PROPOSED/DRAFT Local Coverage Determination (LCD): Treatment of Varicose Veins of the Lower Extremities (DL34924)

Please note: This is a Proposed/Draft policy. Proposed/Draft LCDs are works in progress that are available on the Medicare Coverage Database site for public review. Proposed/Draft LCDs are not necessarily a reflection of the current policies or practices of the contractor.

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Proposed/Draft LCD Information

Document Information

Source LCD ID
L34924

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Proposed LCD ID
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Proposed LCD Title
Treatment of Varicose Veins of the Lower Extremities

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CMS National Coverage Policy This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for treatment of varicose veins in lower extremities. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for treatment of varicose veins in lower extremities and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

IOM Citations:

- CMS IOM Publication 100.02, Medicare Benefit Policy Manual, Chapter 16,
  - Section 10: General Exclusions from Coverage.
  - Section 20: Services Not Reasonable and Necessary.
  - Section 120: Cosmetic Surgery.

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, Section 1862 (a)(7). This section excludes routine physical examinations.
Title XVIII of the Social Security Act, Section 1862 (a)(10). This section excludes Cosmetic Surgery.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, Section 1865 states effects of accreditation.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

**Notice:** It is not appropriate to bill Medicare for services that are not covered (as described by this entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

History/Background and/or General Information

Definitions of terms

- Spider veins are intradermal small blood vessels of <1 mm, also known as telangiectases or thread veins.
- Varicose veins are visible distended or protrusive superficial veins > 3mm diameter due to valvular incompetence.
- Superficial veins function to allow blood to drain from the skin. They are located near the skin surface, superficial to the muscle fascia. The two primary superficial veins are the Great Saphenous Vein (GSV) and the Small or Lesser Saphenous Vein (LSV). The GSV empties into the common femoral vein at the Saphenofemoral Junction (SFJ) while the LSV empties into the popliteal vein behind the knee.
- Telangiectases are small superficial veins and often referred to as spider veins. They are commonly seen in clusters on the leg and as fine red or blue lines within the skin. Telangiectases are similar to varicose veins, but are limited to the dermis and are not usually more than 1-2 mm in diameter.
- Perforator veins are small veins connecting the superficial veins to deep veins. Blood travels through the one-way valves of the perforator veins to direct the blood from the superficial system to the deep system.

Pathophysiology

- Varicose veins develop as a result of weakening or incompetence of a one-way valve leading to a retrograde flow or reflux flow of blood in the vessel. Varicose veins are often abnormally enlarged veins visible under the surface of the skin and often appear to be blue, bulging, and twisted. **They are very common and do not cause symptoms or medical problems in most people.** Symptoms that have been associated with varicose veins may include aching, leg heaviness, swelling, itching, pain, or fatigue of the affected lower extremity. However, limited evidence exists to support that these subjective symptoms respond to techniques designed to destroy the visible varicose vein and underlying trunks.
- Generally, symptoms associated with varicose veins respond to conservative treatment. Conservative treatment is non-surgical management of varicose veins which may include any of the following, if not contraindicated:
  - Exercise
  - Leg elevation
  - Management of body weight and diet
  - Compression hosiery or wraps
  - Analgesia for symptom relief
  - Avoidance of long periods of standing

Medical procedures may be done to either remove symptomatic varicose veins or to close them. A variety of treatment modalities are available to treat symptomatic varicose veins, including surgical approaches, thermal ablation, and sclerotherapy. The application of each of these treatment options is influenced by the severity of symptoms, type of vein, source of venous reflux, and the use of other (prior or concurrent) treatments. Endovenous Radiofrequency Ablation (ERFA) and Endovenous Laser Ablation Therapy (EVLT) are minimally invasive alternatives to ligation and stripping of symptomatic varicosities of the lesser or greater saphenous veins and their tributaries. Multiple devices are approved by the U.S. Food & Drug Administration (FDA) for endovascular coagulation or ablation of large veins in the lower extremities including the saphenous veins at the saphenofemoral and saphenopopliteal junctional regions.

It is the responsibility of the treating physician/practitioner to determine and ensure FDA approval of any device employed for the specific vein ablation planned.

