Varicose Veins Treatment and Other Vein Embolization Procedures

Coverage Summary

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee Last Review Date: 05/14/2019

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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   4. Microfoam Sclerotherapy
   5. Endomechanical Ablation of Incompetent Extremity Veins
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I. COVERAGE

Coverage Statement: Treatment of varicose veins in lower extremities is covered when Medicare coverage criteria are met.

Guidelines/Notes:
1. Ligation and Excision (Stripping) (CPT codes 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780 and 37785)
   - Medicare does not have a National Coverage Determination (NCD) for ligation and excision (stripping).
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all 50
Committee approval date: August 21, 2018
Accessed May 9, 2019

2. Endovenous Radiofrequency Ablation (ERFA) or Endovenous Laser Ablation (EVLA) (CPT codes 36465, 36466, 36475, 36476, 36478, 36479, 36482 and 36483)
   - Medicare does not have a National Coverage Determination (NCD) for endovenous radiofrequency ablation (ERFA) or endovenous laser ablation (EVLA).
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all 50 states and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment A).
   - Committee approval date: August 21, 2018
   - Accessed May 9, 2019

3. Compression Sclerotherapy (CPT codes 36470 and 36471)
   - Medicare does not have a National Coverage Determination (NCD) for compression sclerotherapy.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all 50 states and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment A).
   - Committee approval date: August 21, 2018
   - Accessed May 9, 2019

4. Microfoam Sclerotherapy [Varithena® (previously known as Varisolve)] (CPT code 36465 and 36466)
   - Medicare does not have a National Coverage Determination (NCD) for microfoam sclerotherapy.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all 50 states and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment B).
   - Committee approval date: May 14, 2019
   - Accessed May 9, 2019

Coding Clarification:
- Injections of sclerosing agents made with proprietary gas mix or other foaming device or other non-compounded preparation (e.g. Varithena™) are considered sclerotherapy and should be reported with CPT code 36465 or 36466 with notation on the claim indicating what sclerosant was used. See the Novitas LCA for Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (A55229). (Accessed May 9, 2019)
- May also see microfoam sclerotherapy requested under 37799, 36470, or 36471.

5. Endomechanical Ablation of Incompetent Extremity Veins [also known as Clarivein, mechanochemical ablation (MOCA), mechanico-chemical endovenous ablation (MCEA) and mechanically enhanced endovenous chemical ablation (MEECA)] (CPT codes 36473 and 36474)
   - Medicare does not have a National Coverage Determination (NCD) for endomechanical ablation of incompetent extremity veins.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all 50 states and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment A).
states and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment C).

- Committee approval date: May 14, 2019
- Accessed May 9, 2019

Coding clarification:
- Mechanicochemical ablation (MOCA) (Clarivein) do not meet the Medicare reasonable and necessary threshold for coverage. Providers are required to code to specificity. If no such procedure of service exists, then report the service using the appropriate unlisted procedure code. Unlisted procedure, vascular surgery code 37799 should be reported until the specific CPT codes are established. Claims billed for these procedures will be denied.
- Effective January 1, 2017, new codes for endovenous ablation therapy of incompetent vein are available, i.e., CPT codes 36473 and 36474. See the specific LCDs/LCAs for coding instructions.

6. Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome (CPT code 37241)
- Medicare does not have a National Coverage Determination (NCD) for embolization of the ovarian and iliac veins for pelvic congestion syndrome.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
- For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome for coverage guideline. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: August 21, 2018
- Accessed August 16, 2018

Coding clarification: CPT code 37241 [Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)] is not applicable (incorrect coding) for saphenous ablation and is not covered.

II. DEFINITIONS

III. REFERENCES

See above
IV. REVISION HISTORY

05/14/2019  Guideline 4 [Microfoam Sclerotherapy (Varithena® previously known as Varisolve) (CPT codes 36465 and 36466)]
- Revised language pertaining to applicable Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAS) to indicate LCDs/LCAs exist for all 50 states and compliance with these policies is required, where applicable
- Removed default guidelines for states with no LCDs/LCAs

Guideline 5 {Endomechanical Ablation of Incompetent Extremity Veins [Also Known as Clarivein, Mechanenochemical Ablation (MOCA), Mechanico-Chemical Endovenous Ablation (MCEA) and Mechanically Enhanced Endovenous Chemical Ablation (MEECA)]}
- Revised language pertaining to applicable LCDs/LCAs to indicate LCDs/LCAs exist for all 50 states and compliance with these policies is required, where applicable
- Removed default guidelines for states with no LCDs/LCAs

Attachments
- Updated LCD Grids to reflect the most current reference links

V. ATTACHMENT(S)

Attachment A - LCD Availability Grid

Ligation and Excision (Stripping)
(CPT codes 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780 and 37785)
ERFA or EVLA
(CPT codes 36465, 36466, 36475, 36476, 36478 and 36479, 36482, 36483)
Compression Sclerotherapy
(CPT codes 36470 and 36471)

