

FUTURE Local Coverage Determination (LCD): Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L34924)

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Please note: Future Effective Date.

Contractor Information

Contractor Name Novitas Solutions, Inc. Back to Top	Contract Number 04412	Contract Type A and B MAC	Jurisdiction J - H
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LCD Information

Document Information



LCD ID

L34924

Original ICD-9 LCD ID
[L32678](#)

Jurisdiction
Texas

LCD Title
Treatment of Varicose Veins and Venous Stasis Disease
of the Lower Extremities

Original Effective Date
For services performed on or after 10/01/2015

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Revision Effective Date
For services performed on or after 10/01/2015

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

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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 regarding Treatment of Varicose Veins in Lower Extremities are found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

- *Medicare Benefit Policy Manual* – Pub. 100-02.
- *Medicare National Coverage Determinations Manual* – Pub. 100-03.
- *Correct Coding Initiative – Medicare Contractor Beneficiary and Provider Communications Manual* – Pub. 100-09, Chapter 5.

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 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

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.

INDICATIONS:

Symptomatic Chronic Venous Insufficiency or Varicose Veins (VV) is defined as dilated and distended veins with incompetent valves and defective walls that result in dependency induced stasis changes and reverse flow of venous blood into the extremity, eventuating in distended, tortuous, protrusive superficial veins or clusters of veins, lower extremity edema, discoloration, skin changes or ulceration, phlebitis, clot formation and potential significant hemorrhage. Superficial, deep or perforator vein valve incompetence may result in symptoms of pain, pruritus, and discomfort to the degree that activities of daily living or employment are impaired or compromised.

Treatment for Symptomatic Chronic Venous Insufficiency or Varicose Veins (VV), in the absence of bleeding, phlebitis or skin necrosis, may be covered as medically necessary with:

1. A documented 3-month trial of conservative therapy including graduated compression stockings with a minimum of (12-18 mmHg), weight reduction to BMI < 35, therapeutic leg elevation, and an exercise program of calf muscle pumping activity with compression of the involved veins, which results in limited alteration/improvement of symptoms or findings without satisfactory endpoint, and
2. Duplex venous studies of the involved lower extremity(s), mapping size and course of the greater and lesser saphenous vein and prominent tributaries and demonstrating the:
 - a. Presence and Patency of the Deep Venous System.
 - b. Absence of Deep Venous Thrombosis, and
 - c. Documented Incompetence (reflux > 500msec) of the Valves of the Saphenous, Perforator or Deep venous systems consistent with the patient's symptoms and findings.

Services will be considered reasonable and necessary only if performed by appropriately trained personnel.

A qualified physician for this service/procedure is defined as A) Physician (MD or DO) properly enrolled in Medicare, Licensed by the State with full scope of practice, with B) training and experience acquired through tenured practice or within the framework of an accredited residency and/or fellowship training program in the applicable specialty/subspecialty in the United States, reflecting equivalent education, training and expertise endorsed by an academic institution or specialty society in the United States.

The Accuracy of Non-invasive Diagnostic Testing studies depend on the knowledge, skill and experience of the physician and/or technologist performing and interpreting the study. Both must maintain proof of training and experience. All non-invasive vascular studies must be:

1. Performed by a qualified physician, or
2. Performed under the general direction of a qualified physician or technologist who has demonstrated minimal entry level competency by being credentialed in vascular technology or
3. Performed in an accredited vascular laboratory.
4. Performed in an Independent Diagnostic Testing Facility (IDTF) (Refer to LCD L34792, Independent Diagnostic Testing Facility for coverage details.

Examples of certification for non-physicians include:

- Registered Vascular Technologist (RVT)-ARDMS
- Registered Physician in Vascular interpretation (RPVI)-ARDMS
- Registered Phlebology sonographer (RPhS)-CCI
- Registered Vascular Specialist (RVS)-CCI

Provided by nationally recognized credentialing organizations such as:

- American Registry of Diagnostic Medical Sonographers (ARDMS)- Provides RDMS and RVT certification
- Cardiovascular Credentialing International (CCI) - RVS certification and RPhS certification
- Intersocietal Accreditation commission-Vein Center Division, Vascular Testing Division
- American College of Radiology (ACR)

Nationally recognized guidelines and accreditation bodies:

- Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) or
- Intersocietal Accreditation Commission (IAC)-Vascular Testing Division or Vein Center Division
- American College of Radiology
- Society for Vascular Surgery/American Venous Forum

General Supervision means the procedure is furnished under the physician's 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 diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

Technician and therapists, regardless of certification, do not qualify to surgically treat varicose veins.

