Varicose Vein Treatment: What Is Medically Necessary and What Is Cosmetic?

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Speaker Introductions

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Varicose Veins: A Significant Clinical Problem

• Varicose veins
  – Enlarged veins that most commonly occur in the lower extremities
  – Present in about 20% of the population
• Treatment for varicose veins totals $1 billion annually
• Requests for treatment on the rise
• Not just a cosmetic concern
Varicose Veins Indicate Underlying Chronic Venous Insufficiency

• Venous insufficiency syndromes are most commonly caused by valvular incompetence in the:
  – Low-pressure superficial venous system
  – High-pressure deep venous system

• Superficial venous insufficiency is the most common form of venous disease

• Untreated venous insufficiency results in a progressive syndrome that causes pain, swelling, skin changes, and eventual tissue breakdown
Patient Evaluation for Varicose Veins

• All patients should undergo a thorough history and physical examination

• Symptoms of chronic venous disease in the lower extremities
  – Aching pain, sense of heaviness in the legs, easy fatigue with ambulation; possible bleeding or superficial thrombosis
  – Symptoms worsen throughout the course of day, especially with long periods of standing

• Physical examination findings may suggest a particular form of venous insufficiency, but different forms of the disease have overlapping varicose vein patterns
Ultrasound Evaluation of Varicose Veins

- Required for all patients in order to map the pattern of venous incompetence in the superficial venous system
- Critical for planning procedures, documenting the extent of vascular pathology, identifying source of venous reflux, and revealing presence of any deep venous insufficiency
- Guides appropriate treatment selection
- Duplex Doppler ultrasonography
  - Visualizes lower extremity venous system
  - Integral part of evaluation and management of patients with varicose veins
Identifying Treatment Goals: Cosmetic or Medically Necessary?

- **Cosmetic**
  - Varicose veins treated for the exclusive purpose of improving a patient’s appearance
  - Not covered by health insurance or Medicare

- **Medically Necessary**
  - Varicose veins are causing symptoms that affect the patient’s ability to work or function normally; underlying venous reflux disease is producing complications
  - Treatment is required to restore or preserve the patient’s health and well-being
  - Most health insurance and Medicare plans will cover the procedure
Conservative Management for Varicose Veins

• All patients in the early stages of venous disease should receive appropriate conservative treatment
  – Avoid prolonged standing and straining, elevate the affected leg, exercise, and external compression with bandages, support stockings, and/or intermittent pneumatic compression devices

• Support stockings may alleviate discomfort

• Other noninvasive measures that may be helpful
  – Loosening of restrictive clothing, cardiovascular risk factor management, treatment of peripheral edema, and weight loss (may reduce symptoms in obese patients)
Medical Treatment: Noninvasive Therapies

• **Sclerosing agents**
  – Very effective for the treatment of small varicose veins
  – Less successful in treating larger varicosities
  – Tetradecyl sulfate is the only sclerosant approved for the specific indication of varicose vein treatment in the United States

• **Transcutaneous and intense-pulsed-light (IPL) therapy**
  – Proven effective for tiniest surface vessels
  – Not generally useful as primary therapy for treatment in the lower extremity
Medical Treatment: Surgical Care

- Primary goal: improve venous circulation by correcting venous insufficiency through the removal of major reflux pathways
- Surgical interventions
  - Ligation, phlebectomy, stripping
  - Historically, the most frequently recommended form of treatment, especially when the greater saphenous vein is involved
- Primary surgical approach to small-vein disease: microincisional phlebectomy followed by sclerotherapy
Common Types of Surgical Care
Endovenous Laser Ablation of the Saphenous Vein

- A long, thin catheter emitting heat or other energy form is introduced into the vein, causing collapse and sclerosis
- Complications may include bruising, tightness along the course of the treated vein, recanalization, and paresthesia
Radiofrequency Ablation

- Similar to laser ablation
- An endovascularly placed heat source causes vascular and endothelial damage, thrombosis, and eventual occlusion of the vein
Stab Avulsion of Superficial Varicosities

- Also known as ambulatory phlebectomy
- Many small incisions are made over the varicosities, which are excised using a modified crochet hook
- Remains a staple of treatment for varicose veins, but many centers are now replacing it with transilluminated powered phlebectomy
Transilluminated Powered Phlebectomy

• Designed as an alternative to stab phlebectomy
• Performed under direct vision, which allows more complete excision of the varicose vein clusters
• Instruments require fewer incisions, making the procedure minimally invasive
Selecting a Treatment Option

• Limited outcome data comparing various treatments limits evidence supporting any single treatment option
• Specific patient management should be directed by:
  – Symptoms, patient preference, potential risks for therapy
  – Expense, availability of medical resources, insurance reimbursement
  – Level of clinician expertise in various treatment options
• Combinations of conservative measures and more invasive techniques may be appropriate
Obtaining Approval: Establishing Medical Necessity for Treatment of Varicose Veins

• Not always an easy task
• Health plans require thorough documentation of:
  – Symptoms, complications, physical exam findings, the confirmation of the diagnosis
  – Failed attempts at management of varicose veins (some plans may require compression stockings for 6 to 12 months)
• Continually increasing number of available therapies complicates the process of establishing evidence-based criteria for practice guidelines and reimbursement
The Role of External Independent Medical Review in Determining Medical Necessity

- Avoids conflicts of interest (e.g., those relating to economics, lack of specialists to review cases)
- Allows access to a range of board-certified physician specialists who:
  - Provide up-to-date, evidence-based decisions
  - Determine whether procedures meet the latest standard of care
  - Ensure that the requested procedure falls under the medical necessity requirements before a course of treatment is approved
- Provides specialty match
  - Especially important in the interpretation of imaging studies and determination of best treatment approach
Conclusions

- Varicose veins remain a common problem, varying from purely cosmetic disturbances to more serious clinical issues.
- Treatment options range from conventional surgical procedures to newer minimally invasive procedures.
- External independent medical review:
  - Facilitates effective treatment of varicose veins.
  - Provides unbiased evaluation of medical need for treatment.
  - Allows ready access to board-certified specialists, which healthcare plans may lack internally.
  - Makes timely determinations of whether the requested treatment falls under medical necessity guidelines.
Questions and Answers

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