Coverage Summary

**Varicose Veins Treatment and Other Vein Embolization Procedures**

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>Products: UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date: 09/07/2010</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 01/17/2017</td>
</tr>
</tbody>
</table>

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

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### I. COVERAGE

**Coverage Statement:** Treatment of varicose veins in lower extremities is covered when Medicare coverage criteria are met.

**Guidelines/Notes:**

1. **Ligation and Excision (Stripping) (CPT codes 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780 and 37785)**
   - Medicare does not have a National Coverage Determination (NCD) for Ligation and Excision (Stripping).
   - Local Coverage Determinations (LCDs) exist for all 50 states and compliance with these LCDs is required where applicable. For state-specific LCD coverage guideline, refer to the **LCD Availability Grid (Attachment A)**.
   - **Committee approval date:** September 20, 2016
   - **Accessed August 9, 2017**

2. **Endovenous Radiofrequency Ablation (ERFA) or Endovenous Laser Ablation (EVLA)**
(CPT codes 36475, 36476, 36478 and 36479)

- Medicare does not have a National Coverage Determination (NCD) for endovenous radiofrequency ablation (ERFA) or laser ablation.
- Local Coverage Determinations (LCDs) exist for all 50 states and compliance with these LCDs is required where applicable. For state-specific LCD coverage guideline, refer to the LCD Availability Grid (Attachment A).
- Committee approval date: September 20, 2016
- Accessed August 9, 2017

3. Compression Sclerotherapy (CPT codes 36470 and 36471)
- Medicare does not have a National Coverage Determination (NCD) for compression sclerotherapy.
- Local Coverage Determinations (LCDs) exist for all 50 states and compliance with these LCDs is required where applicable. For state-specific LCD coverage guideline, refer to the LCD Availability Grid (Attachment A).
- Committee approval date: September 20, 2016
- Accessed August 9, 2017

4. Microfoam Sclerotherapy [Varithena® (previously known as Varisolve, BTG PLC, London)]
- Medicare does not have a National Coverage Determination (NCD) for microfoam sclerotherapy.
- Local Coverage Determinations (LCDs) exist and compliance with these LCDs is required where applicable. For state-specific LCD coverage guideline, refer to the LCD Availability Grid (Attachment B).
- For coverage guideline for states with no LCDs, refer to the Palmetto GBA LCD for Varicose Veins of the Lower Extremities (L33454).
- Committee approval date: September 20, 2016
- Accessed August 9, 2017

5. Endomechanical Ablation of Incompetent Extremity Veins [also known as Clarivein, mechanochemical ablation (MOCA), mechanico-chemical endovenous ablation (MCEA) and mechanically enhanced endovenous chemical ablation (MEECA)] (CPT codes 36473 and 36474)
- Medicare does not have a National Coverage Determination (NCD) for endomechanical ablation of incompetent extremity veins.
- There is only one Medicare Administrative Contractor (MAC) with Local Coverage Determinations (LCDs) with coverage guideline for endomechanical ablation. Compliance with these policies is required where applicable. For state-specific LCDs, refer to the LCD Availability Grid (Attachment C).
- For states with no LCDs, refer to the UnitedHealthcare Medical Policy for Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins for coverage guidelines. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
- Committee approval date: January 17, 2017
- Accessed August 9, 2017

Coding clarification:
- CPT code 37241 [Vascular embolization or occlusion, inclusive of all radiological
supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)] is not applicable (incorrect coding) for saphenous ablation and is not covered.

- **Mechanicochemical ablation (MOCA) (Clarivein)** do not meet the Medicare reasonable and necessary threshold for coverage. Providers are required to code to specificity. If no such procedure of service exists, then report the service using the appropriate unlisted procedure code. Unlisted procedure, vascular surgery code 37799 should be reported until the specific CPT codes are established. Claims billed for these procedures will be denied.
- Effective January 1, 2017, new codes for endovenous ablation therapy of incompetent vein are available, i.e., CPT codes 36473 and 36474. See the specific LCDs for coding instructions.

6. **Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome (CPT code 37241)**
   - Medicare does not have a National Coverage Determination (NCD) Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome.
   - Local Coverage Determinations (LCDs) or Local Coverage Articles (LCAs) do not exist at this time.
   - **For coverage guidelines, refer to the UnitedHealthcare Medical policy for Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome**. *(IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)*
   - Committee approval date: September 20, 2016
   - Accessed August 30, 2016

II. DEFINITIONS

III. REFERENCES

See above

IV. REVISION HISTORY

01/17/2017 Re-review with the following recommended update:

Guideline 5 (Endomechanical Ablation of Incompetent Extremity Veins) – added new CPT codes, 36473 and 36474 (effective 1/1/2017).

12/20/2016 Re-review with the following update:

Guideline 5 (Endomechanical Ablation of Incompetent Extremity Veins)
- Deleted reference to the CPT code 37799 from the guideline title as this CPT will be discontinued effective 12/31/2016; but code is still reflected in some applicable LCDs
- Added new applicable LCDs with new CPT codes 36473 and 36474 replacing CPT code 37799 which will be effective 1/1/2017
- Added a note to see specific LCDs for coding instructions.
- Removed the reference link to the First Coast LCD for Treatment of Varicose Veins of the Lower Extremity (L33762) (reference link already in the LCD
09/20/2016  Annual review; no updates.

