

Endovenous Radiofrequency or Laser Ablation for Varicose Veins

Also known as	<ul style="list-style-type: none">Endoluminal ablationEndovascular ablationEVLTRadiofrequency ablationRFAVNUS Closure System				
Description	Radiofrequency ablation (RFA) and endovenous laser ablation (EVLT) are minimally invasive outpatient procedures that use heat to treat varicose veins. With the patient under local anesthesia, the physician inserts a catheter into the vein and delivers intense heat using either radiofrequency or laser energy. The heat closes off and destroys the vein, which will disappear over time.				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">Endovenous Mechanochemical Ablation (MOCA) for Treatment of Varicose Veins - Combines mechanical ablation (removal or destruction) with a sclerosing (hardening) agent to close veins.Medical Adhesive for Treatment of Varicose Veins - Medical adhesive (glue) is inserted into the diseased vein.Sclerotherapy for Spider Veins - Injection of a solution directly into affected veins, causing them to shrink and disappear.Sclerotherapy for Varicose Veins - Injection of a solution directly into affected veins, causing them to shrink and disappear.Stab Phlebectomy - Surgical removal of segments of superficial varicose veins through multiple small incisions on the leg.Transilluminated Powered Phlebectomy - A minimally invasive procedure to excise varicose veins.Vein Stripping - Surgery to remove a painful, enlarged varicose vein or portion of a varicose vein (usually of the leg).				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>8.8.24</td><td>Updated to new template.</td></tr></table>	Date	Description	8.8.24	Updated to new template.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities (MP9241)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.						
Mayo Medical Plan (MMP)	<p>Coverage depends on the provider.</p> <table><tr><th>Provider</th><th>Coverage</th></tr><tr><td>Mayo provider</td><td><ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr><tr><td>Non-mayo provider</td><td><ul style="list-style-type: none">• Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.– Medicare supplement: PA does not apply.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr></table>	Provider	Coverage	Mayo provider	<ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.	Non-mayo provider	<ul style="list-style-type: none">• Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.– Medicare supplement: PA does not apply.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.
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Medica (including MHPS)	<p>Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.						
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Medicare NCD or LCD guidelines must be met.<ul style="list-style-type: none">– If eligible, quote outpatient surgical or inpatient hospital benefits.– Prior authorization (PA) not required.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.				
Cost (Prime)	<p>Medicare NCD or LCD guidelines must be met.</p> <ul style="list-style-type: none">• If eligible, quote outpatient surgical or inpatient hospital benefits.• Does NOT require prior authorization (PA) through Medica.• Follows Medicare guidelines.				
Med Advantage	<p>Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Medicare NCD or LCD guidelines must be met.</p> <ul style="list-style-type: none">• If eligible, quote outpatient surgical or inpatient hospital benefits.• Prior authorization (PA) not required.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	<p>Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.				
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Individual and Family Business (IFB)

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Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities (MP9241)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.				
Medica	<p>Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.				
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