Varicose Veins or Varicosities

Description

Varicose veins are gnarled, enlarged veins. The word *varicose* comes from the Latin root *varix*, which means “twisted.” Any vein may become varicose, but the veins most commonly affected are those in your legs and feet, due to the increased pressure caused by standing and walking upright, which increases pressure in the veins in your lower body.

Varicose veins are a common condition in the United States, affecting up to 60 percent of all Americans. Women, especially older ones are more likely than men to have this problem. 20-25% of women and 10-15% of men in the general population have visible varicose veins. For many people, varicose veins and spider veins (a common, mild and medically insignificant variation) are simply a cosmetic concern. Most varicose veins do not require medical treatment (Tapley, et al., 2003). For others, varicose veins can cause aching pain and discomfort. Sometimes the condition leads to more serious problems, and they may signal a higher risk of other disorders of the circulatory system. In some cases, the circulation maybe hindered enough to cause swelling of the foot and ankle, discomfort, a tingling sensation, or a feeling of heaviness.

For most people with varicose veins, wearing specially fitted elastic stockings is all that is needed. The stockings should be carefully fitted to the individual, providing the most pressure in the lower part of the leg. The stockings should be put on when first arising in the morning, preferably before getting out of bed. Medical treatment of this condition may also involve self help measures such as walking or cycling to help promote better circulation from the lower part of the body, resting with the legs elevated, and avoid crossing legs when sitting. Others require surgical intervention by a physician to close or remove the affected vein(s).

Treatment of varicose veins or their removal is a covered benefit when medically indicated and prior approval is obtained from THC’s Medical Director. Request for surgical intervention is approvable when medical criteria are satisfied, and consideration is on a case-by-case basis.

Administrative Criteria

1. Medical Director must prior approve the selected surgical intervention.
2. Referral from member’s Primary Care Physician (PCP) along with supporting medical documentation must accompany request. Documentation shall include (not all inclusive):
   a. Member’s name
   b. Plan ID#
   c. Duration of symptoms
   d. Member’s height and weight
   e. Conservative treatment(s) rendered for 6 - 9 months with documented results (e.g., compression therapy with customized graded compression stockings and local wound care; or failures of conservative management including leg elevation and customized
graded compression stockings with an ankle pressure ≥ 30mmHg for 6 consecutive months. NSAIDs, heat, elevation of affected area, OTC medications, etc.)

f. Appropriate diagnostic/laboratory tests related to diagnosis (ultrasound, Doppler duplex studies, ankle-brachial ratio, venogram, prothrombin, lipid profile, etc.)
g. Name of admitting facility  
h. Name of treating physician/surgeon  
i. Proposed date of procedure  
j. Applicable ICD-9 and CPT 2010 codes  
k. Member must have current eligibility and benefit coverage on DOS  
l. Procedure must be performed by a THC contracted provider and at a contracted facility  
m. Independent Second Opinion performed by board certified vascular surgeon is required within the health plan’s specialty network  

n. Varicose vein removal is excluded during pregnancy and puerperium  
o. Varicose vein removal for cosmetic or for appearance related reasons are excluded (e.g., visible subcuticular veins such as spider angiomas and telangiectasias less than 2 mm in size not causing symptoms)  
p. Supportive documentation must demonstrate sustained clinical improvement is expected outcome with elimination of reoccurrence  

Clinical Criteria  

1. THC considers varicose vein excision, ligation, standard or foam sclerotherapy, and ambulatory phlebectomy medically necessary when the saphenous varicosities result in any of the following:
   - Intractable ulceration secondary to venous stasis  
   - More than one episode of minor hemorrhage from a ruptured superficial varicosity  
   - A single significant hemorrhage from a ruptured superficial varicosity, especially if transfusion of blood is required  

2. Varicose vein excision, ligation, standard or foam sclerotherapy, and ambulatory phlebectomy is considered medically necessary after an unsuccessful trial of conservative management (e.g., analgesics, compression stockings) through a minimum of six months when the saphenous varicosities result in either of the following:
   a. Recurrent superficial thrombophlebitis  
   b. Severe and persistent pain and swelling that interferes with ADLs and requires chronic analgesic medication.  
   (A trial of conservative management is not required for persons with persistent or recurrent varicosities who have undergone prior varicose vein excision {vein stripping} as conservative management is unlikely to be successful in this situation).  

3. Surgery for saphenous veins with reflux or substantial proximal incompetence
4. Other clinical indications for surgical intervention include:
   a. Phlebitis and thrombophlebitis of superficial and deep vessels of lower extremities
   b. Venous embolism and thrombosis of other specified veins
   c. Venous embolism and thrombosis of unspecified site
   d. Varicose veins of lower extremities with ulcer
   e. Varicose veins of lower extremities with inflammation
   f. Varicose veins of lower extremities with ulcer and inflammation
   g. Varicose veins of lower extremities with other complications
   h. Postphlebitic syndrome
   i. Venous (peripheral) insufficiency, unspecified
   j. Other specified disorders of the circulatory system
   k. Other anomalies of the peripheral vascular system
   l. Atherosclerosis of extremities with ulceration
   m. Atherosclerosis of extremities with ulceration, with gangrene
   n. Pain/swelling of limb/edema
   o. Gangrene

*Standard or foam sclerotherapy is as considered for treatment of symptomatic saphenous veins, varicose tributaries, accessory, and perforator veins 2.5 mm or greater in diameter for persons that meet the medical necessity criteria for varicose vein treatment under the administrative and clinical criteria sections in this policy and who have previously been treated by one or more of the procedures noted in this policy for incompetence (i.e., reflux) at the saphenofemoral junction or saphenopopliteal junction.  

Note: The number of medically necessary sclerotherapy injection sessions varies with the number of anatomical areas that have to be injected, as well as the response to each injection.

Usually 1 to 3 injections are necessary to obliterate any vessel, and 10 to 40 vessels, or a set of up to 20 injections in each leg, may be treated during one treatment session.

Initially, up to two sets of injections of sclerosing solution in multiple veins in each affected leg (i.e., a total of four sets of injections if both legs are affected) are considered medically necessary when criteria are met.

(Note: A set of injections is defined as multiple sclerotherapy injections during a treatment session.) Additional sets of injections of sclerosing solution are considered medically necessary for persons with persistent or recurrent symptoms.

Sclerotherapy is not covered when done concomitant to endovenous laser therapy because it is not considered medically necessary.

*Ultrasound-monitored or duplex-guided techniques for sclerotherapy are not covered as it has not been shown to increase the effectiveness or safety of this procedure.
**Limitation**

Total Health Care will not cover any treatment of varicose veins for cosmetic purposes.

**Bibliography**


4. Same as #1

5. Same as # 3


7. Same as #6

8. Same as #6


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