<table>
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<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
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<tr>
<td>L34010</td>
<td>Treatment of varicose veins of the lower extremity</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR SD, UT, WA, WY</td>
</tr>
<tr>
<td>L34209</td>
<td>Treatment of Varicose Veins of the Lower Extremity</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L33575</td>
<td>Varicose Veins of the Lower Extremity, Treatment of</td>
<td>MAC - Part A and B A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td>L33762</td>
<td>Treatment of varicose veins of the lower extremity</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L34536</td>
<td>Treatment of Varicose Veins of the Lower Extremities</td>
<td>MAC Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
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<td>Treatment of Varicose Veins of the Lower Extremities</td>
<td>MAC Part B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MS, NE</td>
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<td>L33454</td>
<td>Varicose Veins of the Lower Extremities</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV, AL, GA, TN</td>
</tr>
</tbody>
</table>

CMS website accessed May 9, 2019
attachment a - lcd availability grid

ligation and excision (stripping)
(cpt codes 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780 and 37785)

erfa or evla
(cpt codes 36465, 36466, 36475, 36476, 36478 and 36479, 36482, 36483)

compression sclerotherapy
(cpt codes 36470 and 36471)

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<th>lcd id</th>
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<th>contractor type</th>
<th>contractor</th>
<th>states</th>
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</thead>
<tbody>
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<td>l34082</td>
<td>varicose veins of the lower extremity, treatment of</td>
<td>a and b mac</td>
<td>cgs administrators, llc</td>
<td>ky, oh</td>
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<tr>
<td>l34924</td>
<td>treatment of varicose veins and venous stasis disease of the lower extremities</td>
<td>a and b mac</td>
<td>novitas solutions, inc.</td>
<td>ar, co, dc, de, la, md, ms, nj nm, ok, pa, tx</td>
</tr>
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</table>

end of attachment a

attachment b - lcd availability grid

microfoam sclerotherapy [varithena® (previously known as varisolve)]
(cpt code 36465 and 36466)

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<tr>
<td>l34010</td>
<td>treatment of varicose veins of the lower extremity</td>
<td>a and b mac</td>
<td>noridian healthcare solutions, llc</td>
<td>ak, az, id, mt, nd, or sd, ut, wa wy</td>
</tr>
<tr>
<td>l34209</td>
<td>treatment of varicose veins of the lower extremity</td>
<td>a and b mac</td>
<td>noridian healthcare solutions, llc</td>
<td>as, ca, gu, hi, mp, nv</td>
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<tr>
<td>l33575</td>
<td>varicose veins of the lower extremity, treatment of</td>
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<td>national government services, inc.</td>
<td>ct, il, ma, me, mn, nh, ny, ri, vt, wi</td>
</tr>
<tr>
<td>l34536</td>
<td>treatment of varicose veins of the lower extremities</td>
<td>mac part a</td>
<td>wisconsin physicians service insurance corporation</td>
<td>ak, al, ar, az, ct, fl, ga, ia, id, il, in, ks, ky, la, ma, me, mi, mn, mo, ms, mt, nc, nd, ne, nh, nj, oh, or, ri, sc, sd, tn, ut, va, vi, vt, wa, wi, wv, wy</td>
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<td>wisconsin physicians service insurance corporation</td>
<td>ia, in, ks, mi, ms, ne</td>
</tr>
<tr>
<td>l33762</td>
<td>treatment of varicose veins of the lower extremity</td>
<td>a and b mac</td>
<td>first coast service options, inc.</td>
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<td>varicose veins of the lower extremity, treatment of</td>
<td>a and b mac</td>
<td>cgs administrators, llc</td>
<td>ky, oh</td>
</tr>
<tr>
<td>l37796</td>
<td>sclerotherapy and endovenous non-thermal treatment of varicose veins</td>
<td>a and b mac</td>
<td>novitas solutions, inc.</td>
<td>ar, co, dc, de, la, md, ms, nj, nm, ok, pa, tx</td>
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end of attachment b
## Endomechanical Ablation of Incompetent Extremity Veins

(CPT codes 36473 and 36474)

CMS website accessed May 9, 2019

<table>
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<td>Treatment of Varicose Veins of the Lower Extremity</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, HI, NV</td>
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<td>L34536</td>
<td>Treatment of Varicose Veins of the Lower Extremities</td>
<td>MAC - Part A &amp; B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
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<td>Treatment of Varicose Veins of the Lower Extremities</td>
<td>Mac – Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NI, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
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<td>Varicose Veins of the Lower Extremities</td>
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<td>AL, GA, NC, SC, TN, VA, WV</td>
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<tr>
<td>L37796</td>
<td>Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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*End of Attachment C*