

Varicose Veins Treatment and Other Vein Embolization Procedures

Policy Number: MCS099.02
Approval Date: September 21, 2021

[Instructions for Use](#)

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Related Policies
None

Coverage Guidelines

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

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 states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Ligation and Excision \(Stripping\)](#).

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 states/territories. Compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Ligation and Excision \(Stripping\)](#).

Coding Clarification

The following American Medical Association (AMA) coding guidance should be followed in reporting endovenous ablation procedures. Treatment of the first incompetent vein should be reported once (as primary code) using CPT code 36475 per extremity. For the treatment of subsequent incompetent vein(s) in the same extremity, the add-on CPT code, 36476, should be reported. This code may only be reported once per extremity, regardless of the number of additional vein(s) treated. Therefore, only one primary code should be reported for the first vein treated, and only one add-on code should be reported for a subsequent vein(s) treated per extremity.

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 states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Ligation and Excision \(Stripping\)](#).

Microfoam Sclerotherapy [e.g., Varithena® (previously known as Varisolve)]

Note: Refer to coding clarification below.

Medicare does not have a National Coverage Determination (NCD) for microfoam sclerotherapy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Microfoam Sclerotherapy](#).

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. Refer to the Novitas [LCA for Billing and Coding: Treatment of Chronic Venous Insufficiency of the Lower Extremities \(A55229\)](#) (Accessed March 18, 2022)

May also refer to microfoam sclerotherapy requested under CPT codes 37799, 36470, or 36471.

Endomechanical Ablation of Incompetent Extremity Veins (CPT codes 36473 and 36474)

Endomechanical ablation of incompetent extremity veins is also known as clarivein, mechanochemical ablation (MOCA), mechanico-chemical endovenous ablation (MCEA) and mechanically enhanced endovenous chemical ablation (MEECA)

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 and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to table for [Endomechanical Ablation of Incompetent Extremity Veins](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins](#).

Note: After checking the [Endomechanical Ablation of Incompetent Extremity Veins](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

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.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

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.

Supporting Information

Ligation and Excision (Stripping) ERFA or EVLA Compression Sclerotherapy

Accessed March 18, 2022

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34082 (A57305)	Varicose Veins of the Lower Extremity, Treatment of	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38720 (A58250)	Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33575 (A52870)	Varicose Veins of the Lower Extremity, Treatment of	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34010 (A57707)	Treatment of varicose veins of the lower extremity	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34209 (A57706)	Treatment of Varicose Veins of the Lower Extremity	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L34924 (A55229)	Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34536 (A56914)	Treatment of Varicose Veins of the Lower Extremities	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK*, AL, AR*, AZ*, CA*, CO*, CT*, DE*, FL*, GA, HI*, IA, ID*, IL*, IN, KS, KY*, LA*, MA*, MD*, ME*, MI, MO, MS*, MT*, NC, ND*, NE, NH*, NJ*, NM*, NV*, OH*, OK*, OR*, PA*, RI*, SC, SD*, TN, TX*, UT*, VA, VT*, WA*, WI*, WV, WY* Note: States notated with an asterisk (*) should follow the other available state-specific LCD listed in this table. This WPS LCD only applies to states without asterisk.
L34536 (A56914)	Treatment of Varicose Veins of the Lower Extremities	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Microfoam Sclerotherapy [e.g., Varithena® (previously known as Varisolve)]

Accessed March 18, 2022

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34082 (A57305)	Varicose Veins of the Lower Extremity, Treatment of	Part A and B MAC	CGS Administrators, LLC	KY, OH

Microfoam Sclerotherapy [e.g., Varithena® (previously known as Varisolve)]

Accessed March 18, 2022

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38720 (A58250)	Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33575 (A52870)	Varicose Veins of the Lower Extremity. Treatment of	Part A and B A MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34010 (A57707)	Treatment of varicose veins of the lower extremity	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR SD, UT, WA WY
L34209 (A57706)	Treatment of Varicose Veins of the Lower Extremity	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L34924 (A55229)	Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ NM, OK, PA, TX
L34536 (A56914)	Treatment of Varicose Veins of the Lower Extremities	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK*, AL, AR*, AZ*, CA*, CO*, CT*, DE*, FL*, GA, HI*, IA, ID*, IL*, IN, KS, KY*, LA*, MA*, MD*, ME*, MI, MO, MS*, MT*, NC, ND*, NE, NH*, NJ*, NM*, NV*, OH*, OK*, OR*, PA*, RI*, SC, SD*, TN, TX*, UT*, VA, VT*, WA*, WI*, WV, WY* Note: States notated with an asterisk (*) should follow the other available state-specific LCD listed in this table. This WPS LCD only applies to states without asterisk.
L34536 (A56914)	Treatment of Varicose Veins of the Lower Extremities	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Endomechanical Ablation of Incompetent Extremity Veins

Accessed March 18, 2022

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38720 (A58250)	Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33575 (A52870)	Varicose Veins of the Lower Extremity. Treatment of	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34010 (A57707)	Treatment of varicose veins of the lower extremity	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

Endomechanical Ablation of Incompetent Extremity Veins

Accessed March 18, 2022

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34209 (A57706)	Treatment of Varicose Veins of the Lower Extremity	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L34536 (A56914)	Treatment of Varicose Veins of the Lower Extremities	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK*, AL, AR, AZ*, CA*, CO, CT*, DE, FL*, GA, HI*, IA, ID*, IL*, IN, KS, KY, LA, MA*, MD, ME*, MI, MO, MS, MT*, NC, ND*, NE, NH*, NJ, NM, NV*, OH, OK, OR*, PA, RI*, SC, SD*, TN, TX, UT*, VA, VT*, WA*, WI*, WV, WY* Note: States notated with an asterisk (*) should follow the other available state-specific LCD listed in this table. This WPS LCD only applies to states without asterisk.
L34536 (A56914)	Treatment of Varicose Veins of the Lower Extremities	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Policy History/Revision Information

Date	Summary of Changes
09/21/2021	<ul style="list-style-type: none"> Routine review; no change to coverage guidelines Archived previous policy version MCS099.01

Instructions for Use

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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 are 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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