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## Varicose Vein and Venous Insufficiency Treatments of Lower Extremities

**MP9241**

**Covered Service:** Yes

**Prior Authorization  
Required:** Yes

**Additional  
Information:** Sclerotherapy is limited to two visits per leg within a six-month period. Radiofrequency/laser ablation therapy is limited to one visit per leg within a six-month period. Additional visits require Medical Director review for medical necessity.

**Medicare Policy:** Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

**BadgerCare Plus  
Policy:** Dean Health Plan covers when BadgerCare Plus also covers the benefit. Please refer to Forward Health:  
<https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>

### Dean Health Plan 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 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 (e.g. walking, avoidance of prolonged standing, use of compression stockings, frequent elevation of affected leg(s), unless the member has history of persistent or recurrent varicosities and has undergone prior treatment; **AND**
  - 1.2 The member 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 Duplex ultrasonography report results demonstrate reflux and duration of reflux for the affected extremities; **AND**
  - 1.4 If member has thrombophlebitis, dermatitis, ulceration or hemorrhage, high-resolution color photographs taken in the provider's office are available to document skin changes that account for functional impairment, when applicable.

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- 2.0 Varicose vein treatments of the greater saphenous vein (GSV), small saphenous vein (SSV), accessory saphenous veins (posterior, anterior, or Giacomini veins) or perforator veins with endovenous radiofrequency ablation, endovenous laser ablation, stripping, ligation, stab phlebectomy or cyanoacrylate adhesive (e.g. VenaSeal) **requires** prior authorization through the Health Services Division and are considered medically necessary when **ALL** of the following criteria are met:
- 2.1 The venous insufficiency symptoms correlate anatomically with the location of the vein(s) to be treated and functional impairment is present, as documented by **1 or more** of the following:
- 2.1.1 Bleeding or ruptured veins
  - 2.1.2 Venous ulceration
  - 2.1.3 Moderate to severe leg pain resulting in a functional impairment with activities of daily living (e.g. inability to perform household chores, prolonged standing, or essential job functions)
  - 2.1.4 Persistent or recurrent superficial thrombophlebitis
  - 2.1.5 Persistent or recurrent venous stasis dermatitis (including refractory dependent edema, erythema, scaling and brown discoloration of the ankle)
- 2.2 Duplex ultrasonography performed within the last six (6) months demonstrates a patent deep venous system in the affected extremity without deep venous thrombosis; **AND**
- 2.3 Reflux duration meets the following parameters:
- 2.3.1 Reflux duration for GSV, SSV or accessory saphenous veins is greater than or equal to 500 milliseconds (0.5 sec)
  - 2.3.2 Reflux duration for perforator veins must be greater than 350 milliseconds (0.35 sec) (or 500 milliseconds (0.5 sec) **AND**
- 2.4 Diameter of veins to be treated is at least 3 mm size; **AND**
- 2.5 If cyanoacrylate adhesive (e.g. VenaSeal) is being utilized, this is considered medically necessary for treatment of symptomatic superficial truncal varicose veins (**GSV SSV**, accessory saphenous vein) if all criteria of 2.0 is met; **AND**
- 3.0 Treatment of **significant small varicose veins** (small tributary veins, pudendal or branch veins), **accessory saphenous veins** (posterior, anterior or Giacomini veins) or **perforator veins** with sclerotherapy liquid or foam (e.g., Varithena) or stab phlebectomy **requires prior authorization** through the Health Services Division is considered medically necessary treatment for **ALL** of the following:
- 3.1 **ANY** of the following criteria are met;
- 3.1.1 No prior greater saphenous vein (GSV) or smaller saphenous vein (SSV) treatment
  - 3.1.2 This procedure will occur at the same time as GSV or SSV treatment

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- 3.1.3 At least 3 months have passed since the last GSV or SSV treatment
- 3.2 Venous duplex scan performed after the last vein procedure (3.1.3) or within the last year (3.1.1, 3.1.2) demonstrate no GSV or SSV reflux; **AND**
- 3.3 If GSV or SSV reflux is present, it will be treated concurrently (3.1.2); **AND**
- 3.4 Diameter of veins to be treated is at least 3 mm size; **AND**
- 3.5 Reflux duration meets the following parameters:
  - 3.5.1 Reflux duration for accessory saphenous veins is greater than or equal to 500 milliseconds (0.5 sec)
  - 3.5.2 Reflux duration for perforator veins must be greater than 350 milliseconds (0.35 sec)
  - 3.5.3 Reflux duration is not required for significant small varicose veins; **AND**
- 3.6 The venous insufficiency symptoms correlate anatomically with the location of the vein(s) to be treated and functional impairment is present, as documented by **1 or more** of the following:
  - 3.6.1 Bleeding or ruptured veins
  - 3.6.2 Venous ulceration
  - 3.6.3 Moderate to severe leg pain resulting in a functional impairment with activities of daily living (e.g. inability to perform household chores, prolonged standing, or essential job functions)
  - 3.6.4 Persistent or recurrent superficial thrombophlebitis
  - 3.6.5 Persistent or recurrent venous stasis dermatitis (including refractory dependent edema, erythema, scaling and brown discoloration of the ankle).
- 4.0 The following procedures/services are considered not medically necessary:
  - Treatment of **superficial veins** including spider, thread or reticular veins or telangiectasia
- 5.0 The following are considered experimental and investigational and therefore not medically necessary:
  - 5.1 Mechanochemical endovenous ablation (MOCA) (e.g. ClariVein Infusion Catheter)
  - 5.2 Intense pulsed-light source (photothermal sclerosis) (e.g. PhotoDerm Vasculight, VeinLase) for the treatment of varicose veins
  - 5.3 Transdermal laser treatment of large varicose veins
  - 5.4 Pelvic vein embolization for the treatment of varicose veins
  - 5.5 Any interventional treatment that uses equipment not approved for such purposes by the FDA is considered experimental and investigational and therefore not medically necessary.

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	Utilization Management Committee/Medical Affairs	November 11, 2004
	Utilization Management Committee/Medical Affairs	August 9, 2006
	Utilization Management Committee/Medical Affairs	October 11, 2006
	Utilization Management Committee/Medical Affairs	November 11, 2009
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	Utilization Management Committee/Medical Affairs	June 9, 2010
	Medical Director Committee/Medical Affairs	April 28, 2011
	Medical Director Committee/Medical Affairs	May 16, 2012
	Medical Director Committee/Medical Affairs	April 17, 2013
	Medical Director Committee/Medical Affairs	January 21, 2015
	Medical Director Committee/Medical Affairs	March 18, 2015
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	Medical Policy Committee/Quality and Care Management Division	February 21, 2018
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	UM Committee (UMC)/Director UM/ UMC Chair	March 10, 2004
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