


| MEDICAL POLICY | | Varicose Veins (Medicare Only) | |
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| Effective Date: 10/1/2020  10/1/2020 | Section: SUR | Policy No.: 381 | |
| | Medical Policy Committee Approved Date: 12/16; 3/17; 10/17; 12/17; 12/18; 9/19; 09/2020 | | |
| 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</i> | <ul style="list-style-type: none"> Local Coverage Determination (LCD): Treatment of Varicose Veins of the Lower Extremities (L34010)¹ Local Coverage Article: Billing and Coding: Treatment of Varicose Veins of the Lower Extremities (A57707)² |

Per the [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Varicose Veins (All Lines of Business Except Medicare)**, applies to the following services:

- Any request for varicose vein treatment not addressed in the guidelines, above.

POLICY GUIDELINES

Endovenous Ablation with a Chemical Adhesive

Although not explicitly indicated in the endovenous ablation medical necessity criteria of LCD L34010, LCA A57707 states that the applicable CPT codes for endovenous ablation using a chemical adhesive (36482 and 36483) may be considered medically necessary when billed with a supported diagnosis code. Please see the LCA (linked above) for a complete list of supported diagnosis codes.

Echosclerotherapy

Per L34010, "2. Intra-operative ultrasound guidance is not separately payable with ERFA, laser ablation, and sclerotherapy." Therefore, S2202, Sclerotherapy, is not covered.

BILLING GUIDELINES

- 36299 is used for sclerotherapy with mechanical agitation (e.g. Clarivein® device) prior to January 1, 2017. On and after this date use the AMA assigned codes 36473 and 36474 to report this procedure. These codes are inclusive of the sclerosing agent.
- 37799 should be used to report "Trivex Procedure"
- 37241 should not be used to report treatment of varicose veins.

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 |
| 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 |

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| | 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 | |
| 36468 | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk |
| S2202 | Echosclerotherapy |

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| <p>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.</p> | |
| 36299 | Unlisted procedure, vascular injection |
| 37799 | Unlisted procedure, vascular surgery |
| J3490 | Unclassified drugs |
| <p style="text-align: center;">No Prior Authorization Required</p> | |
| 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.

REFERENCES

1. National Institutes of Health. National Cancer Institute. Complementary and Alternative Medicine. Updated: September 30, 2019. <https://www.cancer.gov/about-cancer/treatment/cam>. Accessed 08/28/2020.
2. National Institutes of Health. National Center for Complementary and Integrative Health (NCCIH). Complementary, Alternative, or Integrative Health: What’s In a Name? Last Updated: July 2018. <https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name>. Accessed 08/28/2020.