	POLICIES AND PROCEDURES
Policy #: 404-1203	Lead Department: Utilization Management
Title: Surgical Treatment of Varicose Veins	
Original Date: 05/07/2015	Date Published: 12/20/2024
Approved by: Utilization Management Work Group (UMWG)	

Purpose:

To describe the guidelines of Central California Alliance for Health (the Alliance) for authorizing surgical treatment of varicose veins.

Policy:

The Alliance will authorize surgical treatment of varicose veins when medically necessary according to Alliance Policy 404-1112 - Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests.

Definitions:

Symptomatic varicose veins are defined as one of more of the following:

- Documented persistent or recurrent symptoms attributable to venous insufficiency such as pruritis, burning or edema that interfere with daily activity, or pain requiring analgesics. Submitted documentation should summarize the diagnostic evaluation and describe the nature of the functional limitation. These individuals must have failed a three-month trial of conservative management, including analgesics and prescription gradient support stockings providing at least 20 mm Hg of compression at the ankle.
- Hemorrhage from venous varicosity. Venous stasis ulceration.


Procedures:

All treatment authorization requests (TARs) submitted for the surgical treatment of varicose veins require an ultrasound report to support medical necessity. Sclerotherapy procedures require prior authorization. Ablation of varicose veins requires prior authorization. The Alliance uses standards set by Medi-Cal, when available, to determine the medical necessity of procedures for the surgical treatments of varicose veins. When Medi-Cal medical necessity criteria are not available, other evidence-based criteria are utilized, such as MCG care guidelines, for medical necessity determination (i.e. sclerotherapy).

The following data must be clearly reported and accompany all TARs for surgery:

- Duplex ultrasound demonstrating clinically significant venous reflux of the great saphenous, small saphenous or perforating veins defined as greater than or equal to 0.5 seconds retrograde flow in the vein to be treated.
- Vein must not be severely tortuous for EVLA.
- Adequate patency of the deep veins of the leg documented by ultrasound.

In addition to Medi-Cal and MCG care guidelines, the following criteria from the Society for Vascular Surgery (SVS)/American Venous Forum national guidelines are utilized for medical necessity determination:

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1. Repeat procedures: For repeat procedures on a single extremity, providers must re-evaluate patients and document trial and failure of conservative measures (i.e. compression stockings), before a repeat procedure is considered.
2. Perforator treatment: Perforator treatment is only indicated in the presence of venous ulcer disease.
3. Split ablations: Split ablation in the above the knee and below the knee positions of the greater saphenous vein (GSV) is not appropriate except in select instances where the patient has severe symptoms after above the knee ablation. The first ablation should be to address the saphenofemoral junction and above the knee reflux, and only to treat the below the knee GSV after several months. Thus, split procedures (below the knee ablation) will only be considered for select cases where persistent symptoms are documented after a minimum of 3 months of conservative management after the above the knee ablation.
4. Sclerotherapy: Sclerotherapy will only be considered after 3 months of conservative therapy, following GSV ablation. Sclerotherapy prior to GSV treatment or at the same time of GSV treatment is not considered medically necessary because varicose veins that are symptomatic prior to elimination of the GSV do not necessarily require treatment and are expected to resolve or will not be symptomatic after successful control of axial reflux.

Limitations


Additional limitations for surgical treatment of varicose veins:

- Duplex ultrasound when performed during a procedure or to monitor postoperative progress is not separately reimbursable.
- Stab phlebectomy may only be performed concurrently or shortly after RFA or EVLA if varicosities remain following successful RFA or EVLA. Duplex ultrasound must demonstrate no residual reflux and patency of the deep veins of the leg.
- No TARs will be approved for multiple treatment sessions of the same procedure on the same extremity. Repeat procedures are only indicated if clinical and anatomic failure unresponsive to conservative treatment is demonstrated after the 90-day post-operative period.

Contraindications

Contraindications for surgical treatment of varicose veins include but are not limited to:

- Pregnancy and three months following delivery
- Acute febrile illness or infection
- Recent deep vein thrombosis
- Acute superficial thrombophlebitis
- Severe peripheral artery disease (ankle-brachial index of 0.4 or less)

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- Obliteration of deep venous system

References:

Alliance Policies:

404-1112 - Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests

Impacted Departments:

Community Care Coordination

Pharmacy

Quality Improvement and Population Health

Regulatory:

Legislative:

Contractual (Previous Contract)

Contractual (2024 Contract):

DHCS All Plan Letter:

NCQA:

Supersedes:

Other References:

Medi-Cal Manuals, Department of Health Care Services. Surgery: Cardiovascular System (surg cardio). *Surgical Treatment of Varicose Veins*. Retrieved from <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/surgcardio.pdf> (updated September 2020)

Society for Vascular Surgery (SVS)/American Venous Forum national guidelines

Independent Medical Reviewer (MCMC) Recommendation:

1. Kathleen Gibson, MD, Mark Meissner, MD, and David Wright, MD: "Great saphenous vein diameter does not correlate with worsening quality of life scores in patients with great saphenous vein incompetence," J Vasc Surg 2012;56:1634-41.

2. Steven Perrins, Andrew Cha, Robert Qaqish, Dahlia Plummer Richard Hsu, Alan M. Dietzek: "Clinical and anatomic outcomes of endovenous radiofrequency ablation performed on symptomatic small-diameter great saphenous veins," (J Vasc Surg: Venous and Lym Dis 2013;1:245-9.

Attachments:

Lines of Business This Policy Applies To


- ☐ DSNP
- ☒ Medi-Cal
- ☒ Alliance Care IHSS

LOB Effective Dates

(01/01/2026 – present)

(01/01/1996 – present)

(07/01/2005 – present)

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Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
02/27/2019	03/29/2019	Tammy Brass, RN UM Manager – Prior Auth	UMWG
03/05/2021	03/05/2021	Tammy Brass, RN UM/CCM Manager	UMWG
05/24/2023	05/24/2023	Carissa Grepo, RN UM Manager – Prior Auth	UMWG
10/18/2023	10/23/2023	Azura Sanchez UM- Admin Assistant	UMWG
12/05/2024	12/05/2024	Carissa Grepo, RN UM Manager – Prior Auth	UMWG