June 4, 2025

Evan London, MS, MPH

Director, Medical Policy

Office of Medical Policy and Technology Assessment (OMPTA)

Elevance Health

SUBMITTED ELECTRONICALLY via medical.policy@elevancehealth.com

RE: Request for Off Cycle Review of Anthem UM Guidelines CG-SURG-119 "Treatment of Varicose Veins (Lower Extremities)" Addressing Cyanoacrylate Closure (CAC) (CPT codes 36482/36483)

Dear Mr. London, Elevance Health, Medical Directors and Medical Policy Committee:

On behalf of our six medical professional societies, we write on behalf of our members and patients on a matter of access to care and individualized patient care.

The American Venous Forum (AVF), the American Vein & Lymphatic Society (AVLS), the Society for Vascular Surgery (SVS), the American College of Cardiology (ACC), the Society of Interventional Radiology (SIR), and the Society for Cardiovascular Angiography & Interventions represent most physicians in the USA involved in the care of lower extremity venous disease. In addition, we have collaboratively developed clinical guidelines that define the standard of care (SOC) for the diagnosis and treatment of chronic venous insufficiency.

Individually and collectively, we feel compelled to provide input regarding the current version of the Anthem Clinical UM Guideline CM-SURG-119, *The Treatment of Varicose Veins (Lower Extremity)*, published on April 16, 2025. We respectfully submit this letter—along with referenced supporting materials—to advocate for urgent, evidence-based revisions to the document so that it accurately aligns with current clinical guidelines and widely accepted best practices in the United States.

Specifically, we request what we understand is termed an **off-cycle review**, as we believe the Anthem UM Guideline does not accurately reflect the "generally accepted standards of medical practice" for the treatment of varicose veins—particularly with regard to the use of endovenous cyanoacrylate closure (CAC). This procedure is coded as CPT code 36482 or the add-on code 36483.

Compared with the previous version of CM-SURG-119, the revised guideline includes the following new language:

> "After reviewing evidence from peer-reviewed medical literature, national physician specialty society recommendations, and the views of medical practitioners practicing in relevant clinical areas, the following procedures are not generally considered clinically appropriate and effective for the treatment of valvular incompetence (reflux) of the great or small saphenous veins, and are not in accordance with generally accepted standards of medical practice:
>
> [then, six technologies are listed, including:]
>
> Cyanoacrylate adhesion (for example, VenaSeal Closure System)."[1]

It is the unanimous opinion of our six societies that CAC is a "generally accepted standard of medical practice" and is in accordance with those standards. Therefore, we respectfully request that CAC be promptly reconsidered and removed from the list of non-covered procedures in the Clinical UM Guideline. Following that removal, we further request that CAC be moved to the "Clinical Indications" section and reclassified from "Not Medically Necessary" to "Medically Necessary."

As detailed below, the current language in the Anthem Clinical UM Guideline inaccurately implies alignment with specialty society guidelines and medical literature—alignment which, in fact, does not exist. The safety and efficacy of CAC have been well established through more than a decade of peer-reviewed research and clinical experience. These findings are reflected in our recently updated Clinical Practice Guidelines, which recommend CAC as a medically necessary option, equivalent to other ablation modalities for treating diseased saphenous veins.[2] [3]

As described in these guidelines, CAC—a non-thermal ablation technique—offers several advantages over thermal methods in select patients. These include eliminating the need for tumescent anesthesia (reducing procedural discomfort and risk) and safely ablating the great and small saphenous veins along their entire lengths without risking nerve injury. Our guidelines support physician discretion in selecting the most appropriate treatment modality based on an individualized assessment of risk and benefit. Denying access to CAC restricts this discretion and, in our view, compromises quality of care.

Notably, CAC offers significant benefits to certain patient populations such as older patients who cannot tolerate post-procedure compression stockings, commonly required with thermal or foam-based therapies; patients on chronic anticoagulation, who may face elevated bleeding risks with thermal methods; and patients with needle phobia, for whom CAC's minimally invasive approach is more acceptable. These advantages are further detailed in the AVLS position statement, *Current Practice of Cyanoacrylate Endovenous Ablation: American Vein and Lymphatic Society Position Statement*.[4] This important reference is currently absent from the Anthem UM Guideline. We request that it be added, and that the UM Guideline be revised accordingly to reflect the current SOC as defined by clinical experts.

There is ample published evidence and widespread clinical experience supporting CAC as SOC, particularly in appropriately selected patient populations. The consensus among vein care specialists—and the societies representing them—is that the choice of ablation modality, including CAC, should be determined through a shared decision-making process between the treating physician and patient.[2] [3]

Denying coverage for CAC eliminates this choice and impedes a doctor's choice on how they may optimally treat their patient.

Additionally, Anthem's non-coverage position on CAC is now inconsistent with many payers in the country. Only two U.S. commercial health plans—Anthem and Aetna—currently maintain this stance. In contrast, UnitedHealthcare (UHC) has just issued an updated Medical Policy (2025T0447QQ) that includes CAC as a covered service effective July 1, 2025.[5] UHC uses the same clinical criteria to assess CAC as it does for other ablation methods—radiofrequency ablation, endovenous laser therapy, ligation with stripping, and foam sclerotherapy—exactly as we request Anthem to do in its revised UM Guideline.

Importantly, our position was recently reinforced by another business unit within Elevance Health—Carelon.[6] Carelon develops clinical appropriateness guidelines used by health plans nationwide, including Anthem plans, to help determine what constitutes appropriate and medically necessary care for patients. In its recently released guideline, *Treatment of Varicose Veins and Superficial Venous Insufficiency*, Carelon affirms that both thermal ablation procedures and non-thermal ablation procedures, including cyanoacrylate ablation, are appropriate for patients with symptomatic venous disease when specific clinical criteria are met. The guideline provides rationale for this position with the following statement:

> "Evidence-based guidelines state that, for patients undergoing treatment of great saphenous vein incompetence, "endovenous thermal ablation is recommended as first choice treatment, in preference to high ligation/stripping and ultrasound-guided foam sclerotherapy." These guidelines also state "For patients with great saphenous vein incompetence requiring treatment, cyanoacrylate adhesive closure should be considered when a non-thermal non-tumescent technique is preferred" and "For patients with great saphenous vein incompetence requiring treatment, mechanochemical ablation may be considered when a non-thermal non-tumescent technique is preferred."[6]

This broad consensus is supported not only by our clinical practice guidelines but also by other independent UM guideline developers such as EviCore, InterQual, and MCG Health, all of whom classify CAC as an appropriate treatment.[7][8][9]

Our six clinical societies respectfully urge Anthem to conduct an expedited review of CM-SURG-119 and reconsider its position. The current guideline is misaligned with the very sources it claims to follow—national specialty society recommendations and expert clinical opinion. Revising the guideline to allow coverage for CAC will support patient-centered, evidence-based care and empower physicians to offer the most appropriate treatment for each patient.

Thank you for your time and consideration. We welcome the opportunity to discuss these concerns further and would appreciate the chance to schedule a video conference. Please reach out to Robert White, staff director of Healthcare Policy at the American Venous Forum with any questions or to coordinate a follow-up conversation with doctors from the societies listed below. His email is robertjwhite8158@gmail.com, or (703) 973-2465.

ON BEHALF OF THE FOLLOWING MEDICAL PROFESSIONAL ORGANIZATIONS

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REFERENCES

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