Public Statement:

Varicose vein surgery is covered when it is medically necessary; pre-authorization is required. There are a number of treatment modalities for varicose veins, some of which are covered and some of which are not. We generally do not cover varicose vein treatment at out-of-network facilities or by out-of-network providers.

Medical Policy Statement:

1) ARBenefits covers varicose vein ligation, excision, stripping, ablation and sclerotherapy after there has been an unsuccessful trial of conservative management (e.g., compression stockings) for at least six months and when the saphenous varicosities result in any of the following:
   a) Intractable ulceration caused by venous stasis; OR
   b) More than one episode of minor hemorrhage from a ruptured superficial varicosity; OR
   c) A single significant hemorrhage from a ruptured superficial varicosity, especially if transfusion of blood is required; OR
   d) Recurrent superficial thrombophlebitis; OR
   e) Severe and persistent pain and swelling interfering with activities of daily living and requiring chronic analgesic medication for at least six months.

2) Prior approval of surgical interventions is required.

3) Radiofrequency and laser endovenous ablation of the saphenous vein are covered as alternatives to varicose vein ligation and stripping for patients who meet the medical necessity criteria. Significant advantages of these procedures in comparison to ligation and stripping of the saphenous vein have not been demonstrated. These procedures must be done at a contracted facility.

4) The TriVex system (transilluminated powered phlebectomy) is covered as an alternative method for ambulatory phlebectomy (code 37785). This is usually done
on an outpatient basis. Significant advantages of the TriVex system over standard ambulatory phlebectomy have not been proven. The TriVex system is covered, if performed at a contracted facility. Payment will be as for code 37785.

5) Sclerotherapy alone is rarely if ever used as definitive therapy for significant varicosities. Its use for spider veins is considered cosmetic and is not covered. When sclerotherapy is proposed for the treatment of significant varices, the proposed treatment plan requires medical director review for indications and appropriateness of the choice of treatment technique.

6) Photothermal sclerosis (also referred to as intense pulsed light source) using the PhotoDerm VL, is used to treat small veins. Because such small veins are cosmetic problems and do not cause pain, bleeding, ulceration, or other medical problems photothermal sclerosis is not covered.

Application to Products

This policy applies to AR Benefits. Consult AR Benefits Summary Plan Description (SPD) for additional information.

References