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Vein Disease Treatment

MP9241

Covered Service: Yes

Prior Authorization

Required: Yes

Additional

Information: None

WellFirst Health Medical Policy:

Vein disease treatment **requires** prior authorization through the Health Services Division and is considered medically necessary when the following criteria are met:

- 1.0 Current physician office notes support the history of the medical condition(s) requiring treatment or surgical intervention. Documentation must include **ALL** of the following:
 - 1.1 Documentation of failure of conservative management for at least 3 months. (e.g. walking, avoidance of prolonged standing, use of compression stockings, frequent elevation of affected leg(s)); **AND**
 - 1.2 The patient has venous insufficiency and valvular reflux that is consistent with the nature of the complaint that results in a functional impairment that is recurrent or persistent in nature; **AND**
 - 1.3 The condition is causing the functional impairment (include the nature of the impairment)
 - 1.3.1 A written report, of a venous ultrasound study, utilizing B-mode imaging, spectral Doppler and color flow, performed with the patient standing or in reverse Trendelenburg position, demonstrating reflux, duration of reflux and documentation of vein size. Continuous wave hand-held Doppler is insufficient for these purposes. The function of the deep venous system should be addressed.
 - 1.3.2 Documentation in physician office notes clearly describing any abnormalities that would account for the functional impairment described by the member. Functional impairment may include, but is not limited to any of the following:
 - 1.3.2.1 Skin ulceration
 - 1.3.2.2 Documented episode(s) of frank bleeding of the varicose vein due to erosion of or trauma to the skin

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- 1.3.2.3 Documented superficial thrombophlebitis or documented venous stasis dermatitis
- 1.3.2.4 Moderate or severe pain causing limitation of activities.
- 1.3.2.5 Refractory dependent edema that interferes with activities of daily living.
- 1.4 High quality color photographs detailing dermatological changes may be requested as part of the documentation.
- 1.5 Treatment plan that must include proposed procedures including CPT codes mapped to specific venous anatomic structures, and the expected outcome for the improvement of the functional deficit.
- 1.6 Each of the requested surgical excisions or catheter entry points should be reviewed independently for coverage.
- 2.0 Varicose vein treatments (radiofrequency ablation, endovenous laser ablation, stripping, ligation and excision) for the greater saphenous vein, small saphenous vein or principle branches **requires** prior authorization through the Health Services Division and is considered medically necessary when **ALL** of the following criteria are met:
 - 2.1 Saphenous venous insufficiency symptoms causing functional impairment, including **1 or more** of the following:
 - 2.1.1 Bleeding or ruptured superficial varicose veins;
 - 2.1.2 Leg edema;
 - 2.1.3 Leg fatigue;
 - 2.1.4 Leg pain;
 - 2.1.5 Persistent or recurrent superficial thrombophlebitis;
 - 2.1.6 Persistent or recurrent venous stasis ulcer;
 - 2.1.7 Skin changes (e.g. lipodermatosclerosis, hemosiderosis)
 - 2.2 No clinically significant lower extremity arterial disease; **AND**
 - 2.3 No deep venous thrombosis on duplex ultrasound or other imaging test; **AND**
 - 2.4 Condition is caused by venous insufficiency; **AND**
 - 2.5 Documentation in a signed recent ultrasound report of duration of reflux, as measured by Spectral Wave Form study, in the standing or reverse Trendelenburg position that meets **ANY** of the following parameters:



