): Utilization Management

Policy: Interventional treatment of symptomatic lower extremity varicose veins is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to delineate criteria of medical necessity of several types of treatment for varicose veins of the lower extremities.

Procedure:

1. Interventional treatment of varicose veins (ICD-9 454.0 – 454.8; 459.81) is reimbursable if at least one of the following circumstances is present:

   A. Incompetence or reflux, and absence of deep venous occlusive disease, and vessel size ≥3 mm, documented by Doppler and/or duplex ultrasonography
      AND
      i. Failure of conservative management (including but not limited to leg elevation, compression hose) for six consecutive months
         AND
      ii. At least one of the following clinical circumstances:
         a. pain causing impairment of mobility or activities of daily living
         b. recurrent (>1 episode) phlebitis
         c. refractory dependent edema
         d. persistent stasis dermatitis
   B. Leg ulcerations due, in the opinion of the treating physician, to venous insufficiency, that are refractory to conservative management
   C. Bleeding from a varix
2. Reimbursable treatments for varicose veins of the lower extremities include, but are not limited to, the following:

A. Sclerotherapy (CPT 36470, 36471)
B. Ambulatory phlebectomy (37765, 37766)
C. Ligation and excision (37700, 37718, 37722, 37735, 37760, 37780, 37785)
D. Radiofrequency ablation (RFA) (36475, 36476)
E. Endovenous laser therapy (EVLT) (36478, 36479)
F. Superficial endoscopic perforator surgery (SEPS) (37500)

3. Treatment of asymptomatic varicose veins (ICD-9 454.9) or spider veins/telangiectasia (448.9; CPT 36468) is NOT reimbursable as this is deemed cosmetic and thus not medically necessary.

4. The following varicose vein interventions are NOT reimbursable, as they are deemed experimental, investigational or unproven because there is not yet a sufficient body of peer-reviewed literature supporting their efficacy:

A. Transilluminated powered phlebectomy (TIPP, Trivex™)
B. Transdermal laser therapy
C. Intense pulsed-light source (photothermal sclerosis)

References


National Institute for Clinical Excellence (UK) Interventional Procedure Guidance 37. Transilluminated powered phlebectomy for varicose veins. Issue date: Jan 2004


Drafted By/Date: B. Fisher, MD 05/30/07
Approved By/Date: QM Committee 07/31/07
Revised By/Date: B. Fisher, MD 05/24/09
Approved By/Date: QM Committee 07/28/09

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*