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Treatment Modalities

- **Sclerotherapy** (CPT codes 36470 and 36471) with injectable liquid or foam and compression is considered medically necessary for treatment of small to medium-sized veins (3-6mm in diameter) for persons who meet medical necessity criteria listed in this policy.

- **Surgical Ligation and Excision (Stripping)** (CPT codes 37718 and 37722) may be covered in combination with sclerotherapy for ligation of the SFJ or the SPJ, to treat large varicose veins or clusters not amenable to sclerotherapy or endovenous obliteration techniques.

- **Ambulatory or Stab Phlebectomy** (CPT codes 37765 and 37766) is considered medically necessary for treatment of persons who meet medical necessity criteria for treatment of medium-sized varicose veins greater than 6mm in diameter or in whom symptoms and functional impairment are attributable only to the secondary venous clusters and in whom sclerotherapy or endovenous occlusion techniques are not feasible. Ambulatory or stab phlebectomy is considered not reasonable and necessary when performed on the same day as laser or radiofrequency ablation for the same vein.

- **Endovenous Radiofrequency Ablation (ERFA) and Endovenous Laser Ablation Therapy (EVLT)** (CPT codes 36475, 36476, 36478 and 36479): Large veins adjacent to aneurysm formation (fusion of skin and vein wall) are optimal candidates for ERFA or EVLT and may preclude further need for treatment. ERFA or EVLT are considered not reasonable and necessary when performed on the same day for the same vein as an ambulatory or stab phlebectomy procedure. ERFA and EVLT will be considered medically reasonable and necessary when all indications outlined in the LCD are met and when all of the following criteria are met:
  - Patient’s anatomy is amenable to laser or radiofrequency catheter with the absence of tortuosity that would impair catheter passage and distance separation from skin as to preclude thermal injury.
  - Maximal vein diameter is clinically appropriate for catheter or sheath employed. Unless documented by the supplier of the radiofrequency ablation (RFA) or laser ablation (LA) device, maximal vein diameter may not exceed 20mm as there is insufficient data to suggest devices presently marketed for this purpose are effective for occlusion of veins above this diameter.
  - No planned treatment of incompetent valves which risk direct injury to perforator veins of the calf that may induce thrombus propagation into the deep vein system. Perforator incompetence resulting in a varicose cluster or skin complication (ulcer, aneurysm, bleeding potential) is considered reasonable and necessary for treatment of the superficial component only with the superficial component defined as that portion of the perforator or overlying cluster superficial to the muscle fascia.
  - Absence of clinically significant or symptomatic peripheral arterial insufficiency in the region of the treatment.

- **Subfascial Perforator Vein Ligation (Linton Procedure)** Subfascial ligation of perforator vein(s) may be performed by open incision or endoscopically (SEPS), dictated by the location and number of perforator veins to be treated, and in consideration of the overlying open wound. This procedure may be medically necessary for the treatment of patients who meet the medical necessity criteria for varicose vein surgical treatment and meet all of the following:
  - have persistent or recurrent ulceration demonstrated to be secondary to chronic perforator vein incompetence as the cause of the overlying skin necrosis and ulceration, and
  - have had conservative management including at least 3 months of compressive or multilayer dressings that failed to show reduction of ulcer size and re-epithelization.
  - endovenous ligation of the superficial aspect of the perforator, adjacent cluster or adjacent saphenous vein is determined to not be medically feasible for the beneficiary.

Covered Indications

1. Treatment will be considered reasonable and necessary only for **symptomatic varicose veins that have failed a 12 week trial of conservative therapy** as outlined under the pathophysiology section of the policy and meet one of the following criteria:
1. Recurrent superficial phlebitis in dilated incompetent veins or clusters.
2. Stasis dermatitis associated with a specific varicosity and incompetent venous valve.
3. Non-healing ulceration adjacent to an identified incompetent varicosity of truncal or perforator vein.

2. Treatment of Varicose Veins is covered as medically necessary when one or more of the following conditions exist regardless of the length of any applicable conservative treatment:
   - Pain emanating from a specific varicosity severe enough to impair mobility.
   - Hemorrhage from ruptured or ulcerated superficial varix requiring at least one of the following:
     ▪ medical or surgical intervention; or
     ▪ compensation for blood loss anemia; or
     ▪ documented aneurysmal formation with skin and vein wall fusion (pre-rupture).

