

## Varicose Vein Treatment

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### IMPORTANT REMINDER

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.*

*The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.*

## DESCRIPTION

Varicose veins are caused by venous insufficiency as a result of valve reflux (incompetence), which results in dilated, tortuous, superficial vessels that protrude from the skin of the lower extremities. Varicose veins may be treated by sclerotherapy or surgical ligation when conservative measures (e.g., exercise, periodic leg elevation, weight loss, compressive therapy and avoidance of prolonged immobility) are unsuccessful.

## MEDICARE ADVANTAGE POLICY CRITERIA

| Procedure(s): | CPT and/or HCPCS Code(s) | Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCD) and Articles (LCA)* | Criteria Section |
|---------------|--------------------------|--|------------------|
|---------------|--------------------------|--|------------------|

### IMPORTANT NOTES:

- Procedures are subject to different criteria sets (Criteria A or Criteria B) within the LCD itself. Use the table below for assistance in identifying the correct criteria set.
- When measurements are required, Noridian has this noted within the LCD. If not listed for a given service, then measurements are not required for coverage determinations.

|  |  |   |                                |
|--|--|---|--------------------------------|
| <b><i>Foam Sclerotherapy</i></b>                                 | 36465, 36466                             |   | Criteria A & B                 |
| <b><i>Treatment of telangiectasias (spider veins)</i></b>        | 36468                                    |   | Criteria C and intro paragraph |
| <b><i>Liquid Sclerotherapy</i></b>                               | 36470, 36471                             |   | Criteria A                     |
| <b><i>Endovenous Mechanochemical Ablation (MOCA)</i></b>         | 36473, 36474                             |   | Criteria A                     |
| <b><i>Endovenous Radiofrequency Ablation [EFRA]</i></b>          | 36475, 36476                             |   | Criteria A, B, & C             |
| <b><i>Endovenous Laser Ablation (EVLA)</i></b>                   | 36478, 36479                             | Treatment of Varicose Veins of the Lower Extremities ( <a href="#">L34010</a> ) | Criteria A, B, & C             |
| <b><i>Endovenous Chemical Adhesive (e.g., cyanoacrylate)</i></b> | 36482, 36483                             |   | Criteria A & B                 |
| <b><i>Ligation, Division, and/or Stripping</i></b>               | 37700, 37718, 37722, 37735, 37780, 37785 |   | Criteria A                     |
| <b><i>Subfascial Endoscopic Perforator Surgery (SEPS)</i></b>    | 37760, 37761                             |   | Criteria A                     |

| Procedure(s):   | CPT and/or HCPCS Code(s) | Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCD) and Articles (LCA)*   | Criteria Section |
|---|--------------------------|--|------------------|
| <b>Ambulatory Phlebectomy (Stab or Hook Phlebectomy)</b>          | 37765, 37766             |  | Criteria A       |
| <b>Transilluminated Powered Phlebectomy (TIPP; e.g., TRIVEX™)</b> | 37799                    |  | Criteria A       |
| <b>KAVS Procedure</b> (catheter assisted venous sclerotherapy)    | 0524T                    | Additional Information Required for Coverage and Pricing for Category III CPT® Codes ( <a href="#">A55681</a> ) (See Group 1 list of procedures. See also LCD for Non-Covered Services, <a href="#">L35008</a> , specifically language regarding new Category III codes) |                  |

### BACKGROUND

Varicose veins are caused by venous insufficiency as a result of valve reflux (incompetence). Venous incompetence in the lower extremity is a common clinical problem, and basic understanding of venous anatomy and pathophysiologic mechanisms of venous reflux is important for selecting the most appropriate treatment for an individual.

The venous system can be divided into three major components: the superficial venous system, the deep venous system, and the perforating veins.

- The superficial venous system has two parts: the thin-walled collecting veins and the thick-walled truncal veins (e.g., great and small saphenous veins, also known as greater or long and lesser or short saphenous veins, respectively).
- The veins of the deep venous system include the plantar vein (foot), the paired peroneal and anterior and posterior tibial veins (leg), and the popliteal and femoral veins (thigh), as well as venous sinusoids in muscles (e.g., soleal and gastrocnemius).
- Perforators connect the superficial and deep venous systems and play a role in balancing blood-flow during calf muscle contraction (e.g., Hunter and Dodd [mid- and distal thigh], Boyd [knee level] and Cockett [calf region]).

Spider veins (telangiectasias) are dilated capillary veins close to the skin.

### REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Description of the planned treatment, including the location of the target areas and technique to be used (e.g., sclerotherapy, ligation, endoluminal radiofrequency ablation (ERFA), laser ablation, etc.)
- A history and physical examination supporting the diagnosis of symptomatic varicose veins, including symptoms experienced
- Documentation of the failure of an adequate (at least 3 months) trial of conservative management.
- For ERFA or laser ablation:
  - Presence or absence of any of the following conditions:
    - Aneurysm,
    - Thrombosis or vein tortuosity that would impair catheter advancement
    - Significant peripheral arterial diseases
  - Vein diameter

- Documentation of the performance of appropriate tests, if medically necessary, to confirm the pathology of the vascular anatomy.

## REGULATORY STATUS

The following devices have received specific U.S. Food and Drug Administration (FDA) marketing clearance for the endovenous treatment of superficial vein reflux:

| DEVICE  | MANUFACTURER                             | FDA APPROVAL |
|---|--|--------------|
| The VenaSeal™ Closure System  | Medtronic                                | 2015         |
| Steam Vein Sclerosis System (SVS™, VenoSteam™)  | CermaVEIN, France                        | None         |
| ClariVein® Infusion Catheter<br><i>Predicate devices include the Trellis® Infusion System (K013635) and the Slip-Cath® Infusion Catheter (K882796).</i> | Vascular Insights                        | 2008         |
| Polidocanol is an injectable sclerosing agent that may be used for intravenous treatment of varicose veins  |  |              |
| Varithena® (formerly Varisolve®)  | Biocompatibles, Inc, a BTG group company | 2013         |
| Asclera®  | Merz North America, Inc.                 | 2010         |
| A modified Erbe Erbokryo® cryosurgical unit   | Erbe USA                                 | 2005         |
| Trivex system   | Smith & Nephew                           | 2003         |
| Diomed 810 nm surgical laser and EVLT™ (endovenous laser therapy) procedure kit   | Diomed, Inc.                             | 2002         |
| VNUS® Closure™ system (a radiofrequency device)   | VNUS Medical Technologies, Inc.          | 1999         |
| VNUS RFS and RFSFlex devices  | VNUS Medical Technologies, Inc.          | 2005         |
| A modified VNUS® ClosureFAST™ Intravascular Catheter  | VNUS Medical Technologies, Inc.          | 2008         |
| Microwave Intracavitary Coagulation System  | Shanghai Medical Electronics, China      | None         |

## CROSS REFERENCES

## REFERENCES

1. Noridian LCA for Sclerosing of Varicose Veins ([A53079](#)) (Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary)
2. Noridian LCA for Response to Comments: Treatment of Varicose Veins of Lower Extremities ([A54715](#)) (Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary)

## CODING

### NOTES:

- Prior to January 1, 2017, there is no specific CPT code for mechanochemical treatment devices (e.g., the ClariVein® device), which should be reported with an unlisted procedure code (such as 36299 as recommended by Noridian or 37799). For services rendered on or after January 1, 2017, CPT codes 36473 for the initial vein treated and 36474 for subsequent veins should be used. Per CPT and Noridian guidelines, it is inappropriate to use codes 37241-37244 or 37475-37479 to report this procedure.<sup>[1]</sup>
- Varithena® is not separately reimbursable using any CPT or HCPCS code.
- In addition, there is no specific CPT code for transilluminated powered phlebectomy (e.g., Trivex). However, according to the Noridian LCD, unlisted CPT code 37799 should be used to report for this procedure.

| Codes | Number | Description  |
|-------|--------|--|
| CPT   | 36299  | Unlisted procedure, vascular injection   |
|       | 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  | ; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg  |
|       | 36468  | Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk  |
|       | 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  | ; 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 | ; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)   |
| 37700 | Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions   |
| 37718 | Ligation, division, and stripping, short saphenous vein (for bilateral procedure, use modifier 50)   |
| 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 perforators 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, one extremity; 10-20 stab incisions  |
| 37766 | Stab phlebectomy of varicose veins, one 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), one leg   |
| 37799 | Unlisted procedure, vascular surgery   |
| 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 studies   |
| 0524T | Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular  |

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|              |       |  |
|--------------|-------|--|
|              |       | access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring |
| <b>HCPCS</b> | J3490 | Unclassified drugs   |
|              |       | <b>Note:</b> If used for Varithena <sup>®</sup> , see coding note above            |
|              | S2202 | Echosclerotherapy ( <i>Not recognized by Medicare for payment</i> )                |

**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external web sites outside of the health plan's web control as these sites are not maintained by the health plan.