Coverage Summary

Varicose Veins Treatment and Other Vein Embolization Procedures

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee Last Review Date: 10/15/2019

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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 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).

INDEX TO COVERAGE SUMMARY

I. COVERAGE
   1. Ligation and Excision (Stripping)
   2. Endovenous Radiofrequency Ablation (ERFA) or Endovenous Laser Ablation (EVLA)
   3. Compression Sclerotherapy
   4. Microfoam Sclerotherapy
   5. Endomechanical Ablation of Incompetent Extremity Veins
   6. Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome

II. DEFINITIONS

III. REFERENCES

IV. REVISION HISTORY

V. ATTACHMENTS

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 states and compliance with these policies is required where applicable. For state-specific
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 December 5, 2019

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.

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 December 5, 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 December 5, 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 November 15, 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 C).
   - Committee approval date: May 14, 2019
   - Accessed December 5, 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 October 8, 2019

    **Coding clarification:** CPT code 37241 [Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intra procedural 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.

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**II. DEFINITIONS**

**III. REFERENCES**

See above
IV. REVISION HISTORY

10/15/2019  •  Routine review; no change to coverage guidelines

Attachments
  •  Updated Local Coverage Determination (LCD) Availability Grids to reflect the most current reference links

V. ATTACHMENTS

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 Sclerosis
(CPT codes 36470 and 36471)

CMS website accessed December 5, 2019

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<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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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>
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<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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<td>L33575</td>
<td>Varicose Veins of the Lower Extremity, Treatment of</td>
<td>MAC - Part A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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<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>
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<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, 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</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>
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<td>L33454</td>
<td>Varicose Veins of the Lower Extremities</td>
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<td>Palmetto GBA</td>
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<td>L34082</td>
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<td>CGS Administrators, LLC</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>
</tbody>
</table>

End of Attachment A
## UHC MA Coverage Summary: Varicose Veins Treatment and Other Vein Embolization Procedures

**Microfoam Sclerotherapy [Varithena® (previously known as Varisolve)]**

(CPT code 36465 and 36466)

CMS website accessed December 5, 2019

### Attachment B - LCD Availability Grid

#### Microfoam Sclerotherapy [Varithena® (previously known as Varisolve)]

(CPT code 36465 and 36466)

<table>
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<tr>
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<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
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<td>Wisconsin Physicians Service</td>
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<td>Wisconsin Physicians Service</td>
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<td>First Coast Service Options, Inc.</td>
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<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
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End of Attachment B

### Attachment C - LCD Availability Grid

#### Endomechanical Ablation of Incompetent Extremity Veins

(CPT codes 36473 and 36474)

CMS website accessed December 5, 2019

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<tr>
<th>LCD ID</th>
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<td>Noridian Healthcare Solutions, LLC</td>
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<td>L34536 (A56914)</td>
<td>Treatment of Varicose Veins of the Lower Extremities</td>
<td>MAC - Part A &amp; B</td>
<td>Wisconsin Physicians Service</td>
<td>IA, IN, KS, MI, MO, NE</td>
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<td>L34536 (A56914)</td>
<td>Treatment of Varicose Veins of the Lower Extremities</td>
<td>Mac - Part A</td>
<td>Wisconsin Physicians Service</td>
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<td>L33575 (A52870)</td>
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<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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Page 5 of 6

UHC MA Coverage Summary: Varicose Veins Treatment and Other Vein Embolization Procedures

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## Attachment C - LCD Availability Grid

**Endomechanical Ablation of Incompetent Extremity Veins**

(CPT codes 36473 and 36474)

CMS website accessed December 5, 2019

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<tr>
<th>LCD ID</th>
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(A56368)

End of Attachment C