



2009

**VARICOSE VEINS VNUS/OR LASER PROCEDURE CRITERIA
(MEDICARE)**

The request for treatment of varicose veins by means of the VNUS procedure is covered when **ONE** of A, and **ALL** of B:

A.

- Evidence of chronic venous insufficiency marked by lipodermatosclerosis, chronic painful edema, severe pigmentation, venous dermatitis, or intractable venous ulcers; ***OR***
- More than one episode of minor hemorrhage from a ruptured superficial varicosity; ***OR***
- A single significant hemorrhage from a ruptured superficial varicosity, especially if transfusion of blood is required; ***OR***
- Recurrent superficial thrombophlebitis; ***OR***
- Severe and persistent symptoms interfering with activities of daily living, such as pain, cramping throbbing, burning, itching, swelling during activity or after prolonged standing, feeling of heaviness or fatigue for which the patient has failed a trial of conservative management through a minimum of 3 months, such as surgical pressure gradient stockings (use of nonprescription support Ted's is not sufficient), exercise and weight control programs, frequent elevation of affected leg(s), avoidance of hot baths, avoidance of prolonged standing, use of analgesics

AND

B.

- Doppler ultrasound or Duplex scan documents saphenofemoral junction incompetence and greater saphenous vein reflux; ***AND***
- Non-aneurysmal saphenous vein(s) ; ***AND***
- Maximum saphenous vein diameter of 12 mm (for ERFA only) ; ***AND***
- Absence of vein tortuosity severe enough to impede catheter advancement.