



Cardio Policy:

Lower Extremity Venous Ligation/Stripping

POLICY NUMBER UM CARDIO_1253	SUBJECT Lower Extremity Venous Ligation/Stripping	DEPT/PROGRAM UM Dept	PAGE 1 OF 5
DATES COMMITTEE REVIEWED 09/09/11, 01/09/13, 12/17/13, 12/04/14, 02/19/15, 08/12/15, 11/28/16, 12/21/16, 10/11/17, 03/08/19, 05/08/19, 12/11/19, 05/13/20, 01/13/21, 05/12/21, 11/09/21, 07/13/22	APPROVAL DATE July 13, 2022	EFFECTIVE DATE July 29, 2022	COMMITTEE APPROVAL DATES 09/09/11, 01/09/13, 12/17/13, 12/04/14, 02/19/15, 08/12/15, 11/28/16, 12/21/16, 10/11/17, 03/08/19, 05/08/19, 12/11/19, 05/13/20, 01/13/21, 05/12/21, 11/09/21, 07/13/22
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee	
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid

I. PURPOSE

Indications for determining medical necessity for Lower Extremity Venous Ligation/Stripping.

II. DEFINITIONS

Varicose veins are a manifestation of chronic venous disease (CVD) caused by ambulatory venous hypertension which are superficially located, dilated (> 3mm), tortuous, veins of the lower extremities. These dilated superficial veins of the lower limbs are considered pathologic when they are 5 mm or greater in diameter or sometimes 3 mm or greater in diameter when measured in the upright position and have greater than 500milliseconds of reflux by duplex scan.

Spider veins are intradermal venules of <1 mm, also known as telangiectasia or thread veins. Reticular veins are intradermal venules of 1-3 mm. Superficial veins are truncal (GSV/SSV) and accessory/tributary veins located nearest to the skin. Perforator veins are the veins linking the superficial and deep veins. Deep veins are located deep to the muscular fascia, such as the common femoral vein. These can cause clinically significant pain and result in a decrease in quality of life and even disability which may necessitate treatment.

The evaluation of a patient with lower extremity venous incompetence and its advanced consequences—edema and skin changes—should include the assessment of history and physical examination including the CEAP classification and revised Venous Clinical Severity Score (VCSS). A duplex ultrasound scan of the deep and superficial venous systems must support the examination findings.

Classification for chronic venous disorders (CVD and CVI) is based on clinical severity (C), etiology (E), anatomy (A), and pathophysiology (P) to improve the accuracy of the diagnosis

- C 0- No visible or palpable signs of venous disease
- C 1- Telangiectasies or reticular veins less than 3 mm
- C 2- Simple varicose veins (3 or larger)
- C 3- Ankle edema of venous origin (not foot edema)
- C 4a- Skin pigmentation or eczema
- C 4b- Lipodermatosclerosis or atrophic blanche
- C 5- Healed venous ulcer
- C 6- Open venous ulcer

S- Symptomatic, including ache, pain, tightness, skin irritation, heaviness, muscle cramps, and other complaints attributable to venous dysfunction

A- Asymptomatic

Etiologic Classification:

- Ec- Congenital
- Ep- Primary
- Es- Secondary (post-thrombotic)
- En- No venous cause identified

Anatomic classification:

- As- Superficial veins
- Ap- Perforator veins
- Ad- Deep veins
- An- No venous location identified

Pathophysiologic classification:

- Pr- Reflux
- Po- Obstruction
- Pr,o- Reflux and obstruction
- Pn- No venous pathophysiology

Venous Clinical Severity Score

Pain or other discomfort (i.e., aching, heaviness, fatigue, soreness, burning)

None = 0: None

Mild = 1: Occasional pain or discomfort that does not restrict daily activities

Moderate = 2: Daily pain or discomfort that interferes with, but does not prevent, regular daily activities

Severe = 3: Daily pain or discomfort that limits most regular daily activities

Varicose Veins

None= 0: None

Mild = 1: Few, scattered, varicosities that are confined to branch veins or clusters. Includes “corona

phlebectatica" (ankle flare), defined as >5 blue telangiectasia at the inner or sometimes the outer edge of the foot

