Why Graduated Compression Is An Insurance Requirement for Saphenous Ablation

**SHOULD IT BE?**

DISCLOSURES

CURRENTLY CONSULTANT

*TACTILE MEDICAL

*AMSEL

KEY ISSUES BETWEEN M.D. & PAYERS

“Covered Indications for Rx”

- Trial of “conservative” therapy → Stockings
- Photography
- Duplex Criteria for Rx of GSV- diameter; Site of reflux
- Method of Rx for GSV
- Rx of AASV
- Rx of non-axial veins
- Rx of perforators

THE KEY BARRIER TO GSV ABLATION

"Saphenous varicosities result in either of the following, and symptoms persist despite a X-month trial of conservative management (including analgesics and prescription gradient support compression stockings)"

REQUIRED LENGTH OF TIME FOR ELASTIC STOCKING WEAR IN MEDICAL COVERAGE POLICIES FOR VARICOSE VEINS

SEARCH POLICIES AVAILABLE ON WEB → 2019 Payor Revisions

6 NATIONAL

4 REGIONAL

CMS LCDs

*LENGTH OF TIME

*OTHER
**ELASTIC STOCKINGS → THE TIME CLOCK ON VV TREATMENT**

**REQUIRED LENGTH OF TIME FOR ELASTIC STOCKINGS COVERAGE POLICIES FOR VARICOSE VEINS**

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**QUESTION**

ARE EVIDENCE-BASED GUIDELINES USED BY PAYORS TO SHAPE THEIR POLICIES ON VVs?

BUT HOW DOES A TRIAL OF CONSERVATIVE THERAPY FARE?

**TRIAL OF CONSERVATIVE Rx [SVS/AVF GL RECOMMENDATIONS]**

- “Although third-party payers often require a trial of compression stockings, there is virtually no scientific evidence to support such a policy when saphenous ablation to treat superficial reflux is both more efficacious and cost-effective”

- 9.2 We recommend against compression therapy as the primary treatment of symptomatic varicose veins in patients who are candidates for saphenous vein ablation. (1 B)

**NICE GUIDELINES (2013)**

Refer people to a vascular service if they have any of the following.
- Symptomatic primary or symptomatic recurrent varicose veins.

Do not offer compression hosiery to treat varicose veins unless interventional treatment is unavailable.

**PARADOX**

GUIDELINES (GL) REFERENCED, BUT MANY PAYOR EXCLUSION CRITERIA ARE NOT MENTIONED IN GL → SELECTIVE USE
IS THERE ANY EVIDENCE TO SHOW THAT INTERVENTION IS SUPERIOR TO COMPRESSION? (Michaels et al RCT CS vs L&S (BJS; 2006:93:175-181)

- 246 patients followed for 2 years → L&S vs ES
- SF 6D & EQ 5D L&S better at 1 & 2 years (Low)
- Sx of Aching, heaviness, itching, & swelling better at 1 year (Moderate)
- Less Dissatisfaction (Moderate)


- 153 patients with CEAP class C2-C3 and superficial venous reflux
- VCSS-S decreased from 4.6 to 3.5 in the compression group (p < .01) and from 4.8 to 0.6 in the surgery group (p < .001)
- VSDS decreased from 7.7 to 7.0 in the compression group and from 8.2 to 0.9 in the surgery group (p < .0001)

KEY ISSUES BETWEEN M.D. & PAYERS [UPDATE 2019 SUMMARY]

“Covered Indications for Rx”
- Trial of “conservative” therapy → Stockings
- Photography
- Duplex Criteria for Rx of GSV- diameter (+/-); Site of reflux → Jxn’l
- Method of Rx for GSV → MOCA; Foam; CNA +/-
- Rx of AASV...
- Rx of non-axial veins
- Rx of perforators

Just tell the doctor the stockings don’t work and you will get your procedure