

Varicose Veins Management

Adjudication Guideline

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1. Abstract

1.1 For Members

The term varicose derives from the Latin 'varix', which means twisted. A varicose vein is usually tortuous and dilated. Under normal circumstances, blood collected from superficial venous capillaries is directed upward and inward via one-way valves into superficial veins. Failure of one valve puts pressure on its other surrounding valves and may result in retrograde flow, and hence varicosity, of the entire local superficial venous network.

Varicose veins are more likely to happen with pregnancy, age, overweight, standing lots, family history or underlying disease. Symptoms associated with varicose veins of the lower extremities include pain, cramping, aching, burning, throbbing, swelling and the feeling of heaviness or fatigue in the leg. Management can be required for symptomatic varicose veins. Daman covers the management of varicose veins, if medically justified as per the best international medical practice and as per the policy terms and conditions of each Health Insurance Plan administered by Daman.

1.2 For Medical Professionals

The varicosity may vary in size from 3–10 mm on average (less than 4 mm is asymptomatic and considered to be cosmetic).

Management of symptomatic varicose veins as per medical necessity is covered for all health insurance plans administered by Daman as per the policy terms and conditions.

Daman does not cover any of the asymptomatic diagnoses of varicose veins (listed below in this AR), considering them cosmetic.

Daman does not cover any of the un-proven procedures (listed below in this AR) for varicose veins management due to lack of sufficient evidence to conclude the benefits and efficacy of these procedures.

2. Scope

This guideline aims to specify the coverage details for the management of symptomatic varicose veins for all health insurance plans administered by Daman.

Treatment Modalities:

Conservative Management

1. Lifestyle modifications e.g. weight loss,
2. avoidance of standing for long periods of time
3. Exercise
4. Elevation of affected legs
5. Support stockings/ compression stockings/ intermittent pneumatic compression devices
6. Drugs

Surgical Management:

1. Ambulatory phlebectomy
2. Ligation and excision (contra-indicated in deep venous occlusions and infected ulcers)
3. Endoluminal Radiofrequency Ablation (RFA) for great saphenous vein
4. Endovenous-Laser Therapy (EVLT) for great saphenous vein
5. Sclerotherapy (liquid, foam, ultrasound- guided, Endovenous chemical ablation)
6. Subfascial endoscopic perforator surgery

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Management of symptomatic varicose veins is covered for all health insurance plans administered by Daman except for the Visitor's Plan which is subject to policy terms and conditions. Coverage of Doppler ultrasound is limited to one scan prior to the procedure and intra-operative ultrasonic guidance when medically necessary to improve outcomes and minimise complications. Surgical management of varicose veins will be covered only when the following criteria are met:

- 1. Incompetence** at the sapheno-femoral junction or sapheno-popliteal junction is documented by Doppler or duplex ultrasound scanning (not older more than 12 months) along with the findings given below:
 - Duration of reflux ≥ 500 milliseconds (ms) in great, small or principal branches of saphenous veins or ≥ 350 ms in perforated veins; and

- Size of vein ≥ 5.5 mm in transverse diameter in great saphenous vein(not valve diameter at junction) or ≥ 5 mm in small saphenous vein and principal branches; and

2. Saphenous varicosities resulting in ANY of the following:

- Leg ulceration(s) due to saphenous vein insufficiency refractory to conservative management (ulcerated varicose veins can be accepted irrespective of size and duration of reflux)
- Recurrent bleeding from the saphenous vein or other varicosity (bleeding varicose veins can be accepted irrespective of size and duration of reflux)
- Pain resulting in a clinically significant functional impairment (e.g. inability to perform household chores or prolonged standing, interference with essential job functions)
- Recurrent phlebitis or thrombophlebitis
- Refractory dependent edema
- Persistent stasis dermatitis
- Chronic cellulitis

3.2 Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Procedure	Documentation
Ambulatory phlebectomy	Doppler ultrasound information as mentioned above
Radiofrequency Ablation (RFA)	
Endovenous-Laser Therapy (EVLT) for GSV	
Sclerotherapy (liquid, foam, ultrasound-guided, or endovenous chemical ablation)	
Ligation and excision	Doppler ultrasound information as mentioned above
	H/O persistent symptoms despite a 3-month trial of conservative management

Sub-fascial endoscopic perforator surgery (contraindicated in deep venous occlusions and infected ulcers)	Doppler ultrasound information as mentioned above
	H/O persistent symptoms despite a 3-month trial of conservative management
	Any ONE of the following conditions: o Venous stasis dermatitis/ ulceration o Chronic venous insufficiency

3.3 Non-Coverage

- Daman considers the following diagnoses to be cosmetic, and any services related to these diagnoses will not be covered for any health insurance plan administered by Daman:
 - Hereditary haemorrhagic telangiectasia
 - Nevus non-neoplastic
 - Asymptomatic varicose veins
 - Varicose veins developed during pregnancy
- Daman does not cover the following procedures for any health insurance plan as there is no sufficient evidence to conclude the benefits and efficacy of these procedures:
 - Trans-illuminated Powered Phlebectomy (TIPP).
 - Endoluminal Radiofrequency Ablation (ERFA) and Endovenous Laser Therapy (EVLT), if to be done for accessory or perforator veins.
 - Endomechanical or mechano-chemical ablative approach (e.g. ClariVein™ Catheter).
 - Ligation and excision in deep venous occlusions and infected ulcers as being contraindicated.
- Notes:
 - Varicose veins may develop during pregnancy, although surgery or sclerotherapy is not typically performed, as the treatment is not medically necessary. Most varicosities will spontaneously resolve within 4–6 months after delivery.

3.4 Payment and Coding Rules

Please apply regulators payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Adjudication Examples

Example 1

Question: A 30-year-old pregnant female holding Thiqa card is diagnosed with asymptomatic varicose veins and wants them to be removed. The treating surgeon is claiming for ligation and excision. Will the claim be covered?

Answer: No, the claim will be rejected with NCOV001, as asymptomatic varicose veins are cosmetic and are under general exclusions.

Example 2

Question: A 25-year-old male, holding Basic Plan is diagnosed with left leg varicose veins with ulcer and pain in limb. The treating surgeon is claiming for 37761 (Ligation of perforator vein(s), Subfascial, open, including ultrasound guidance, when performed, 1 leg) and 76937 (Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites). Will the claim be covered?

Answer: Yes, all the services will be covered apart from code 76937 which is included in 37761 and will be rejected with the denial code PRCE-002.

4. Denial Codes

Code	Code Description
NCOV-001	Diagnosis(es) is (are) not covered
NCOV-003	Service(s) is (are) not covered
MNEC-003	Service is not clinically indicated based on good clinical practice
PRCE-002	Payment is included in the allowance for another service

5. Appendices

5.1 References

- <https://www.mayoclinic.org/diseases-conditions/varicose-veins/diagnosis-treatment/drc-2035064911>.
- <https://www.hopkinsmedicine.org/health/conditions-and-diseases/varicose-veins>
- <https://emedicine.medscape.com/article/1085530-treatment?form=fpf>
- <https://www.uptodate.com/contents/approach-to-treating-symptomatic-superficial-venous-insufficiency>
- <https://bestpractice.bmj.com/topics/en-gb/630>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC10364503/>
- Daman General Exclusions and SOB's

5.2 Revision History

Date	Change(s)
01/07/2013	V 1.1 New template
15/07/2014	V 2.0 Disclaimer updated as per system requirements
30/04/2025	V 3.0 New template – references update

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