



MEDICAL POLICY STATEMENT

Michigan Marketplace

Policy Name & Number	Date Effective
Saphenous Vein Ablation, Adhesive Injection-MI MP-MM-1666	01/01/2025-04/30/2025
Policy Type	
MEDICAL	

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Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject**Saphenous Vein Ablation, Adhesive Injection****B. Background**

Varicose veins (varicosities) are dilated, thickened, elongated, and twisted blood vessels that may appear threadlike or as large grape-like clusters under the skin, most often on the legs. Varicose veins are considered a sign of chronic venous insufficiency, a condition characterized by dysfunction of the valves in veins leading to increased blood pressure, blood pooling, and venous reflux in affected areas. Varicose veins may be asymptomatic, or the associated venous insufficiency may cause symptoms such as heaviness, aching, numbness, swelling, and ulceration of the affected limb. In addition, risk is increased for thrombophlebitis, deep vein thrombosis (DVT), and pulmonary embolism.

Approximately 25 million adults in the United States are affected by varicose veins. This condition can have a significant impact on patients' quality of life (QoL) and increase the health care burden, with an estimated \$1 billion incurred annually for treatment in the United States. Conservative therapy includes weight reduction, exercise and prescribed physical activity (walking, treadmill, cycling), periodic leg elevation and compressive therapy with use of surgical grade compression stockings. Non-surgical treatment for this condition includes radiofrequency ablation (RFA) and endovenous laser ablation (EVLA).

A third, more recent treatment method is Cyanoacrylate adhesive closure (CAC), a catheter-directed procedure that seals the saphenous vein without the use of tumescent anesthesia. It involves the endovenous delivery of cyanoacrylate adhesive to the vein, inducing a foreign body response resulting in fibrosis and closure. Closure rates for CAC are high without use of post procedure compression, which is unique to this nonthermal method of ablation.

C. Definitions

- **Clinical-Etiology-Anatomy-Pathophysiology (CEAP) classification** – The CEAP classification for chronic venous disorders serves as a basis to categorize the clinical presentation of the patient, the underlying etiology, what anatomic veins are affected, and the underlying pathology in those veins. The 7 clinical categories are:
 - C0 - No visible or palpable signs of venous disease
 - C1 - Telangiectasies or reticular veins
 - C2 - Varicose veins; distinguished from reticular veins by a diameter of 3mm or more
 - C3 - Edema
 - C4 - Changes in skin and subcutaneous tissue secondary to CVD
 - C4a - Pigmentation or eczema
 - C4b - Lipodermatosclerosis or atrophie blanche
 - C5 - Healed venous ulcer
 - C6 - Active venous ulcer

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

- **Cyanoacrylate adhesive closure (CAC)** – A nonthermal ablation technique uses a glue delivered into the saphenous vein using a catheter for access that induces a foreign body reaction leading to inflammation and fibrotic occlusion of the vessel.
- **Saphenous veins** – Either of two main superficial veins of the leg, one larger than the other. These are:
 - Great saphenous vein (GSV) – originating in the foot and passing up the medial side of the leg and through the saphenous opening to join the femoral vein, and the
 - Small saphenous vein (SSV) – originating similarly and passing up the back of the leg to join the popliteal vein at the knee.

D. Policy

- I. CareSource considers Saphenous Vein Ablation with cyanoacrylate adhesive medically necessary when **ALL** of the following are met:
 - A. Failure of ≥ 3 months of conservative treatment which may include:
 1. Weight reduction
 2. Exercise plan and prescribed physical activity (walking, treadmill, cycling)
 3. Periodic leg elevation or
 4. Compression therapy
 - B. If contraindicated (suspected or proven peripheral arterial disease, venous leg ulceration, superficial thrombophlebitis or severe peripheral neuropathy, etc.) conservative treatment may be waived.
 - C. Documentation in the medical record of CEAP class C2-C6 disease
 - D. Reflux (>500 msec), and/or vein diameter ≥ 3 mm, and **ANY** of the following:
 1. Ulceration secondary to venous stasis
 2. Significant pain or significant edema associated with saphenous reflux that interferes with activities of daily living (ADLs)
 3. Hemorrhage or recurrent bleeding associated with ruptured superficial varicosity
 4. Recurrent episodes of superficial phlebitis
 5. Refractory dependent edema
- II. Non-covered/Contraindications
 - A. CEAP clinical classification C0-C1 is cosmetic and not medically necessary
 - B. Previous administration of sclerotherapy agent < 6 weeks prior
 - C. Allergy to cyanoacrylate adhesive
 - D. Pregnancy
 - E. Recent or acute deep venous thrombosis (DVT)
 - F. Severe distal arterial occlusive disease (ankle-brachial index 0.4 or less)
 - G. Advanced generalized systemic disease that limits quality-of-life (QOL) improvements would require a statement of the objective of treatment in such cases
 - H. Failure of a vein closure without recurrent signs or symptoms
 - I. Any interventional treatment that uses equipment not approved for such purposes by the FDA

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J. Inability to ambulate

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

DATE		ACTION
Date Issued	07/31/2024	New Policy. Approved at Committee
Date Revised		
Date Effective	01/01/2025	
Date Archived	04/30/2025	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Local Coverage Determination: Treatment of Varicose Veins of the Lower Extremities. Medicare Coverage Database; 2022. LCD ID L39121. Accessed June 5, 2024. www.cms.gov
2. Moneta G. Classification of lower extremity chronic venous disorders. UpToDate. Updated May 8, 2023. Accessed June 5, 2024. www.uptodate.com
3. Merriam-Webster Medical Dictionary. Saphenous vein. Accessed January 8, 2024. www.merriam-webster.com
4. Saphenous Vein Ablation, Adhesive Injection: A-1024. MCG Health. 28th ed. Accessed June 5, 2024 www.careweb.careguidelines.com
5. Zegarra TI, Tadi P. CEAP classification of venous disorders. *StatPearls*. StatPearls Publishing; 2023. Accessed June 5, 2024. www.ncbi.nlm.nih.gov

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