03/15/2016  Guideline 1 [Ligation and Excision (Stripping) and Sclerotherapy] – removed Sclerotherapy from this guideline; moved to a separate section
Guideline 3 (Compression Sclerosis)
Guideline 4 (Microfoam Sclerosis) – added guideline
Guideline 5 (Endomechanical Ablation of Incompetent Extremity Veins) – added guideline
Updated reference link(s) of the applicable LCDs to reflect the condensed link.

09/15/2015  Annual review with the following updates:
- Guideline 1 (Transcatheter Embolization) - deleted section; CPT code 37204 was removed from the default UHC MP with coding clarification that CPT code 37241 is specific to venous embolization/occlusion and excludes lower extremity venous incompetency per the American Medical Association (AMA).
- Guideline 2 [Ligation and Excision (Stripping) and Sclerotherapy] - updated guideline to state that all 50 states now have LCDs and deleted reference to the default UHC MP (UnitedHealthcare Medical Policy for Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins)
- Guideline 3 [Endovenous Radiofrequency Ablation (ERFA) or Endovenous Laser Ablation (EVLA)] - updated guideline to state that all 50 states now have LCDs and deleted reference to the default UHC MP (UnitedHealthcare Medical Policy for Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins)

06/16/2015  Added Guideline #4 [Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome (37241)]

03/12/2015  Formatting change only

10/21/2014  Annual review with the following updates:
- Guideline #2 (Ligation of Saphenous Vein)
  - Title changed to Ligation and Excision (Stripping) and Sclerotherapy
  - Added Ligation of Saphenous Veins CPT codes 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37785 and Sclerotherapy CPT codes 36470 and 36471
- Guideline #3 (Other Varicose Veins Treatment)
  - Title changed to Endovenous Radiofrequency Ablation (ERFA) or Laser Ablation
  - Removed CPT codes 37718, 37722, 37735 & 37785
  - Changed default guidelines from LCD for the Treatment of Varicose Veins of the Lower Extremities (L30143) to the UnitedHealthcare Medical Policy for Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins

05/20/2014  Guideline #3 (Other Varicose Veins Treatment) – deleted reference to ICD-9 459.0/ICD-10 CM R58

10/24/2013  Annual review; no updates
UHC MA Coverage Summary: Varicose Veins Treatment and Other Vein Embolization Procedures

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10/31/2012  Annual review; Coverage Summary revised to include the following guidelines:
- Guidelines #1 - Transcatheter Embolization
- Guidelines #2 - Ligation of Saphenous Vein
- Guidelines #3- Other Varicose Veins Treatment

10/13/2011  Annual review; LCD Availability Grid (Attachment A) updated

04/08/2011  LCD Availability Grid for Varicose Veins (Attachment A) updated

03/14/2011  Updated Attachment A – LCD Availability Grid (added L26729 MAC Part A for CO, NM, OK and TX)

12/8/2010  Updated the LCD links of the LCD Availability Grid (Attachment A)

V. ATTACHMENT(S)

Attachment A - LCD Availability Grid

Ligation and Excision (Stripping)
(CPT codes 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780 and 37785)

Compression Sclerotherapy
(CPT codes 36470 and 36471)

ERFA or EVLA
(CPT codes 36475, 36476, 36478 and 36479)

CMS website accessed August 9, 2017

IMPORTANT NOTE: Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L34010</td>
<td>Treatment of varicose veins of the lower extremity</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR SD, UT, WA WY</td>
</tr>
<tr>
<td>L33575</td>
<td>Varicose Veins of the Lower Extremity, Treatment of</td>
<td>MAC - Part A and B A and B MAC-MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td>L33762</td>
<td>Treatment of varicose veins of the lower extremity</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L34536</td>
<td>Treatment of Varicose Veins of the Lower Extremities</td>
<td>MAC Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L34536</td>
<td>Treatment of Varicose Veins of the Lower Extremities</td>
<td>MAC Part B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MS, NE</td>
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<tr>
<td>L33454</td>
<td>Varicose Veins of the Lower Extremities</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV</td>
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<tr>
<td>L34082</td>
<td>Varicose Veins of the Lower Extremity, Treatment of</td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
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<tr>
<td>L34924</td>
<td>Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ NM, OK, PA, TX</td>
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<tr>
<td>L34209</td>
<td>Treatment of Varicose Veins of the Lower Extremity</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
</tr>
</tbody>
</table>

End of Attachment A
### Attachment B - LCD Availability Grid

**Microfoam Sclerotherapy**  
(CPT code 37799)  
CMS website accessed August 9, 2017

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

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<td>L33454</td>
<td>Varicose Veins of the Lower Extremities</td>
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<td>Palmetto GBA</td>
<td>NC, SC, VA, WV</td>
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<tr>
<td>L34082</td>
<td>Varicose Veins of the Lower Extremity, Treatment of</td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
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</table>

End of Attachment B

### Attachment C - LCD Availability Grid

**Endomechanical Ablation of Incompetent Extremity Veins**  
(CPT codes 36473 and 36474)  
CMS website accessed August 9, 2017

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<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L34010</td>
<td>Treatment of varicose veins of the lower extremity</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY</td>
</tr>
<tr>
<td>L34209</td>
<td>Treatment of Varicose Veins of the Lower Extremity</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, HI, NV</td>
</tr>
<tr>
<td>L34536</td>
<td>Treatment of Varicose Veins of the Lower Extremities</td>
<td>MAC - Part A &amp; B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
<tr>
<td>L34536</td>
<td>Treatment of Varicose Veins of the Lower Extremities</td>
<td>Mac – Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
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End of Attachment C