3. Venous Duplex or Ultrasound will be considered medically necessary when used to initially determine the extent and mapping of the varicose veins and identify the location of valvular incompetence. Please refer to L35451, Non-Invasive Peripheral Venous Studies for additional coverage information.

Limitations

The following will be considered not reasonable and necessary and will therefore be denied:

1. Treatment for asymptomatic varicose veins.
   - Documentation of persistent vein patency without recurrent symptoms does not indicate the need for additional therapy.
   - Lower extremity discomfort, pruritus, non-specific edema or that related to other disease entities (e.g., CHF, fluid overload, increased abdominal pressure, pregnancy), muscle spasm, lower extremity aching, heaviness or neuropathic complaints are not considered indications for varicose vein ablation in the absence of a specifically documented defective vein.
   - Venous incompetence alone in an extremity without documented symptomatic varicose vein (enlarged >9.6mm, aneurysmal, thrombosis, previous or potential hemorrhage or ulceration) does not meet indication criteria for saphenous vein ablation by any means and is non-covered.

2. Stasis dermatitis, discoloration and brawny skin disfigurement, is not a symptom of superficial vein disease and is not covered as an indication for truncal vein ablation without an identified symptomatic defective and varicose vein.
3. Phlebectomy of the same vein (CPT codes 37765, 37766) performed on the same day as laser or radiofrequency ablation of that vein (CPT codes 36475, 36476, 36478, 36479).
4. Treatment of injuries to skin or adjacent tissue, not present at the time of or preceding vein therapy.
5. Lower extremity edema without skin compromise and documentation of associated symptomatic varicose vein.
7. Isolated injections for the treatment of telangiectasias or reticular veins less than 3mm in diameter.
8. EVLT (CPT codes 36478, 36479) for perforator vein ligation or ablation, as this procedure has not been established as medically safe or effective and is not FDA approved for perforator or short vein ligation.
9. Transdermal Laser, Photothermal Devices and Microsclerotherapy for treatment of asymptomatic varicosities or superficial vascular anomalies are considered cosmetic procedures except when utilized to treat superficial vascular lesions likely to rupture or bleed. Documented bleeding or pending rupture constitutes medically acceptable and necessary indications for treatment of superficial varicosities, skin hemangioma, unusual telangiectasias and similar superficial skin vascular anomalies posing a threat to the beneficiary.
10. Transdermal laser treatment of varicosities of large veins with significant symptoms (e.g., pain, ulceration, disability).
11. Subfascial ligation of perforator veins/SEPS or the Linton Procedure (CPT codes 37500, 37760, 37761) for the treatment of post-thrombotic syndrome.
12. Intraoperative ultrasound at the time of laser or radiofrequency ablation is not separately reimbursable.
13. Doppler ultrasound or duplex scans billed separately for guidance or monitoring during sclerotherapy.
14. Sclerotherapy has not been shown to be effective for treatment of symptomatic varicose veins or reflux at the SFJ or SPJ. Medical literature supports the premise that these patients should be treated with ligation, ablation, or division of the SFJ or SPJ as the primary means to reduce the rate of recurrence and incidence of propagation of a clot to the deep venous systems of the leg and pelvis.
15. Sclerotherapy alone is considered not reasonable and necessary as an appropriate and effective treatment of symptomatic incompetent perforator veins, overlying clusters or ulcerations resulting from incompetent perforating veins.

16. Injection of any sclerosant by either needle or catheter followed by compression is considered sclerotherapy and not mechanicochemical ablation and should be reported using the appropriate sclerotherapy code.

17. Pharmaceutical solutions, sclerosing agents, laser and radiofrequency equipment, catheters or devices used to treat or ablate symptomatic varicose veins are not separately reimbursable.

18. Agents, dressings and equipment purchased for use in vein ablation are not separately reimbursable as they are included in the practice expense of the billable code for the procedure employed.

