



## PROVIDER POLICIES & PROCEDURES

### TREATMENT OF VARICOSE VEINS OF THE LOWER EXTREMITIES STAB PHLEBECTOMY AND SCLEROTHERAPY TREATMENT

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for treatment of varicose veins of the lower extremities. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Varicose veins are abnormally enlarged and tortuous vessels caused by incompetent valves in the venous system that allow blood leakage or reflux. They are an indication of an underlying syndrome of venous insufficiency. Venous insufficiency syndromes allow venous blood to escape from its normal flow path and flow into an already congested leg. The condition becomes clinically significant when symptoms such as cramping, throbbing, burning and swelling become pronounced. Severe varicosities may be associated with dermatitis, ulceration, and thrombophlebitis.

Conservative measures often yield satisfactory results in relieving symptoms that produce functional impairment. When these don't, however, a variety of invasive treatments are available. A significant number of individuals additionally seek treatment for cosmetic reasons. Invasive treatments include stab phlebectomy and sclerotherapy.

Stab phlebectomy is a surgical treatment for varicose veins. The procedure involves the removal of varicose veins through small "stab" 1-2 mm incisions in the skin overlying the vein. The varicose vein is hooked and brought to the surface at each incision site to release it from the surrounding tissues and to sever any connections to other veins.

Sclerotherapy involves the use of sclerosing chemicals injected into varicose veins to irritate the inner linings in order to produce an inflammatory reaction which eventually leads to fibrosis and occlusion of the vessel lumen, this process facilitated by the use of compression to keep the vein walls together. If venous hypertension due to valvular reflux at one or both of the junctions (SFJ and SPJ) is present, as demonstrated by duplex ultrasound scanning, an ablation procedure must be first performed to eliminate the reflux before any sclerotherapy or phlebectomy procedure is performed. Perforating veins can also develop valvular reflux detected by Duplex scanning and can be treated by sclerotherapy. The basic principle nonetheless is that the most proximal area of reflux and source of the venous hypertension, as demonstrated by duplex scanning, must be ablated or otherwise corrected before sclerotherapy is performed.

#### CLINICAL GUIDELINE

Coverage guidelines are made in accordance with the Department of Social Services (DSS) definition of

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Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

### **Stab Phlebectomy**

1. Stab Phlebectomy is typically considered medically necessary as treatment for symptomatic varicose veins with documentation of any ONE of the following:
  - a. Leg ulcer(s) due to saphenous vein incompetence refractory to conservative management for at least 6 consecutive weeks immediately prior to the request for authorization including leg elevation, customized graded compression stockings and local wound care
  - b. Recurrent bleeding from a ruptured superficial varicosity
  - c. History of a single episode of significant bleeding requiring urgent medical care.

**OR**

2. When there is medical record documentation of ALL of the following:
  - a. Failure of conservative management including leg elevation and customized graded compression stockings with an ankle pressure greater than or equal to 30 mmHg for 6 consecutive weeks AND
  - b. At least ONE of the following:
    - Severe and persistent pain and swelling in the affected limb, resulting in clearly documented impairment in mobility and inability to perform activities of daily living
    - Superficial thrombophlebitis: either two or more episodes or one persistent episode unresponsive to four or more weeks of conservative therapy, including non-steroidal anti-inflammatory drugs (NSAIDS)
    - Refractory dependent edema
  - c. When the symptomatic varicosities to be treated are greater than 3mm in size.

### **Sclerotherapy**

Injection sclerotherapy for the treatment of varicose veins of the lower extremity may be considered medically necessary in individuals *without* reflux at the saphenofemoral junction (SFJ) or saphenopopliteal junction (SPJ) when:

1. The individual is symptomatic and the varicosities result in any one or more of the following in spite of conservative therapy:
  - a. Persistent symptoms interfering with activities of daily living in spite of conservative/non-surgical management. Documented symptoms may include aching, heaviness, cramping, burning, itching and/or fatigue or swelling during activity or after prolonged standing; or
  - b. More than 1 attack of superficial phlebitis or thrombophlebitis; or
  - c. More than one episode of minor hemorrhage from a ruptured superficial varicosity; or
  - d. A single significant hemorrhage from a ruptured superficial varicosity, especially if transfusion of blood is required; or
  - e. Non-healing skin ulceration of the lower extremity due to venous stasis.