Treatment of Varicose Veins and Venous Stasis Sequella of the Lower Extremities is covered as medically necessary when etiologic for one or more of the following conditions:

- Hemorrhage from ruptured or ulcerated superficial varix requiring medical or surgical intervention and/or compensation for blood loss anemia or documented aneurysmal formation with skin and vein wall fusion (pre-rupture).
- Recurrent superficial phlebitis in dilated incompetent veins or clusters.
- Progressive skin and soft tissue changes which include darkening and lichenification, inflammatory cellulitis and dermatitis, skin and fat necrosis and/or ulceration at the site of documented chronic venous distention with valvular incompetence. Lower extremity edema without skin compromise is not considered a medically necessary indication for treatment of varicosities or venous valvular incompetence.
- In the absence of clinical signs and symptoms (e.g. bleeding, thrombosis, ulceration, aneurysm formation, skin changes), irregular and protrusive saphenous veins with documented diameters of > 9.6 mm, or prominent protrusive clusters or tributaries of the greater or lesser saphenous veins, or clusters overlying perforator veins superficial to the muscle compartment fascia with a diameter >4.9mm, which are refractory to a 3 month trial of conservative therapy and graduated compression stockings and with symptoms consistent with venous hypertension.

Treatment Methods/Procedures

Obliteration of varicose veins may be medically necessary when one or more of the conditions is present or symptoms persist despite conservative therapy and is documented in the medical records. With the exception of aneurysmal formation with history or threat of hemorrhage, recurrent phlebitis or progressive venous stasis skin problems, the presence of varicose veins without symptoms compromising activities of daily living or employment is considered cosmetic and is not considered a medical indication for intervention.

- **Sclerotherapy** 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 for varicose vein obliteration described above. Sclerotherapy, with or without sono guidance, is not considered effective for large veins greater than 6mm diameter or the main saphenous veins. Sclerotherapy has not been shown to be effective for treatment of persons with reflux at the saphofemoral junction or saphopopliteal junction. Medical literature supports the premise that these patients should be treated with ligation or division of the saphofemoral or saphopopliteal junction to reduce the rate of recurrence and incidence of propagation of clot to the deep venous systems of the leg and pelvis.

Symptomatic improvement is the primary goal and indicator of outcome. Documentation of persistent vein patency without recurrent symptoms does not indicate the need for additional therapy. Doppler ultrasound or duplex scan may be required prior to the treatment to characterize the venous anatomy. Additional claims for Doppler ultrasound or duplex scans used for guidance or monitoring during sclerotherapy is not separately reimbursable. Subsequent ultrasound will be denied as not medically necessary.

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.

- **Surgical Ligation and Excision (Stripping)** may be covered as part of a combination with sclerotherapy for ligation of the saphofemoral junction or the saphopopliteal junction, in addition to treatment of large varicose veins or clusters not amenable to sclerotherapy or endovenous obliteration techniques.
- **Ambulatory or Stab Phlebectomy** is considered medically necessary for treatment of persons who meet medical necessity criteria for treatment of medium-sized 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.
- **Endovenous Radiofrequency and Laser Ablation Occlusion Therapy (ERFA) (EVLT)** are minimally invasive alternatives to ligation and stripping. Multiple System devices are FDA approved for endovascular coagulation and closure of large veins in the lower extremities including the saphenous veins at the saphofemoral and saphopopliteal junctional regions. It is the responsibility of the treating physician to determine and insure FDA approval of the device employed for the specific vein obliteration planned. To be considered for coverage of these procedures, **all of the following criteria must be met:**