19. The following are currently considered experimental, investigational, or unproven as substantial equivalent therapy for varicose vein ablation (this list may not be all-inclusive):
   - Endomechanical ablative approach (e.g., Clarivein™ Catheter), (CPT codes 36473, 36474)
   - Endovascular embolization with cyanoacrylate adhesive (e.g., VenaSeal™ Closure System)
   - Cryoablation (i.e., cryoablation, cryofreezing) of any vein
   - Transdermal laser therapy (see excepted situation below)
   - Transilluminated powered phlebectomy (e.g., TIPP, TriVex™)
   - SEPS for the treatment of venous insufficiency as a result of post-thrombotic syndrome
   - Sclerotherapy without compression (i.e., liquid, foam, ultra-sound guided, endovenous chemical ablation) when performed for any of the following:
     - Sole treatment of accessory, reticular, or varicose tributaries without associated occlusion of the SFJ or SPJ.
     - Sole treatment for reflux or valvular incompetence occurring at the SFJ or SPJ.
     - Incompetence that is isolated to the perforator veins.
     - As treatment of the GSV or LSV, with or without associated ligation of the SFJ.
     - Sclerotherapy when medically necessary, with or without sono-guidance, is not considered effective for large veins greater than 6mm diameter or the main saphenous veins.
     - Symptomatic veins that may be more effectively treated by ligation, division or other standard means of ablation (RFA, LA) with superior established outcome.

Provider Qualifications
1. All procedures to treat symptomatic varicose veins as outlined in this LCD must be:
   ▪ Performed by a qualified physician*, or
   ▪ Performed under the general supervision** of a qualified physician by a licensed*** non-
     physician practitioner (NPP) certified by a qualified vascular credentialing organization.

   *A qualified physician for this service/procedure is defined as:
   ▪ Physician properly enrolled in Medicare; with training and expertise acquired within the
     framework of an accredited residency and/or fellowship program in the applicable
     specialty/subspecialty in the United States or that reflects equivalent education, training,
     and expertise endorsed by an academic institution in the United States and/or by the
     applicable specialty/subspecialty society in the United States.

   **General Supervision means the procedure is furnished under the physician's overall direction
   and control, but the physician's presence is not required during the performance of the procedure.
   Under General Supervision, the training of the non-physician personnel who actually performs the
   procedure and the maintenance of the necessary equipment and supplies are the continuing
   responsibility of the physician.

   ***State licensure for a NPP is required in addition to appropriate recognized certification.
   Documentation of current, active licensure must be maintained and made available upon request.
   In the absence of a state/federal district licensing board, the requirement for licensure is waived.

   Examples of certification for physician or NPPs include:
   ▪ Registered Vascular Technologist (RVT) - American Registry for Diagnostic Medical
     Sonography (ARDMS)
   ▪ Registered Physician in Vascular Interpretation (RPVI) - ARDMS through Alliance for
     Physician Certification and Advancement (ACPA)
   ▪ Registered Phlebology Sonographer (RPhS) - Cardiovascular Credentialing International
     (CCI)
   ▪ Registered Vascular Specialist (RVS) - CCI

   Provided by nationally recognized credentialing organizations such as:
   ▪ ARDMS - Provides Registered Diagnostic Medical Sonographer (RDMS) and Registered
     Vascular Technologist (RVT) certification
   ▪ CCI - RVS certification and RPhS certification
   ▪ Intersocietal Accreditation Commission (IAC)-Vein Center Division, Vascular Testing Division
   ▪ American College of Radiology (ACR)

   Nationally recognized guidelines and accreditation bodies:
   ▪ IAC Vascular Testing or
   ▪ IAC -Vascular Testing Division or Vein Center Division
   ▪ ACR
   ▪ Society for Vascular Surgery/American Venous Forum

2. Technicians or therapists, regardless of certification, do not qualify to surgically treat varicose
   veins.

3. Chemical sclerotherapy for the treatment of symptomatic varicosities, as described in this LCD and
   meeting the definition of covered services, by all methods of chemical sclerotherapy is
   reimbursable to NPPs (PA and APN) under the direct supervision of a qualified physician. This does
   not include the use of ultrasound guidance unless the NPP has been certified by a qualified vascular
   or ultrasound credentialing organization described above.
For frequency limitations please refer to the Utilization Guidelines section below.

