



## MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
03/23/2015	03/23/2017	02/23/2016
Policy Name		Policy Number
Stab Phlebectomy		MM-0005
Policy Type		
<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Administrative	<input type="checkbox"/> Payment

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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### A. SUBJECT

Stab Phlebectomy

### B. BACKGROUND

The treatment of varicose veins is intended to relieve symptoms and complications to prevent further health issues and is not a covered benefit for cosmetic purposes. Candidates for venous surgical ablation therapy include patients who have trialed standard/supportive therapy for at the least three months and who continue to have documented incompetence/reflux in relation to their symptoms.

Stab or Ambulatory Phlebectomy is a minimally invasive procedure that includes removal or avulsion of varicose veins by making small stab 1-2 mm incisions in the skin overlying the vein. Under local anesthesia, the selected varicose vein is hooked and extracted to the surface, releasing it from the surrounding tissues.

The intent of the Stab Phlebectomy Program is to encourage appropriate use for patients based on clinical literature and established guidelines.

### C. DEFINITIONS

N/A

### D. POLICY

- I. Diagnosis must be confirmed by submission of contemporaneous portions of the individual's medical record confirming the presence of disease and addressing the established medical necessity criteria. These medical records may include, but not limited to test reports, chart notes from provider's office or hospital admission notes.



- A. CareSource will approve the use of Stab Phlebectomy and consider its use as medically necessary when the following criteria have been met:
1. A minimum 3-month trial of conservative/supportive therapy in the past 24 months from the date of request, including **ALL** of the following:
    - 1.1 Periodic leg elevation and exercise
    - 1.2 Graduated elasticized compression stockings or documentation of patient inability to apply the stockings
    - 1.3 Local wound care, if a wound is present
  2. Symptoms and functional problems are attributable to secondary, smaller veins such as symptomatic saphenous veins, varicose tributaries, accessory, and perforator veins
    - 2.1 Diagnosis and specification of reflux symptoms should be supported by a Duplex ultrasound
  3. Patient is symptomatic and the varicosities result in in any one or more of the following in spite of conservative therapy:
    - 3.1 Recurrent bleeding from a ruptured superficial varicosity
    - 3.2 History of significant bleeding or non-healing skin ulceration
    - 3.3 Persistent symptoms (pain, cramping, aching, itching, burning or swelling),
    - 3.4 Significant, recurrent superficial thrombophlebitis unresponsive to appropriate medical therapy
- B. Limitations/Exclusions
1. Stab phlebectomy is not a covered service for cosmetic purposes
  2. Treatment of superficial reflux of great saphenous vein or small saphenous vein should be performed prior to or in conjunction with stab phlebectomy

**NOTE:** **ALL** other uses of Stab Phlebectomy are considered not medically necessary.

#### **CONDITIONS OF COVERAGE**

<b>HCPCS</b>	37765	Stab Phlebectomy of varicose veins, one extremity; 10-20 stab incisions
	37766	Stab Phlebectomy of varicose veins, one extremity; more than 20 incisions
	37799	Unlisted vascular procedure

#### **CPT**

#### **AUTHORIZATION PERIOD**

N/A

#### **E. REVIEW/REVISION HISTORY**

Date Issued: 03/23/2015  
Date Reviewed: 03/23/2015, 02/23/2016  
Date Revised:

#### **F. REFERENCES**

1. Creager MA, Loscalzo J. Chapter 249. Vascular Diseases of the Extremities. In: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson J, Loscalzo J. eds. *Harrison's Principles of Internal Medicine*, 18e. New York, NY: McGraw-Hill; 2012.  
<http://accesspharmacy.mhmedical.com/content.aspx?bookid=331&Sectionid=40727028>. Accessed July 07, 2014.
2. Eidt JF. Open surgical techniques for lower extremity vein ablation. In: Collins KA (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2014.



3. Alguire PC, Scovell S. Overview and management of lower extremity chronic venous disease. In: Collins KA (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2014.
4. Gloviczki et al. The care of patients with varicose veins and associated chronic venous disease: Clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. J Vasc Surg. 2011; 53:2S-48S.
5. Jones RH, Carek PJ. Management of Varicose Veins. American Family Physician, 2008; 78(11)

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

**The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.**

Independent Medical Review - AllMed

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