1. 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. Unless documented by the supplier of the RFA or 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.
 2. Non-Aneurysmal Saphenous vein or portion of vein at risk of rupture, hemorrhage or adjacent skin injury. Large veins adjacent to aneurysm formation (fusion of skin and vein wall) are optimal candidates for ERFA or EVLT in that adjacent aneurysm and preclude further need for treatment.
 3. Maximal vein diameter is clinically appropriate for catheter or sheath employed.
 4. No planned treatment of incompetent valves or risk of direct injury to perforator veins of the calf that may induce thrombus propagation into the deep vein system.
 5. Absence of clinically significant or symptomatic peripheral arterial disease.
- **Subfascial Perforator Vein Ligation (Linton Procedure)** may be medically necessary for the treatment of patients who meet medical necessity criteria for varicose vein surgical treatment and have persistent or recurrent ulceration demonstrated to be secondary to chronic perforator vein incompetence as the cause of the overlying skin necrosis and ulceration, when conservative management including at least 3 months of compressive or multilayer dressings have failed to show reduction of ulcer size and re-epithelization.

Prerequisite sonographic or duplex mapping should document the individual incompetent perforator vein(s) underlying the chronic ulcerative region in the offending vein's expected anatomic location, in addition to superficial and/or deep venous valvular incompetence.

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.

LIMITATIONS:

It is not expected that a phlebectomy of the same vein will be performed on the same day as laser or radiofrequency ablation of that vein.

Treatment of injuries to skin or adjacent tissue, not present at the time of or preceding vein therapy, will not be separately reimbursable.

If sclerotherapy is done in conjunction with endovenous ablation, the medical record should support that each service is separately identifiable and distinct from the other. The medical necessity criteria set forth in the indications section of the LCD must be met and the approach must be to the patient's benefit. Treatment of asymptomatic veins with radiofrequency, laser, chemical or surgical ablation is considered not reasonable and medically necessary. If it is determined on review that the varicose veins were asymptomatic, the claim will be denied as non-covered (cosmetic) procedure. Any method of treatment for asymptomatic telangiectasia or spider veins is considered cosmetic and not covered.

The treatment of spider vein/telangiectasia (36468) will be considered medically necessary only if there is associated hemorrhage.

EVLT has not been established as medically safe or effective and is not FDA approved for perforator or short vein ligation. Therefore, EVLT is not covered for perforator vein ligation or ablation.

Transdermal Laser, Photothermal Devices and Microsclerotherapy for treatment of asymptomatic varicosities, superficial vascular anomalies are considered cosmetic in nature and are not covered as medically necessary. If it is determined on review that veins or vascular skin lesions treated were asymptomatic, the claim will be denied as a non-covered (cosmetic) procedure.

Transdermal laser treatment of varicosities has not been proven to be as effective as sclerotherapy and/or ligation in the treatment of large veins with significant symptoms (pain, ulceration, disability); therefore, transdermal laser treatment of large symptomatic varicose veins is not covered.

Subfascial ligation of perforator veins (Linton Procedure) or SEPS for the treatment of post-thrombotic syndrome or varicose veins is considered investigational/experimental because its effectiveness has not been demonstrated and is, therefore, non-covered for treatment of post-thrombotic syndrome.

NOTE: Per CPT coding specifications, intraoperative ultrasound at the time of laser or radiofrequency ablation is

not separately reimbursable.

One preoperative Doppler ultrasound study or duplex scan will be covered for documentation of disease and mapping.

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 incompetence. The use of ultrasound or duplex scanning during procedures reported with CPT codes 36475; 34676; 36478; 3679; 37760 and 37761 is considered part of the procedure and may not be billed separately.

Ultrasound guidance coded separately during the other procedures addressed in this policy may be covered when the situation arises out of medical necessity to identify the course or position of catheter or sclerosing agent. The medical necessity for the use of ultrasound scanning during the procedures must be clearly documented in the medical record as an exception to usual treatment and may be subject to medical review.

The scope of this LCD does not include pharmaceutical solutions, laser, radiofrequency equipment, catheters or devices used to treat or ablate varicose veins. It is the responsibility of the provider to comply with all applicable State and Federal regulations and laws related to the human use of these agents. Agents, dressings and equipment purchased for use in vein ablation may not be billed separately.