**AND**

2. There has been a documented trial of conservative therapy (typically 3 months in duration) with compression stockings (20-30 mm compression) and at least one of the following: exercise;

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avoidance of prolonged immobility; periodic elevation of the legs, or analgesic therapy e.g. non-steroidal anti-inflammatory medications. (Note: A trial of conservative therapy may not be appropriate in all situations).

**Note:** This does not apply to individuals with persistent or recurrent varicosities who have undergone prior endovenous ablation procedures or stripping in the same leg.

**AND**

3. Duplex studies demonstrate:
  - a. Absence of deep venous thrombosis; and
  - b. No SFJ or SPJ reflux (insufficiency, incompetence).

Injection sclerotherapy for the treatment of varicose veins of the lower extremity may be considered medically necessary in an individual with reflux at the SFJ or SPJ on duplex scan with reflux completely eliminated with one of the following ablation procedures:

- Endovenous laser ablation of saphenous vein (ELAS), also known as endovenous laser treatment (EVLT)
- Endoluminal radiofrequency thermal heating (VNUS Closure Procedure)
- Vein Ligation/division/stripping surgery

Note: Documentation of the correction of the reflux should be provided.

The number of sclerotherapy injection sessions varies with the number of anatomical areas that have to be injected, as well as the response to each injection. Usually one to three injections is necessary to obliterate any vessel; 10 to 40 vessels, or up to 20 injections in each leg, may be treated in any one session.

Sclerotherapy is *typically* limited to three (3) sclerotherapy treatment sessions per leg. However, additional sessions beyond the maximum of three per leg may be medically necessary when significant symptoms persist following previously approved sclerotherapy sessions and physical examination shows varicose veins 3mm or greater in size remaining.

The following procedures are *typically* not considered medically necessary. However, these procedures may be considered medically necessary based on an assessment of the individual and his or her unique clinical needs:

- Treatment by any method of telangiectasias, spider veins, reticular veins or varicose veins that are less than 3 mm in diameter, unless there is documentation of more than one episode of significant hemorrhage.
- Treatment of asymptomatic veins, as this is considered cosmetic in nature.
- Sclerotherapy with glycerin/glycerol, which is not FDA approved for such use.
- Sclerotherapy without compression bandaging.
- Sclerotherapy when performed to occlude the greater saphenous junction (SFJ) or greater saphenous vein because the size of the veins in these areas is too large and compression is inadequate to provide necessary intima to intima contact for lumen closure.

**NOTE: EPSDT Special Provision**

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that V1

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requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

**PROCEDURE**

Prior authorization of stab phlebectomy and sclerotherapy is required. Requests will be reviewed in accordance with procedures in place for reviewing requests for surgical procedures. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

**The following information is needed to review requests for stab phlebectomy and sclerotherapy:**

1. Fully completed Outpatient Prior Authorization Request Form or fully completed authorization request via on-line web portal; and
2. Documentation from requesting physician which includes:
  - a. Diagnosis;
  - b. Modalities used to manage the condition conservatively or documentation supporting the individual’s inability to fully participate in conservative management;
  - c. Current signs and symptoms;
  - d. Functional impairment (for symptoms of pain); and
  - e. Results of duplex studies if applicable

Note: Photographs may be requested.

**EFFECTIVE DATE**

This Policy is effective for prior authorization requests for stab phlebectomy and sclerotherapy for individuals covered under the HUSKY Health Program beginning January 1, 2017.

**LIMITATIONS**

N/A

**CODES:**

**Stab Phlebectomy**

Code	Description
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37799	Unlisted procedure, vascular surgery

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## Sclerotherapy

Code	Description
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36470	Injection of sclerosing solution; single vein
36471	Injection of sclerosing solution; multiple veins, same leg

## DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

## ADDITIONAL RESOURCES AND REFERENCES:

- American Academy of Cosmetic Surgery. 2003 Guidelines for sclerotherapy. Accessed October 2,

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- The care of patients with varicose veins and associated chronic venous diseases: Clinical practice guidelines of the Society of Vascular Surgery and the American Venous Forum. J Vasc Surg 53,16s.

## PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	October 2016	Existing Sclerotherapy and Stab Phlebectomy policies combined. Updates to Clinical Guideline section for stab phlebectomy. Policy approved at the November 9, 2016 Medical Policy Committee meeting. Policy approved at the December 20, 2016 Clinical Quality Subcommittee meeting. Approved by DSS on January 3, 2017.

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