Moderate = 2: Multiple varicosities that are confined to the calf or the thigh

Severe = 3: Multiple varicosities that involve both the calf and the thigh

Venous Edema

None= 0: None

Mild= 1: Edema that is limited to the foot and ankle

Moderate= 2: Edema that extends above the ankle but below the knee

Severe= 3: Edema that extends to the knee or above

Skin Pigmentation

None = 0: None, or focal pigmentation that is confined to the skin over varicose veins

Mild = 1: Pigmentation that is limited to the perimalleolar area

Moderate = 2: Diffuse pigmentation that involves the lower third of the calf

Severe = 3: Diffuse pigmentation that involves more than the lower third of the calf

Induration

None = 0: None

Mild = 1: Induration that is limited to the peri-malleolar area

Moderate = 2: Induration that involves the lower third of the calf

Severe = 3: Induration that involves more than the lower third of the calf

Active Ulcer Number

None = 0: None

Mild = 1: One Ulcer

Moderate = 2: Two Ulcers

Severe = 3: =Three Ulcers

Active Ulcer

None = 0: No active ulcers

Mild = 1: Ulceration present for <3 mo

Moderate = 2: Ulceration present for 3-12 mo

Severe = 3: Ulceration present for >12 mo

Active Ulcer Size

None = 0: No active ulcer

Mild = 1: Ulcer <2 cm in diameter

Moderate = 2: Ulcer 2-6 cm in diameter

Severe = 3: Ulcer >6 cm in diameter

Use of Compression Therapy based on compliance

None = 0: Not used

Mild = 1: Intermittent use

Moderate = 2: Wears stockings most days

Severe = 3: Full compliance: stockings

Lower Extremity Stripping and Ligation is the goal standard of treatment of symptomatic Varicose Veins where primary goal of is removal of refluxing veins and improvement of symptoms.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that

the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost-effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care - Median Score 7-9

May be Appropriate Care - Median Score 4-6

Rarely Appropriate Care - Median Score 1-3

III. POLICY

Indications for approving a request for medical necessity are:

- A. Stripping and ligation of GSV/SSV with division of Saphenous-Femoral or Sapheno-Popliteal junction is indicated for symptomatic GSV/SSV Varicose veins with C2 & VCSS > 6 or C2 & VCSS < 6 with documentation of failure of compression therapy or with C3-C6. **(AUC Score 7)^{1,2,3,4,5}**
- B. Ligation at Sapheno-Femoral junction is considered medically appropriate in order to prevent propagation of an active clot from superficial system to deep venous system in patients with superficial thrombophlebitis who failed or are intolerant to anticoagulation. **(AUC Score 7)^{1,2,3,4,5}**

Limitations:

- A. The treatment of CEAP clinical classification C0 (no visible or palpable signs of venous disease) is considered cosmetic, and therefore, not reasonable, and necessary for the purposes of Medicare coverage.
- B. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

IV. PROCEDURE

- A. In order to review a request for medical necessity, the following items must be submitted for review:
 - 1. Progress note that prompted the request includes fully documented complete history and physical with symptoms, CEAP score, site of varicose veins, h/o prior interventions along with documentation of target veins and extremity for intervention.
 - 2. Latest venous duplex report supporting request describing reflux (location and duration of reflux) and anatomy of veins.
- B. Primary codes appropriate for this service: 37700, 37718, 37722, 37735, 37761, 37780, 37785, 37500, 37760

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

1. Centers for Medicare and Medicaid Services. Florida. Local Coverage Determination (LCD) (L38720). Treatment of Chronic Venous Insufficiency of the Lower Extremities. Retrieved from <https://www.cms.gov> January 5th, 2021.
2. Wallace T, El-Sheikha J, Nandhra S, Leung C, Mohamed A, Harwood A, et al. Long-term outcomes of endovenous laser ablation and conventional surgery for great saphenous varicose veins. *Br J Surg*. 2018 Dec. 105 (13):1759-1767
3. Robert T. Eberhardt, MD et.al. Chronic Venous Insufficiency. *Circulation*. Volume 130, Issue 4, 22 July 2014, Pages 333-346
4. Peter Gloviczki, MD. et. al. The care of patients with varicose veins and associated chronic venous diseases: Clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. *J Vasc Surg* 2011; 53:2S-48S.
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6. NCQA UM 2022 Standards and Elements.