

Cardio Policy:

Lower Extremity Venous Stab Phlebectomy

POLICY NUMBER UM CARDIO_1255	SUBJECT Lower Extremity Venous Stab Phlebectomy		DEPT/PROGRAM UM Dept	PAGE 1 OF 5
DATES COMMITTEE REVIEWED 09/09/11, 01/09/13, 12/17/13, 12/18/14, 02/19/15, 12/21/16, 10/11/17, 11/14/18, 02/13/19, 03/13/19, 05/08/19, 12/11/19, 05/13/20, 01/13/21, 05/12/21, 11/09/21, 04/13/22, 04/12/23, 05/10/23, 12/20/23	APPROVAL DATE December 20, 2023	EFFECTIVE DATE December 22, 2023	COMMITTEE APPROVAL DATES 09/09/11, 01/09/13, 12/17/13, 12/18/14, 02/19/15, 12/21/16, 10/11/17, 11/14/18, 02/13/19, 03/13/19, 05/08/19, 12/11/19, 05/13/20, 01/13/21, 05/12/21, 11/09/21, 04/13/22, 04/12/23, 05/10/23, 12/20/23	
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 stab phlebectomy.

II. DEFINITIONS

Varicose veins are a manifestation of chronic venous disease (CVD) caused by ambulatory venous hypertension which are superficially located, dilated (greater than 3 mm), 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 500 milliseconds of reflux by duplex scan.

Spider veins are intradermal venules of less than 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”

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

Varicose 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 perimalleolar 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 less than 3 mo

Moderate=2: Ulceration present for 3-12 mo

Severe=3: Ulceration present for greater than 12 mo

Active Ulcer Size

None=0: No active ulcer

Mild=1: Ulcer less than 2 cm in diameter

Moderate=2: Ulcer 2-6 cm in diameter

Severe=3: Ulcer greater than 6 cm in diameter

Use of Compression Therapy based on compliance

None=0: No used

Mild=1: Intermittent use

Moderate=2: Wears stockings most days

Severe=3: Full compliance: stockings

Stab Phlebectomy is also known as Ambulatory/Micro-Phlebectomy. It is a minimally invasive procedure performed under local anesthesia. It involves removal of varicose veins through small "stab" 1-2mm incisions in the skin overlying the vein. The vein is then hooked and brought to surface at each incision site to release it from surrounding tissues and to sever any connections to other veins.

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:

All below indications are applicable only if there is documentation of failure of compression therapy for 90 days except in presence of non-healing ulcers.

- A. Concomitant or staged Stab Phlebectomy for symptomatic incompetent tributary veins (greater than or equal to 3mm in size and duration of reflux greater than or equal to 500ms) with C2 and VCSS score greater than 6 or C3-C6 disease can be done during or following surgical or ablation treatment of superficial saphenous vein(s). **(AUC Score 7)**^{1,2,3,4,5,6}
- B. Stab Phlebectomy for symptomatic incompetent GSV (greater than or equal to 7mm in size and duration of reflux greater than or equal to 500ms) with C2 and VCSS score greater than 6 or C3-C6 disease can be done during or following surgical or ablation treatment of superficial saphenous vein(s). **(AUC Score 7)**^{1,2,3,4,5,6}
- C. Stab Phlebectomy can be performed for symptomatic large varicose vein(s) or venous plexus/clusters measuring greater than or equal to 3 mm, 500ms duration of reflux. **(AUC Score 7)**^{1,2,3,4,5,6}
- D. Stab Phlebectomy of tributary veins can be performed concomitantly during Stripping and Ligation of superficial veins GSV (greater than or equal to 7mms), SSV (greater than or equal to 5mm) with duration of reflux greater than or equal to 500ms. **(AUC Score 7)**^{1,2,3,5,6}

A complete Venous Duplex after each venous intervention preferred to demonstrate the result of intervention on the intervened vein(s) and presence of reflux on target vein(s) of the same extremity.

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. To review a request for medical necessity, the following items must be submitted for review:
 - 1. Progress note that prompted the request
 - 2. Latest venous duplex report supporting request describing reflux (location and duration of reflux) and anatomy of veins with CEAP classification and VCSS score
 - 3. Prior venous intervention report
- B. Primary codes appropriate for this service:
 - 37765 Stab phlebectomy of varicose veins 1 extremity 10-20 incision
 - 37766 Stab phlebectomy of varicose veins 1 extremity more than 20 incisions

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> [Accessed December 19, 2023].
2. Centers for Medicare and Medicaid Services. Michigan. Local Coverage Determination (LCD)(L34536). Treatment of Varicose Veins of the Lower Extremities. Retrieved from <https://cms.gov> [Accessed December 19, 2023].
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4. Robert T. Eberhardt, MD et.al. Chronic Venous Insufficiency. Circulation. Volume 130, Issue 4, 22 July 2014, Pages 333-346
5. 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.
6. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. Journal of the American College of Cardiology. March 2013, Volume 61, Issue 12, Pages 1305-1317.
7. NCQA UM 2023 Standards and Elements.