

# RMHP Stab Phlebectomy

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**MCG Health**  
Ambulatory  
Care  
27th Edition

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## Clinical Indications for Procedure

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For members with **RMHP Medicare (CareAdvantage or DSNP Dual Special Needs Plan)** coverage, the request will be pended. The reviewer will apply the Medicare Local Coverage Determination L34924 and Article A55229 guidance. The requester will be notified of the decision per RMHP protocol. See References.

- For members with **PRIME (Medicaid), CHP+ or Individual and Family Plan (IFP) Commercial** coverage, stab phlebectomy may be indicated when **ALL** of the following are present<sup>(1)(2)(3)(4)</sup> :
  - Superficial tributary varicosities that are 3 mm or more in diameter when standing<sup>(5)(6)</sup>
  - Performed concurrently with or after saphenous vein stripping or ablation<sup>(7)(8)(9)(10)</sup>
  - Saphenous venous insufficiency symptoms causing functional impairment, including **1 or more** of the following<sup>(11)(12)(13)</sup>:
    - Bleeding or ruptured superficial varicose veins
    - Leg edema
    - Leg fatigue
    - Leg pain
    - Persistent or recurrent superficial thrombophlebitis
    - Persistent or recurrent venous stasis ulcer
    - Skin changes (eg, lipodermatosclerosis, hemosiderosis)
  - No clinically significant lower extremity arterial disease<sup>(14)</sup>
  - No deep venous thrombosis on duplex ultrasound or other imaging test<sup>(15)</sup>
  - No lymphedema or severe peripheral edema in region of procedure<sup>(5)</sup>
  - No overlying infection (eg, dermatitis, cellulitis)<sup>(5)</sup>
  - Remains symptomatic following a six week trial of conservative care (includes, but not limited to: weight reduction, a daily exercise plan, periodic leg elevation, the use of graduated compression stockings)

## Alternatives to Procedure

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- Alternatives include(11)(16):
  - Compression stockings. See [Graduated Compression Stockings](#) <sup>AC</sup> for further information.
  - Laser saphenous vein ablation. See [Saphenous Vein Ablation, Laser](#) <sup>AC</sup> for further information.
  - Radiofrequency saphenous vein ablation. See [Saphenous Vein Ablation, Radiofrequency](#) <sup>AC</sup> for further information.
  - Saphenous vein ablation with adhesive injection. See [Saphenous Vein Ablation, Adhesive Injection](#) <sup>AC</sup> for further information.
  - Saphenous vein stripping. See [Saphenous Vein Stripping](#) <sup>AC</sup> for further information.
  - Sclerotherapy.(13)(17) See [Sclerotherapy, Leg Veins](#) <sup>AC</sup> for further information.

## Evidence Summary

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### Background

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Stab phlebectomy, which is also known as ambulatory phlebectomy, stab avulsion, microphlebectomy, mini-phlebectomy, or hook avulsion, removes superficial varicose veins below the saphenofemoral junction and/or saphenopopliteal junction (ie, tributary veins, not the great saphenous vein or small saphenous vein). The procedure involves the creation of multiple small incisions over target varicosities. The superficial varicose vein is retrieved through the incision, ligated, and extracted.(11)(18) (EG 2) Stab phlebectomy is performed as an adjunct procedure to saphenous vein ablation.(19)(20)(21)(22) (EG 2)

### Criteria

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For superficial tributary varicosities, An evidence-based specialty society guideline recommends treating varicose veins with stab phlebectomy as an adjunct to saphenous vein ablation, either at the time of the ablation or as a delayed procedure after ablation.(19) (EG 2) An evidence-based multispecialty society guideline states that stab phlebectomy may be performed concurrently with treatment of saphenous vein reflux by stripping or ablation, unless the amount of local anesthetic required necessitates multiple sessions. Delayed stab phlebectomy may be performed to treat symptomatic varicose veins that are not responding to conservative treatment or that have complicating factors (eg, superficial thrombophlebitis, bleeding) after saphenous vein disease has been treated by stripping or ablation.(5) (EG 2) A randomized controlled trial of 50 symptomatic patients with unilateral great saphenous varicosity and incompetent saphenofemoral junction who were treated with endovascular laser ablation with or without stab phlebectomy for varicose tributaries reported that disease-specific quality of life (6 weeks after surgery) and venous clinical severity scores (3 months after surgery) improved most in patients who received concomitant phlebectomy; however, at 1-year follow-up, there were no differences between groups. Fewer patients in the concomitant phlebectomy group needed a subsequent procedure as compared with those in the isolated laser ablation group (4% vs 67%, respectively).(23) (EG 1) The study reported similar positive outcomes for both groups when followed postoperatively through 5 years.(21) (EG 1) A chart review identified 500 stab phlebectomies performed concomitantly with or subsequent to 1000 consecutive greater saphenous or small saphenous endovenous radiofrequency ablations; the authors concluded that concomitant phlebectomy is a safe and effective treatment for patients with incompetent, symptomatic tributary veins measuring 3 mm or greater who also need saphenous closure.

Of limbs that were not treated concomitantly, 83% required subsequent stab phlebectomy due to persistent symptoms.(24) (EG 2) An evidence-based specialty society guideline recommends that for patients who are CEAP class 2 or above and fail conservative management, additional intervention for varicosities should be considered.(6) (EG 2)

## Policy History

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History Summary: RMHP uses the current edition MCG guideline for all non-Medicare plans. Medicare plans use the LCD/LCA. Annual review 11/02/2023 with upgrade to MCG 27th edition and trial of conservative care.

## References

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The Centers for Medicare & Medicaid Services Local Coverage Determination (LCD) L34924 Treatment of Chronic Venous Insufficiency of the Lower Extremities, **Original Effective Date** For services performed on or after 10/01/2015, **Revision Effective Date** For services performed on or after 12/27/2020. Reviewed 11/02/2023.

The Centers for Medicare & Medicaid Services Local Coverage Article Title Billing and Coding: Treatment of Chronic Venous Insufficiency of the Lower Extremities, Article ID A55229, Original Effective Date 8/11/2016, Revision Effective Date 3/11/2021, Reviewed 11/02/2023.

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