Notice: This LCD imposes 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.

Note: Italicized and/or quoted material is excerpted from the American Medical Association, *Current Procedural Terminology (CPT) codes*.

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Coding Information

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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

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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, 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.

Note: See limitations section of LCD for coverage of 36468

Group 1 Codes:

76937 Us guide vascular access
93965 Extremity study
93970 Extremity study
93971 Extremity study

Group 2 Paragraph: N/A

Group 2 Codes:

36468 Injection(s) spider veins
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 addon
37700 Revise leg vein
37718 Ligate/strip short leg vein
37722 Ligate/strip long leg vein
37765 Stab phleb veins xtr 10-20
37766 Phleb veins - extrem 20+
37780 Revision of leg vein
37785 Ligate/divide/excise vein

Group 3 Paragraph: N/A

Group 3 Codes:

37500 Endoscopy ligate perf veins
37735 Removal of leg veins/lesion
37760 Ligate leg veins radical
37761 Ligate leg veins open

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: Note: Providers should continue to submit ICD-10-CM diagnosis codes without decimals on their claim forms and electronic claims.

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.

The CPT/HCPCS codes included in this LCD will be subjected to "procedure to diagnosis" editing. The following lists include only those diagnoses for which the identified CPT/HCPCS procedures are covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically necessary.

Covered for:

Group 1 Codes:

ICD-10 Codes Description

XX000 Not Applicable

Group 2 Paragraph: Medicare is establishing the following limited coverage for **CPT/HCPCS codes 36470, 36471, 36475, 36476, 36478, 36479, 37700, 37718, 37722, 37765, 37766, 37780, 37785:**

Covered for

Group 2 Codes:

ICD-10 Codes

Description

I80.00	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity
I80.3	Phlebitis and thrombophlebitis of lower extremities, unspecified
I83.009	Varicose veins of unspecified lower extremity with ulcer of unspecified site
I83.019	Varicose veins of right lower extremity with ulcer of unspecified site
I83.029	Varicose veins of left lower extremity with ulcer of unspecified site
I83.10	Varicose veins of unspecified lower extremity with inflammation
I83.209	Varicose veins of unspecified lower extremity with both ulcer of unspecified site and inflammation
I83.899	Varicose veins of unspecified lower extremities with other complications
I87.2	Venous insufficiency (chronic) (peripheral)
R58	Hemorrhage, not elsewhere classified

Group 3 Paragraph: Medicare is establishing the following limited coverage for **CPT/HCPCS codes 37500, 37735, 37760, 37761:**

Covered for:

Group 3 Codes:

ICD-10 Codes

Description

I87.319	Chronic venous hypertension (idiopathic) with ulcer of unspecified lower extremity
I87.329	Chronic venous hypertension (idiopathic) with inflammation of unspecified lower extremity
I87.339	Chronic venous hypertension (idiopathic) with ulcer and inflammation of unspecified lower extremity
I87.399	Chronic venous hypertension (idiopathic) with other complications of unspecified lower extremity

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes

Description

I83.90 Asymptomatic varicose veins of unspecified lower extremity

ICD-10 Codes

ICD-10 Codes	Description
I87.009	Postthrombotic syndrome without complications of unspecified extremity
I87.019	Postthrombotic syndrome with ulcer of unspecified lower extremity
I87.029	Postthrombotic syndrome with inflammation of unspecified lower extremity
I87.039	Postthrombotic syndrome with ulcer and inflammation of unspecified lower extremity
I87.099	Postthrombotic syndrome with other complications of unspecified lower extremity
I87.309	Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity

ICD-10 Additional Information

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General Information

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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. The patient's medical record must document the following:
 - a. Clear and definitive history and physical that describes the symptoms and physical characteristics of varicose veins as required in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this LCD.
 - b. Description of and failure of an adequate trial of conservative treatment (documentation must show at least a three month trial and documented patient compliance) as required in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this LCD.
 - c. Exclusion of other causes of edema, ulceration and pain in the limbs and description of clinical steps taken to exclude same.
 - d. Performance of and results of appropriate tests (including required ultrasonic examination) to confirm the presence and location of incompetent perforating veins.
6. The details of the operative procedure must be described including the number, location and diameter of each vessel treated.
7. If additional procedures are performed on the same vessel(s) at a future date, documentation must show a recurrence of signs and symptoms that are specifically caused by that vessel. Otherwise, the procedure must be considered cosmetic.
8. For radiofrequency or laser 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 under the "Indications and Limitations of Coverage and/or Medical Necessity" section of this LCD.

