

Meeting: Utilization Management Committee	Date: 10/17/2024
Title/Topic: Medical Policy – Varicose Vein Treatments	Policy Number: n05654
Purpose: Annual Review	Outcome: Approve
Line of Business: Commercial	Effective Date: 10/17/2024

INTRODUCTION:

Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.

A variety of varicose vein procedures are widely used and available for the treatment of incompetent lower extremity vessels. The technique best suited for the individual depends on their personal clinical and anatomical circumstance.

This medical policy provides guidance for Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity of the varicose vein procedures. This policy is set for retirement in 2025 due to Evicore delegation of Varicose Vein procedure prior authorization.

ACTION RECOMMENDED:

States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.

Annual review has been conducted and the Varicose Vein Treatments medical policy is presented for review with no edits due Evicore delegation of varicose vein prior authorization review. We will retire this policy in 2025. We will retain it without edits for 18 months following delegation oversight for retro reviews.

No changes were made to the intention or utilization guidance of this policy.

ANALYSIS/JUSTIFICATION:

Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.

Centers for Medicare/Medicaid (CMS) provide guidance for varicose vein procedures under Local Coverage Determination (LCD) for Varicose Veins of the Lower Extremity, Treatment of (L33575).

MCG 27th edition Ambulatory Care Guidelines provide some guidance to varicose vein procedures but do not provide guidance on all techniques and are vague in some areas of criteria such as diameter of vessels to be treated.

REFERENCES:

Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.

- CMS, Local Coverage Determination (LCD) for Varicose Veins of the Lower Extremity, Treatment of (L33575)
- MCG 27th Edition Guidelines, Graduated Compression Stockings A-0336 (AC)
- MCG 27th Edition Guidelines, Saphenous Vein Stripping A-0172 (AC)
- MCG 27th Edition Guidelines, Saphenous Vein Ablation, Laser A-0425 (AC)
- MCG 27th Edition Guidelines, Saphenous Vein Ablation, Radiofrequency A-0174 (AC)
- MCG 27th Edition Guidelines, Sclerotherapy, Leg Veins A-0170 (AC)
- MCG 27th Edition Guidelines, Sclerotherapy Plus Ligation, Saphenous Junction A-0171 (AC)
- MCG 27th Edition Guidelines, Stab Phlebectomy A-0735 (AC)

REVISION REASON:

Includes the date changes or updates were made and summary of changes applied.

10/17/2024: Annual review. No changes made due to Evicore delegation of varicose vein prior authorization requests.

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy.

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