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- 2.5.1 Greater than or equal to 500 milliseconds (msec) for the great saphenous, small saphenous or principle branches;
 - 2.5.2
 - 2.5.3 Some duplex ultrasound readings will describe this as moderate to severe reflux which will be acceptable.
- 3.0 Subfascial endoscopic perforator surgery (SEPS) **requires** prior authorization through the Health Services Division and is considered medically necessary when **ALL** of the following medical necessity criteria are met:
- 3.1 A Doppler and/or Duplex ultrasonography evaluation and report, performed no more than 12 months prior to the requested procedure, confirms reflux of the incompetent perforator vein and location on the medical aspect of the calf being treated; **AND**
 - 3.2 Failure or intolerance of medically supervised conservative management, including but not limited to compression stocking therapy, for at least 3 consecutive months; **AND**
 - 3.3 Documentation of at least **ONE** of the following conditions:
 - 3.3.1 Venous stasis dermatitis/ulceration;
 - 3.3.2 Chronic venous insufficiency.
 - 3.4 SEPS for the treatment of venous insufficiency as a result of post-thrombotic syndrome is considered experimental and investigational, and therefore is not medically necessary.
- 4.0 Ablation of perforator veins **require prior authorization** through the Health Services Division and is considered medically necessary when **ALL** of the following criteria are present:
- 4.1 Evidence of perforator venous insufficiency measured by duplex ultrasonography report; **AND**
 - 4.2 Perforating veins > 500 msec; **AND**
 - 4.3 Perforator vein size is 3.5mm or greater; **AND**
 - 4.4 Documentation in office notes and Duplex Ultrasound Study that the perforating vein lays beneath a healed or active venous stasis ulcer.
- 5.0 Sclerotherapy liquid or foam (e.g., Varithena) **requires prior authorization** through the Health Services Division is considered medically necessary treatment for **ALL** of the following:



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- 5.1 Symptomatic saphenous veins, varicose tributaries, accessory, and perforator veins 2.5 mm or greater in diameter measured by recent ultrasound; **AND**
- 5.2 When criteria for varicose vein treatment in 1.0 is met; **AND**
- 5.3 Are being treated or have previously been treated by one or more of procedures in 2.0 for incompetence.
- 5.4 Sclerotherapy is considered not medically necessary for treatment of a vein less than 2.5 mm in diameter.
- 6.0 Ambulatory (stab) phlebectomy **requires prior authorization** through the Health Services Division and is considered medically necessary treatment under the following:
 - 6.1 Symptomatic saphenous veins, varicose tributaries, accessory, and perforator veins 2.5 mm or greater in diameter measured by recent ultrasound; **AND**
 - 6.2 When criteria for varicose vein treatment in 1.0 is met; **AND**
 - 6.3 Are being treated or have previously been treated by one or more of procedures in 2.0 for incompetence.
 - 6.4 Stab phlebectomy may be done in conjunction with a procedure in 2.0
- 7.0 The following procedures/services are considered not medically necessary:
 - 7.1 Treatment of spider veins or telangiectasia, and nonsymptomatic varicose veins
 - 7.2 Ligation performed without stripping or ablation is associated with high long-term recurrence rates due to neovascularization
 - 7.3 Ligation of the great saphenous or small saphenous vein at the saphenofemoral junction, as stand-alone procedures, are unproven for treating venous reflux
 - 7.4 Reinjection following recanalization or failure of vein closure without recurrent signs or symptoms
 - 7.5 Noncompressive sclerotherapy
 - 7.6 Compressive sclerotherapy for large, extensive or truncal varicosities
 - 7.7 Sclerotherapy of the saphenous vein at its junction with the deep venous system
 - 7.8 Sclerotherapy, ligation and/or stripping of varicose veins, or endovenous ablation therapy are not covered for members with **ANY** of the following:
 - 7.8.1 Pregnant women
 - 7.8.2 Members on anticoagulant therapy
 - 7.8.3 Inability to tolerate compressive bandages or stockings

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- 7.8.4 Severe distal arterial occlusive disease
- 7.8.5 Obliteration of deep venous system
- 7.8.6 An allergy to the sclerosant
- 7.8.7 A hypercoagulable state
- 7.9 The medical adhesive (also referred to as cyanoacrylate superglue, n-butyl-cyanoacrylate) (e.g., VariClose Vein Sealing System, VenaSeal Closure System) for the treatment of varicose veins is considered experimental and investigational and therefore not medically necessary.
- 7.10 The following are considered experimental and investigational and therefore not medically necessary:
 - 7.10.1 Mechanochemical endovenous ablation (MOCA) (e.g. ClariVein Infusion Catheter)
 - 7.10.2 Intense pulsed-light source (photothermal sclerosis) (e.g. PhotoDerm Vasculight, VeinLase) for the treatment of varicose veins
 - 7.10.3 Transdermal laser treatment of large varicose veins
- 7.11 Any interventional treatment that uses equipment not approved for such purposes by the FDA is considered experimental and investigational and therefore not medically necessary.

	Committee/Source	Date(s)
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