Appendices

N/A

Utilization Guidelines

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

Notice: This LCD imposes utilization guideline limitations. Despite Medicare's allowing up to these maximums, each patient's condition and response to treatment must medically warrant the number of services reported for payment. Medicare requires the medical necessity for each service reported to be clearly demonstrated in the patient's medical record. Medicare expects that patients will not routinely require the maximum allowable number of services.

The number of medically necessary sclerotherapy injection sessions varies with the number of anatomical areas that have to be injected, as well as the response to each injection. Medicare will not cover:

- More than 20 injections per leg, per session

Medicare would not expect more than the following numbers of services to be medically necessary:

- Three injections per vessel treated.
- Three sclerotherapy sessions for each leg.

Payment for additional sclerotherapy services may be allowed in selected circumstances when, upon medical review, the medical necessity of additional services is demonstrated.

Sources of Information and Basis for Decision

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

Abdul-Hagg R, Almaroof B, Chen BK, et.al. Endovenous Laser Ablation of Great Saphenous Vein and Perforator Veins Improves Venous Stasis Ulcer Healing. *Annals of Vascular Surgery*, 2013 October, 27;(7): 932-9

Barros MVL, Labropoulos N, Ribeiro ALP, et al. Clinical Significance of Ostial Great Saphenous Vein Reflux. *European Journal of Vascular and endovascular surgery; the official journal of the European Society for Vascular Surgery*. 2006 Mar; 31(3):320-4

Harlander-Locke M, Lawrence PF, Alktaifi A, et.al. The impact of ablation of incompetent superficial and perforator veins on ulcer healing rates. *Journal of Vascular Surgery*, 2012 February.

Joh JH, Park HC. The cutoff value of saphenous vein diameter to predict reflux. *J Korean Surg Soc*. 2013 Oct; 85 (4): 169-74

Khilnani NM, Grassi CJ, Kundu S, et.al. Multisociety Consensus Quality Improvement Guidelines for the Treatment of Lower-extremity Superficial Venous Insufficiency with Endovenous Thermal Ablation from the Society of Interventional Radiology, Cardiovascular Interventional Radiological Society of Europe, American College of Phlebology, and Canadian Interventional Radiology Association. *J Vasc Interv Radiol*, 2010; 21:14-31.

Lawrence PF, Alktaifi A, Rigber D, et. al, Endovenous ablation of incompetent perforating veins is effective treatment for recalcitrant venous ulcers. *Journal of Vascular Surgery*. 2011 September: 54(3): 737-42

Labropoulos N, Kokkosis AA, Spentzouris G, et al. The distribution and significance of varicosities in the saphenous trunks. *J Vasc Sug*. 2010 Jan; 51 (1) 96-103

Marks N, Hingorani A, Ascher E. New Office-Based Vascular Interventions. *Perspectives in Vascular Surgery and Endovascular Therapy* 2008; 20(4): 340-345.

Mdez-Herrero A, Gutierrez J, Cambor L, et al. The relation among the diameter of the great saphenous vein, clinical state and haemodynamic pattern of the saphenofemoral junction in chronic superficial venous insufficiency. *Phlebology*. 2007;22 (5): 207-13

Navarro TP, Delis KT, Ribeiro AP. Clinical and hemodynamic significance of the greater saphenous vein diameter in chronic venous insufficiency. *Arch Surg*. 2002 Nov 1; 137 (11):1233.7

Nayak L, Vedantham S. Multifaceted Management of the Postthrombotic Syndrome. *Seminars in Interventional Radiology*. 2012; 29: 1.

