Coverage Summary

Varicose Veins Treatment and Other Vein Embolization Procedures

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 09/18/2018

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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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 LCDs/LCAs, refer to the LCD Availability Grid (Attachment A).

- Committee approval date: August 21, 2018
- Accessed April 24, 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 April 24, 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 April 24, 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 and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment B).
   - For states with no LCDs/LCAs, see the Palmetto GBA Varicose Veins of the Lower Extremities (L33454) (for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and 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 April 24, 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 LCD Varicose Veins of the Lower Extremities (L33454). (Accessed February 21, 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 and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment C).
- **For states with no LCDs/LCAs**, see the UnitedHealthcare Commercial Medical Policy for Venous Insufficiency and Varicose Veins for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and 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 April 24, 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)**

**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.

- 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**

### II. DEFINITIONS

### III. REFERENCES

See above
IV. REVISION HISTORY

04/01/2019  • Updated policy introduction; added language to clarify:
  o There are instances where [the Coverage Summary] may direct readers to a
    UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy,
    and/or Coverage Determination Guideline (CDG)
  o 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)
  • Retitled reference links that direct users to UnitedHealthcare Commercial
    policies

09/18/2018  Updated Local Coverage Determination (LCD) Availability Grids; removed
            instruction to “use the applicable LCD based on member’s residence/place and type
            of service” (this note only applies when selecting the appropriate DME LCD Policy)

08/21/2018  Annual review with the following updates:
            Guideline 4 - Microfoam Sclerotherapy [Varithena® (previously known as
            Varisolve)] (CPT code 36465 and 36466) – Removed “BTG PLC, London” from title
            (as it no longer referenced in available LCDs).
            Guideline 6 - Embolization of the Ovarian and Iliac Veins for Pelvic Congestion
            Syndrome (CPT code 37241) - Update language from stating “LCDs available” to
            “LCDs do not exist.” and remove applicable Availability Grid.

7/17/2018   Re-review with the following updates:
            Guideline 4 Microfoam Sclerotherapy [Varithena® (previously known as Varisolve,
            BTG PLC, London)]
            • Deleted CPT code 37799 from the section title; added CPT codes 36465 and
              36466
            • Added the following coding clarification:
              o 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
                LCD for Varicose Veins of the Lower Extremities (L33454).
              o May also see microfoam sclerotherapy requested under 37799, 36470, or
                36471.

05/11/2018  Re-review with the following update:
            Guideline 2 [Endovenous Radiofrequency Ablation (ERFA) or Endovenous Laser
            Ablation (EVLA)] – added the following new CPT codes: 36465, 36466, 36482,
            36483.

01/16/2018  Re-review with the following updates:
            Guideline 1 [Ligation and Excision (Stripping) (CPT codes 37700, 37718, 37722,
            37735, 37760, 37761, 37765, 37766, 37780 and 37785)] - Updated the applicable
            LCDs to include the most recent website links and effective dates related to the
            Cahaba-Palmetto jurisdiction transition; no change in guideline.
Guideline 2 [Endovenous Radiofrequency Ablation (ERFA) or Endovenous Laser Ablation (EVLA) (CPT codes 36475, 36476, 36478 and 36479)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 3 [Compression Sclerotherapy (CPT codes 36470 and 36471)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 4 [Microfoam Sclerotherapy [Varithena® (previously known as Varisolve, BTG PLC, London)] (CPT code 37799)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

09/19/2017 Annual review with the following recommended updates:
Guideline 5 (Endomechanical Ablation of Incompetent Extremity Veins) - revised LCD availability statement as there’s more than one MAC with LCDs.
Guideline 6 (Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome) - updated guideline to state that there is now available LCD

01/17/2017 Re-review with the following recommended update:
Guideline 5 (Endomechanical Ablation of Incompetent Extremity Veins) – added new CPT codes, 36473 and 36474 (effective 1/1/2017).

