

Varicose Veins Treatment and Other Vein Embolization Procedures

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[Instructions for Use](#)

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Related Policies
None

Coverage Guidelines

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

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)/Local Coverage Articles (LCAs) **exist for all states/territories** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Ligation and Excision \(Stripping\)](#).

Endovenous Radiofrequency Ablation (ERFA) or Endovenous Laser Ablation (EVLA) (CPT Codes 36465, 36466, 36475, 36476, 36478, 36479, 36482, and 36483)

Medicare does not have a National Coverage Determination (NCD) for endovenous radiofrequency ablation (ERFA) or endovenous laser ablation (EVLA). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist for all states/territories**. Compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Ligation and Excision \(Stripping\)](#).

Coding Clarification

The following American Medical Association (AMA) coding guidance should be followed in reporting endovenous ablation procedures. Treatment of the first incompetent vein should be reported once (as primary code) using CPT code 36475 per extremity. For the treatment of subsequent incompetent vein(s) in the same extremity, the add-on CPT code, 36476, should be reported. This code may only be reported once per extremity, regardless of the number of additional vein(s) treated. Therefore,

only one primary code should be reported for the first vein treated, and only one add-on code should be reported for a subsequent vein(s) treated per extremity.

Sclerotherapy (CPT Codes 36465, 36466, 36468, 36470, and 36471)

Medicare does not have a National Coverage Determination (NCD) for compression sclerotherapy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist for all states/territories** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Sclerotherapy](#).

Coding Clarification

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

The sclerosant used in sclerotherapy procedures is included in the procedure code and is not separately reported.

Liquid sclerotherapy is reported using CPT codes 36468, 36470, and 36471.

Non-compounded foam (NCF) sclerotherapy, for treatment of incompetent extremity truncal veins, is reported using CPT codes 36465 and 36466.

Non-compounded foam (NCF) sclerotherapy, for treatment of other incompetent extremity veins, is reported using CPT codes 36470 and 36471.

Physician-compounded foam (PCF) sclerotherapy, for treatment of incompetent extremity truncal veins and other incompetent extremity veins, is reported using CPT codes 36470 and 36471.

Refer to the Novitas [LCA for Billing and Coding: Treatment of Chronic Venous Insufficiency of the Lower Extremities \(A55229\)](#). (Accessed September 25, 2023)

Stab Phlebectomy Less Than 10 Incisions (CPT Code 37799)

Medicare does not have a National Coverage Determination (NCD) for stab phlebectomy less than 10 incisions. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Stab Phlebectomy Less Than 10 Incisions](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins](#).

Note: After checking the [Stab Phlebectomy Less Than 10 Incisions](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Endomechanical Ablation of Incompetent Extremity Veins (CPT Codes 36473 and 36474)

Endomechanical ablation of incompetent extremity veins is also known as clarivein, mechanochemical ablation (MOCA), mechanico-chemical endovenous ablation (MCEA) and mechanically enhanced endovenous chemical ablation (MEECA)

Medicare does not have a National Coverage Determination (NCD) for endomechanical ablation of incompetent extremity veins. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to table for [Endomechanical Ablation of Incompetent Extremity Veins](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins](#).

Note: After checking the [Endomechanical Ablation of Incompetent Extremity Veins](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome (CPT Code 37241)

Medicare does not have a National Coverage Determination (NCD) for embolization of the ovarian and iliac veins for pelvic congestion syndrome. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Embolization of the Ovarian and Iliac Veins for Pelvic Congestion Syndrome](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed September 25, 2023)

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.

Supporting Information

Ligation and Excision (Stripping) ERFA or EVLA Compression Sclerotherapy				
Accessed January 4, 2024				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34082 (A57305)	Varicose Veins of the Lower Extremity, Treatment of	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38720 (A58250)	Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33575 (A52870)	Varicose Veins of the Lower Extremity, Treatment of	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34010 (A57707)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34209 (A57706)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L34924 (A55229)	Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L39121 (A58876)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L34536 (A56914)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Sclerotherapy

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34082 (A57305)	Varicose Veins of the Lower Extremity, Treatment of	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38720 (A58250)	Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33575 (A52870)	Varicose Veins of the Lower Extremity, Treatment of	Part A and B A MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34010 (A57707)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR SD, UT, WA WY
L34209 (A57706)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L34924 (A55229)	Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ NM, OK, PA, TX
L39121 (A58876)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L34536 (A56914)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Endomechanical Ablation of Incompetent Extremity Veins

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38720 (A58250)	Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33575 (A52870)	Varicose Veins of the Lower Extremity, Treatment of	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34010 (A57707)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34209 (A57706)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L34924 (A55229)	Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ NM, OK, PA, TX
L39121 (A58876)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

Endomechanical Ablation of Incompetent Extremity Veins

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34536 (A56914)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Stab Phlebectomy Less Than 10 Incisions

Accessed January 4, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34536 (A56914)	Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Policy History/Revision Information

Date	Summary of Changes
01/18/2024	<p>Coverage Guidelines</p> <p><i>Stab Phlebectomy Less than 10 Incisions (CPT Code 37799)</i> (new to policy)</p> <ul style="list-style-type: none">Added language to indicate:<ul style="list-style-type: none">Medicare does not have a National Coverage Determination (NCD) for stab phlebectomy less than 10 incisionsLocal Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the policy]For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins</i> <p>Supporting Information</p> <ul style="list-style-type: none">Updated list of available LCDs/LCAs to reflect the most current informationArchived previous policy version MCS099.05

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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 are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs

setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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