


<b>MEDICAL POLICY</b>	<b>Varicose Veins (Medicare Only)</b>
<b>Effective Date: 10/1/2021</b>   <div style="text-align: right;">10/1/2021</div>	Medical Policy Number: 187  Medical Policy Committee Approved Date: 12/16; 3/17; 10/17; 12/17; 12/18; 9/19; 9/2020; 9/2021
Medical Officer _____ Date _____	

**See Policy CPT CODE section below for any prior authorization requirements**

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Medicare only

**MEDICARE POLICY CRITERIA**

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Varicose Vein Treatment for lower extremities</i>	Local Coverage Determination (LCD): Treatment of Varicose Veins of the Lower Extremities ( <a href="#">L34010</a> )
<i>Varicose Vein Treatment for all other indications</i>	Local Coverage Article (LCA): Billing and Coding: Treatment of Varicose Veins of the Lower Extremities ( <a href="#">A57707</a> ) <i>(This LCA provides a list of the <b>only</b> ICD-10 codes that support medical necessity for varicose vein treatment codes and states the use of any ICD-10 code not on the list are considered to be not medically reasonable or necessary.)</i>

**POLICY GUIDELINES**

*Vein Diameter Measurements*

Some of the procedures addressed in this policy require vein diameter measurements in order to meet coverage requirements. When measurements are required, Noridian has this specifically noted within

the LCD - if measurements are not listed for a given service within the LCD, then measurements would not be required to determine medical necessity.

*Endovenous Ablation with a Chemical Adhesive*

Although not explicitly indicated in the current endovenous ablation medical necessity criteria of LCD L34010, historical versions of this LCD state the CPT codes for endovenous ablation using a chemical adhesive (CPT 36482 and 36483) are reviewed under both A and B criteria. In addition, the LCA A57707 states the applicable CPT codes may be considered medically necessary when billed with a supported diagnosis code. Please see the LCA noted above for a complete list of supported diagnosis codes.

*Ultrasound Guidance and Echosclerotherapy*

According to L34010, “2. Intra-operative ultrasound guidance is not separately payable with ERFA, laser ablation, and sclerotherapy.” While the LCD acknowledges that clinical “outcomes may be improved and complication rates may be minimized when ultrasound guidance is used,” the CPT code descriptions for radiofrequency (ERFA) and laser ablation include the intraoperative ultrasound service in the valuation. For sclerotherapy, the LCD adds “intra-operative ultrasound guidance techniques have not been shown to increase the effectiveness or safety of sclerotherapy for varicose veins.” Thus, separate reporting of intra-operative ultrasound is inappropriate with any of these procedures and will not be considered for reimbursement.

**BILLING GUIDELINES**

For billing and coding assistance, see the LCA A57707 (in the “Medicare Policy Criteria” section above).

**CPT CODES**

Medicare Only	
Prior Authorization Required	
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
36470	Injection of sclerosing solution; single vein
36471	Injection of sclerosing solution; multiple veins, same leg

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36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	Ligation, division, and stripping, short saphenous vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
Not Covered	

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36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk
S2202	Echosclerotherapy ( <i>CMS-assigned Status "I" code - This code is not valid for Medicare purposes.</i> )

**Unlisted Codes**  
 All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then **prior-authorization is required.**

36299	Unlisted procedure, vascular injection
37799	Unlisted procedure, vascular surgery
J3490	Unclassified drugs

**No Prior Authorization Required**

93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

**INSTRUCTIONS FOR USE**

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

**REGULATORY STATUS**

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.