Peden E, Lumsden A. Radiofrequency Ablation of Incompetent Perforator Veins. *Perspectives in Vascular Surgery and Endovascular Therapy* 2007; 19; 73-77.

Other Contractor Local Coverage Determinations

"Treatment of Varicose Veins in Lower Extremities," TrailBlazer LCD, (00400) L19411, (00900) L19407.

"Treatment of Varicose Veins of the Lower Extremities," Noridian Administrative Services, LLC LCD, (CO) L23902.

"Varicose Veins, Minimally Invasive Treatment," Arkansas BlueCross BlueShield (Pinnacle) LCD, (NM, OK) L16156 and L16157.

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

Society for Vascular Surgery/American Venous Forum, The Care of Patients with Varicose and Associated Chronic Venous Disease, Vol 53, Supplement S, May 2011.

Novitas Solutions, Inc. – JH Local Coverage Determination (LCD) Consolidation, Narrative Justification – Most Clinically Appropriate LCD

LCDs Compared:

- L26729, Treatment of Varicose Veins in Lower Extremities, TrailBlazer, CO, NM, OK, Indian Health, SNF, ESRD, RHCs, WPS – A/B
- L18772 Varicose Veins, Minimally Invasive Treatment, Pinnacle, Arkansas - A
- L16155 Varicose Veins, Minimally Invasive Treatment, Pinnacle, Arkansas - B
- L16159 Varicose Veins, Minimally Invasive Treatment, Pinnacle, Louisiana - B
- L30972 Varicose Veins, Minimally Invasive Treatment, Pinnacle, Louisiana, Mississippi – A
- L28999 Treatment of Varicose Veins of the Lower Extremity, First Coast, Florida

Novitas Solutions JL LCD L27539, Treatment of Varicose Veins of the Lower Extremities

Novitas Solutions JH LCD L32678, Treatment of Varicose Veins in Lower Extremities

Other Contractor Policies
Contractor Medical Directors

CMD Rationale:

TrailBlazer includes statements about many possible cosmetic uses that are not covered. The Indications and Limitations sections are clearer in the TrailBlazer policy. There are utilization criteria that are specific in the TrailBlazer policy. Contractor retained L26729 for the reasons indicated above.

L26729 is the most clinically appropriate LCD.

Novitas L32678 and L27539 inclusion is the goal of this LCD, though both policies include covered and non-covered uses and therapies not specified or contained in this policy. Utilization criteria are specific in this policy affecting both regions of Jurisdiction H and Jurisdiction L.

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Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R5		

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		LCD revised and published on 05/14/2015 to provide clarification regarding the treatment of varicose veins below 10mm and to provide clarification regarding the use of duplex and ultrasound during certain procedures.	<ul style="list-style-type: none"> Reconsideration Request
10/01/2015	R4	LCD revised and published on 03/12/2015. The following statement has been revised in response to a reconsideration request to remove the reference to ERFA; "ERFA and EVLT have not been established as medically safe or effective and are not FDA approved for perforator or short vein ligation. Therefore, ERFA and EVLT are not covered for perforator vein ligation or ablation." Additional reconsideration request regarding the size requirement for saphenous vein treatment, occlusion of non-acute deep vein thrombosis, and a weight reduction requirement was taken under consideration. No change to the policy was made in response to this request other than to add the Article that was submitted to the sources.	<ul style="list-style-type: none"> Reconsideration Request
10/01/2015	R3	LCD revised on 12/09/2014 to correct formatting, spelling error. No substantial changes made to the content of the LCD.	<ul style="list-style-type: none"> Typographical Error
10/01/2015	R2	LCD revised to correct wording in the Indications section to include "minimum of " in bullet #1. To correct LCD title name to "Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities"	<ul style="list-style-type: none"> Typographical Error
10/01/2015	R1	LCD revised on 10/09/2014 and posted on 12/04/2014 to create uniform LCD with other MAc Jurisdiction.	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 05/07/2015 with effective dates 10/01/2015 - N/A [Updated on 03/06/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 12/09/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 12/04/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 11/25/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 04/02/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)