**Notice:** This LCD imposes frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this policy, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

As published in CMS IOM 100-08, Chapter 13, Section 13.5.1, to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under Section 1862(a)(1)(A). Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective.
- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000, that meet the requirements of the clinical trials NCD are considered reasonable and necessary).
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
  - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member.
  - Furnished in a setting appropriate to the patient's medical needs and condition.
  - Ordered and furnished by qualified personnel.
  - One that meets, but does not exceed, the patient's medical needs.
  - At least as beneficial as an existing and available medically appropriate alternative.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in this LCD.

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**Proposed/Draft Process Information**

**Synopsis of Changes**

**Changes Fields Changed**

N/A  N/A

**Associated Information**

**Documentation Requirements**

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The Submitted CPT/HCPCS code must describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.
5. Documentation of applicable training and experience of qualified physician or NPP performing procedure must be maintained and made available upon request.
6. The patient’s medical record must document the following:
Clear and definitive history and physical that describes the symptoms and physical characteristics of varicose veins as outlined in this LCD.

Description of and failure of an adequate trial of conservative treatment as outlined in this LCD.

Exclusion of other causes of edema, ulceration or pain in the limbs and description of clinical steps taken to exclude same.

Performance of and results of appropriate tests, including required venous ultrasonic examination, to confirm the presence, location, and size of incompetent perforating veins.

7. The details of the operative procedure must be described including the number, location and diameter of each vessel treated.

8. To meet reasonable and necessary criteria, additional procedures performed on the same vessel(s) at a future date, must have documentation of a recurrence of signs and symptoms that are specifically caused by that vessel.

9. For RFA or LA treatment, the patient’s operative report, medical treatment history and progress notes must clearly indicate that all initial and procedural coverage criteria are met as outlined in this LCD.

10. For SEPS or Linton Procedures, prerequisite sonographic or duplex mapping should document the individual incompetent perforator vein(s) underlying the chronic inflamed or ulcerative region in the offending vein’s expected anatomic location, in addition to superficial and/or deep venous valvular incompetence.

11. When sclerotherapy is done in conjunction with endovenous ablation or ligation or division of the truncal vein, the medical record should support:
   - that each service is separately identifiable and distinct from the other; and
   - the medical necessity criteria set forth in the indications section of this LCD must be met; and
   - the approach must be medically necessary to treat symptomatic residual veins and to the patient’s benefit.

**Utilization Guidelines**

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Medicare will not consider more than the following numbers of services to be medically reasonable and necessary when billing any combination of CPT codes 36470 or 36471:

- One service/injection per session per lower extremity.
- Three sessions per lower extremity per year.
- Six total services/injections per year.

Medicare will not consider more than the following number of services to be medically reasonable or necessary when billing any combination of CPT codes 36475, 36476, 36478, or 36479:

- 6 services per beneficiary per lifetime.

When medical necessity is met as outlined in this LCD for CPT code 36470 or 36471, one preoperative Doppler ultrasound study or duplex scan is considered reasonable and necessary for documentation of the location and extent of the disease and initial vein mapping.

**Sources of Information and Basis for Decision**

Contractor is not responsible for the continued viability of websites listed.


Vun SV, Rashid ST, Blest NC, et al. Lower pain and faster treatment with mechano-chemical endovenous ablation using ClariVein. *Phlebology,* 2014, 0(0), 1-5; doi 10.1177/0268355514553693


**Other Contractor Local Coverage Determinations**

FCSO LCD, L33762: Treatment of varicose veins of the lower extremity.


