

Health Technology Clinical Committee Findings and Decision

Topic: Selected treatments for varicose veins

Meeting date: May 19, 2017

Final adoption: July 14, 2017

Meeting materials and transcript are available on the HTA website:
www.hca.wa.gov/about-hca/health-technology-assessment/meetings-and-materials

Number and coverage topic:

20170519A - Selected treatments for varicose veins

HTCC coverage determination:

Treatment for varicose veins is a covered benefit with conditions.

HTCC reimbursement determination:

Limitations of coverage:

The following treatments for varicose veins are covered with conditions when indications/conditions are present:

- Endovenous Laser Ablation (EVLA)
- Radiofrequency Ablation (RFA)
- Sclerotherapy
- Phlebectomy

Indications (required to be present):

- Demonstrated reflux in the affected vein AND
- Minimum of 3 months of symptoms of pain and/or swelling sufficient to interfere with instrumental ADLs, or presence of complications (e.g. ulceration, bleeding, recurrent thrombophlebitis).
- For tributary varicose veins, the above two conditions must apply and they must have a diameter ≥ 3 mm.

Non-covered indicators:

Exclusions: pregnancy, active infection, peripheral arterial disease, deep vein thrombosis (DVT).

FINAL

Agency contact information:

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

HTCC coverage vote and formal action:

Committee decision

Based on the deliberations of key health outcomes the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee decided that the current evidence on selected treatments of varicose veins is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for treatment of varicose veins compared to the more invasive surgical intervention vein stripping. The committee considered the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to cover varicose veins with conditions.

	Not covered	Covered under certain conditions	Covered unconditionally
Selected treatments for varicose veins	0	9	0

Discussion

The committee reviewed and discussed the available studies of treatment of varicose veins. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. A majority of committee members found the evidence sufficient to determine that select treatment for varicose veins were equivalent for safety and equivalent for effectiveness compared to alternatives for some conditions. A majority of the committee voted to cover with conditions, selected treatment for varicose veins.

Limitations

Exclusions include pregnancy, active infection, peripheral arterial disease, and deep vein thrombosis (DVT).

Action

The committee checked for availability of a Medicare national coverage decision (NCD). Medicare does have a NCD for treatment of varicose veins.

The committee discussed clinical guidelines identified for varicose vein treatment from the following organizations:

- Society for Vascular Surgery (SVS) and the American Venous Forum (AVF): the care of patients with varicose veins and associated chronic venous diseases: clinical practice guidelines, 2011.
- Management of venous leg ulcers: clinical practice guidelines of the Society for Vascular Surgery (SVS) and the American Venous Forum (AVF), 2014.
- Diagnosis and management of varicose veins in the legs: National Institute for Health and Care, 2013. (NICE)
- Management of chronic venous disease: clinical practice guidelines of the European Society for Vascular Surgery (ESVS). 2015.

The committee's determination is consistent with these guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on selected treatment of varicose veins for public comment; followed by consideration for final approval at the next public meeting.

Health Technology Clinical Committee Authority:

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.