12/20/2016 Re-review with the following update:
Guideline 5 (Endomechanical Ablation of Incompetent Extremity Veins)
- Deleted reference to the CPT code 37799 from the guideline title as this CPT will be discontinued effective 12/31/2016; but code is still reflected in some applicable LCDs
- Added new applicable LCDs with new CPT codes 36473 and 36474 replacing CPT code 37799 which will be effective 1/1/2017
- Added a note to see specific LCDs for coding instructions.
- Removed the reference link to the First Coast LCD for Treatment of Varicose Veins of the Lower Extremity (L33762) (reference link already in the LCD availability grid)

09/20/2016 Annual review; no updates.

03/15/2016 Guideline 1 [Ligation and Excision (Stripping) and Sclerotherapy] – removed Sclerotherapy from this guideline; moved to a separate section Guideline 3 (Compression Sclerotherapy)
Guideline 4 (Microfoam Sclerotherapy) – added guideline
Guideline 5 (Endomechanical Ablation of Incompetent Extremity Veins ) – added guideline
Updated reference link(s) of the applicable LCDs to reflect the condensed link.

09/15/2015 Annual review with the following updates:
- Guideline 1 (Transcatheter Embolization) - deleted section; CPT code 37204 was removed from the default UHC MP with coding clarification that CPT code 37241 is specific to venous embolization/occlusion and excludes lower extremity venous incompetency per the American Medical Association (AMA).
• Guideline 2 [Ligation and Excision (Stripping) and Sclerotherapy] - updated guideline to state that all 50 states now have LCDs and deleted reference to the default UHC MP (UnitedHealthcare Medical Policy for Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins)
• Guideline 3 [Endovenous Radiofrequency Ablation (ERFA) or Endovenous Laser Ablation (EVLA)] - updated guideline to state that all 50 states now have LCDs and deleted reference to the default UHC MP (UnitedHealthcare Medical Policy for Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins

06/16/2015 Added Guideline #4 [Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome (37241)]

03/12/2015 Formatting change only

10/21/2014 Annual review with the following updates:
• Guideline # 2 (Ligation of Saphenous Vein)
  o Title changed to Ligation and Excision (Stripping) and Sclerotherapy
  o Added Ligation of Saphenous Veins CPT codes 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37785 and Sclerotherapy CPT codes 36470 and 36471
• Guideline #3 (Other Varicose Veins Treatment)
  o Title changed to Endovenous Radiofrequency Ablation (ERFA) or Laser Ablation
  o Removed CPT codes 37718, 37722, 37735 & 37785
  o Changed default guidelines from LCD for the Treatment of Varicose Veins of the Lower Extremities (L30143) to the UnitedHealthcare Medical Policy for Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins

05/20/2014 Guideline #3 (Other Varicose Veins Treatment) – deleted reference to ICD-9 459.0/ICD-10 CM R58

10/24/2013 Annual review; no updates

10/31/2012 Annual review; Coverage Summary revised to include the following guidelines:
• Guidelines #1 - Transcatheter Embolization
• Guidelines #2 - Ligation of Saphenous Vein
• Guidelines #3- Other Varicose Veins Treatment

10/13/2011 Annual review; LCD Availability Grid (Attachment A) updated

04/08/2011 LCD Availability Grid for Varicose Veins (Attachment A) updated

03/14/2011 Updated Attachment A – LCD Availability Grid (added L26729 MAC Part A for CO, NM, OK and TX)

12/8/2010 Updated the LCD links of the LCD Availability Grid (Attachment A)
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)

CMS website accessed April 24, 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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<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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<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>
<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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<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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<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>L34082</td>
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<td>L34924</td>
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<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 A

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Attachment B - LCD Availability Grid

### Microfoam Sclerotherapy [Varithena® (previously known as Varisolve)]
(CPT code 36465 and 36466)

CMS website accessed April 24, 2019

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<td>National Government Services, Inc.</td>
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UHC MA Coverage Summary: Varicose Veins Treatment and Other Vein Embolization Procedures
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## Attachment B - LCD Availability Grid

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

(CPT code 36465 and 36466)

CMS website accessed April 24, 2019

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<td>MAC Part A</td>
<td>Wisconsin Physicians Service</td>
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<td>FL, PR, VI</td>
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<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 April 24, 2019

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End of Attachment C