

# Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- |  |   |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee                         | <input type="checkbox"/> CHW - Fox Valley                         |
| <input type="checkbox"/> CHHS Foundation                         | <input type="checkbox"/> CHW - Surgicenter                        |
| <input type="checkbox"/> CHW – Community Services Division       | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group               |
| <input type="checkbox"/> Children's Medical Group - Urgent Care  | <input type="checkbox"/> CHHS Corporate Departments               |

## Medical Utilization Management Policy

### SUBJECT: SAPHENOUS VEIN ABLATION

#### INCLUDED PRODUCT(S):

##### Medicaid

BadgerCare Plus

Care4Kids Program

##### Individual and Family

Commercial

Marketplace

#### PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of saphenous vein ablation by radiofrequency or laser for symptomatic saphenous vein incompetence.

#### POLICY:

CCHP policy will follow MCG guidelines (A-0174 and A-0425) for saphenous vein ablations with one exception regarding conservative therapy. CCHP will only require a trial and failure of 3 months or more of graduated compression stockings. If compression stockings have failed to resolve the symptoms, the rest of the criteria in the MCG guidelines will be required.

Below are the complete criteria for saphenous vein ablations. This includes the MCG guidelines with the modification for the required trial of conservative therapy in the last section, 1.e.:

1. Radiofrequency or endovascular laser saphenous vein ablation may be indicated when **ALL** of the following are present:

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Developed by: CCHP Medical Director and Director Health Plan Clinical Services I

- a. Saphenofemoral valve incompetence documented by duplex ultrasound or other imaging test with valve closure time of greater than 500 msec
- b. Saphenous venous insufficiency symptoms causing functional impairment, including **1 or more** of the following:
  - i. Bleeding or ruptured superficial varicose veins
  - ii. Leg edema
  - iii. Leg fatigue
  - iv. Leg pain
  - v. Persistent or recurrent superficial thrombophlebitis
  - vi. Persistent or recurrent venous stasis ulcer
  - vii. Skin changes (eg, lipodermatosclerosis, hemosiderosis)
- c. No clinically significant lower extremity arterial disease
- d. No deep venous thrombosis on duplex ultrasound or other imaging test
- e. No significant symptomatic improvement in response to 3-month or longer trial of graduated compression stockings.

## **REFERENCES**

1. MCG Guidelines, Guideline A-0425 Saphenous Vein Ablation, Laser A-0425, and Guideline A-0174 Saphenous Vein Ablation, Radiofrequency. Copyright © 2016 MCG Health, LLC. All Rights Reserved
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