**Varicose Vein Treatment**

- Aetna Health Care Corporate Policy
- Blue Cross Blue Shield of North Carolina Medical Policy
- Cigna Medical Coverage Policy
- Humana Medical Coverage Policy
- United Healthcare - SUR037, 2009


**CMS Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) Meeting – Lower Extremity Chronic Venous Disease, July 20, 2016.**

**Contractor Medical Directors**

**Open Meetings/Part B MAC Contractor Advisory Committee (CAC) Meetings**

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Meeting Type</th>
<th>Meeting State(s)</th>
<th>Meeting Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/26/2017</td>
<td>Open Meeting</td>
<td>Arkansas, Colorado, Delaware, District of Columbia, Louisiana, Maryland, Mississippi, New Jersey, New Mexico, Oklahoma, Pennsylvania</td>
<td>The open meeting is a joint meeting for both JL and JH. The meeting will be held at the Mechanicsburg office of Novitas-Solutions, Inc. at 2020 Technology Parkway, Mechanicsburg, PA 17050.</td>
</tr>
</tbody>
</table>

Printed on 3/2/2017. Page 11 of 14
Comment Period Start Date
01/19/2017

Comment Period End Date
03/09/2017

Released to Final LCD Date
N/A

Reason for Proposed LCD

• Automated Edits to Enforce Reasonable & Necessary Requirements

Proposed Contact
Novitas Solutions Medical Policy Department
Union Trust Building Suite 600
501 Grant Street
Pittsburgh, PA 15219-4407
DraftLCDComments@novitas-solutions.com Back to Top

Coding Information

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
083x Ambulatory Surgery Center
085x Critical Access Hospital

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

*Note: This contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Publication 100-04, Medicare Claims Processing Manual, for further guidance.*

036X Operating Room Services - General Classification
049X Ambulatory Surgical Care - General Classification
0510 Clinic - General Classification
0761 Specialty Services - Treatment Room
CPT/HCPCS Codes

**Group 1 Paragraph: Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

**Group 1 Codes:**
- 36470 Injection therapy of vein
- 36471 Injection therapy of veins
- 36475 Endovenous rf 1st vein
- 36476 Endovenous rf vein add-on
- 36478 Endovenous laser 1st vein
- 36479 Endovenous laser vein add-on
- 37500 Endoscopy ligate perf veins
- 37700 Revise leg vein
- 37718 Ligate/strip short leg vein
- 37722 Ligate/strip long leg vein
- 37735 Removal of leg veins/lesion
- 37760 Ligate leg veins radical
- 37761 Ligate leg veins open
- 37765 Stab phleb veins xtr 10-20
- 37766 Phleb veins - extrem 20+
- 37780 Revision of leg vein
- 37785 Ligate/divide/excise vein

**Group 2 Paragraph: The following are non-covered services:**

**Group 2 Codes:**
- 36468 Injection(s) spider veins
- 36473 Endovenous mchnchem 1st vein
- 36474 Endovenous mchnchem add-on

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** It is the provider’s responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 36470, 36471, 36475, 36476, 36478, 36479, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, and 37785:**

**Covered for**

**Group 1 Codes:**

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I83.012</td>
<td>Varicose veins of right lower extremity with ulcer of calf</td>
</tr>
<tr>
<td>I83.013</td>
<td>Varicose veins of right lower extremity with ulcer of ankle</td>
</tr>
<tr>
<td>I83.022</td>
<td>Varicose veins of left lower extremity with ulcer of calf</td>
</tr>
<tr>
<td>I83.023</td>
<td>Varicose veins of left lower extremity with ulcer of ankle</td>
</tr>
<tr>
<td>I83.11</td>
<td>Varicose veins of right lower extremity with inflammation</td>
</tr>
<tr>
<td>I83.12</td>
<td>Varicose veins of left lower extremity with inflammation</td>
</tr>
<tr>
<td>I83.212</td>
<td>Varicose veins of right lower extremity with both ulcer of calf and inflammation</td>
</tr>
<tr>
<td>I83.213</td>
<td>Varicose veins of right lower extremity with both ulcer of ankle and inflammation</td>
</tr>
<tr>
<td>I83.222</td>
<td>Varicose veins of left lower extremity with both ulcer of calf and inflammation</td>
</tr>
<tr>
<td>I83.223</td>
<td>Varicose veins of left lower extremity with both ulcer of ankle and inflammation</td>
</tr>
</tbody>
</table>
ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this policy.

**Group 1 Codes:** N/A

ICD-10 Additional Information

Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) A55229 - Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities LCD(s) L35448 - Independent Diagnostic Testing Facility (IDTF) L35451 - Non-Invasive Peripheral Venous Studies

Related National Coverage Documents N/A

Keywords

N/A