

# Local Coverage Article: Billing and Coding: Treatment of Varicose Veins of the Lower Extremities (A57706)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

## Article Information

### General Information

**Article ID**

A57706

**Original Effective Date**

12/01/2019

**Article Title**

Billing and Coding: Treatment of Varicose Veins of the Lower Extremities

**Revision Effective Date**

N/A

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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**Retirement Date**

N/A

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**CMS National Coverage Policy**

Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to

the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review a NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act, §1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Manual System, Pub 100-08, *Medicare Program Integrity Manual*, Chapter 13, §13.5.1 indicates services will be considered medically reasonable and necessary only if ordered and furnished by appropriately trained personnel.

This training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty or must reflect extensive continued medical education activities. If these skills have been acquired by way of continued medical education, the courses must be comprehensive, offered or sponsored or endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States, and designated by the American Medical Association (AMA) as Category 1 Credit.

## Article Guidance

### Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

1. Each claim must be submitted with an ICD-10-CM code(s) that reflects the condition of the patient and indicates the reason(s) for which the service was performed.
2. The patient's medical record must contain a history and physical examination supporting the diagnosis of symptomatic varicose veins, and the failure of an adequate (at least 3 months) trial of conservative management.
3. The medical record must document the performance of appropriate tests, if medically necessary, to confirm the pathology of the vascular anatomy.
4. This documentation must be made available to Medicare upon request.
5. The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.
6. When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

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## Coding Information

## CPT/HCPCS Codes

### Group 1 Paragraph:

36299\* is used for sclerotherapy with mechanical agitation (e.g. Clarivein® device) prior to January 1, 2017. On and after this date use the AMA assigned codes 36473 and 36474 to report this procedure. These codes are inclusive of the sclerosing agent.

37799\* should be used to report "Trivex Procedure"

### Group 1 Codes:

CODE	DESCRIPTION
36299	UNLISTED PROCEDURE, VASCULAR INJECTION
36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)
36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN), SAME LEG
36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)
36471	INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG
36473	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; FIRST VEIN TREATED
36474	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST

CODE	DESCRIPTION
	VEIN TREATED
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; FIRST VEIN TREATED
36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GRAFT AND/OR INTERRUPTION OF COMMUNICATING VEINS OF LOWER LEG, WITH EXCISION OF DEEP FASCIA
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN PERFORMED, OPEN, 1 LEG
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG
37799	UNLISTED PROCEDURE, VASCULAR SURGERY
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY

CODE	DESCRIPTION
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY

**CPT/HCPCS Modifiers**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

N/A

**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:**

**Note:** Diagnosis codes are based on the current ICD-10-CM codes that are effective at the time of LCD publication. Any updates to ICD-10-CM codes will be reviewed by Noridian, and coverage should not be presumed until the results of such review have been published/posted.

These are the **only** ICD-10-CM codes that support medical necessity for the following CPT codes: 36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780 and 37785.

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
I80.01	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity
I80.02	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity
I80.03	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
I83.011	Varicose veins of right lower extremity with ulcer of thigh
I83.012	Varicose veins of right lower extremity with ulcer of calf
I83.013	Varicose veins of right lower extremity with ulcer of ankle
I83.014	Varicose veins of right lower extremity with ulcer of heel and midfoot
I83.015	Varicose veins of right lower extremity with ulcer other part of foot
I83.018	Varicose veins of right lower extremity with ulcer other part of lower leg
I83.021	Varicose veins of left lower extremity with ulcer of thigh
I83.022	Varicose veins of left lower extremity with ulcer of calf
I83.023	Varicose veins of left lower extremity with ulcer of ankle

ICD-10 CODE	DESCRIPTION
I83.024	Varicose veins of left lower extremity with ulcer of heel and midfoot
I83.025	Varicose veins of left lower extremity with ulcer other part of foot
I83.028	Varicose veins of left lower extremity with ulcer other part of lower leg
I83.11	Varicose veins of right lower extremity with inflammation
I83.12	Varicose veins of left lower extremity with inflammation
I83.211	Varicose veins of right lower extremity with both ulcer of thigh and inflammation
I83.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation
I83.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
I83.214	Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation
I83.215	Varicose veins of right lower extremity with both ulcer other part of foot and inflammation
I83.218	Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation
I83.221	Varicose veins of left lower extremity with both ulcer of thigh and inflammation
I83.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation
I83.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation
I83.224	Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation
I83.225	Varicose veins of left lower extremity with both ulcer other part of foot and inflammation
I83.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
I83.811	Varicose veins of right lower extremity with pain
I83.812	Varicose veins of left lower extremity with pain
I83.813	Varicose veins of bilateral lower extremities with pain
I83.891	Varicose veins of right lower extremity with other complications
I83.892	Varicose veins of left lower extremity with other complications
I83.893	Varicose veins of bilateral lower extremities with other complications
I87.001	Postthrombotic syndrome without complications of right lower extremity
I87.002	Postthrombotic syndrome without complications of left lower extremity
I87.003	Postthrombotic syndrome without complications of bilateral lower extremity
I87.011	Postthrombotic syndrome with ulcer of right lower extremity

ICD-10 CODE	DESCRIPTION
I87.012	Postthrombotic syndrome with ulcer of left lower extremity
I87.013	Postthrombotic syndrome with ulcer of bilateral lower extremity
I87.021	Postthrombotic syndrome with inflammation of right lower extremity
I87.022	Postthrombotic syndrome with inflammation of left lower extremity
I87.023	Postthrombotic syndrome with inflammation of bilateral lower extremity
I87.031	Postthrombotic syndrome with ulcer and inflammation of right lower extremity
I87.032	Postthrombotic syndrome with ulcer and inflammation of left lower extremity
I87.033	Postthrombotic syndrome with ulcer and inflammation of bilateral lower extremity
I87.091	Postthrombotic syndrome with other complications of right lower extremity
I87.092	Postthrombotic syndrome with other complications of left lower extremity
I87.093	Postthrombotic syndrome with other complications of bilateral lower extremity
I87.301	Chronic venous hypertension (idiopathic) without complications of right lower extremity
I87.302	Chronic venous hypertension (idiopathic) without complications of left lower extremity
I87.303	Chronic venous hypertension (idiopathic) without complications of bilateral lower extremity
I87.311	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity
I87.312	Chronic venous hypertension (idiopathic) with ulcer of left lower extremity
I87.313	Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity
I87.321	Chronic venous hypertension (idiopathic) with inflammation of right lower extremity
I87.322	Chronic venous hypertension (idiopathic) with inflammation of left lower extremity
I87.323	Chronic venous hypertension (idiopathic) with inflammation of bilateral lower extremity
I87.331	Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower extremity
I87.332	Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity
I87.333	Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity
I87.391	Chronic venous hypertension (idiopathic) with other complications of right lower extremity
I87.392	Chronic venous hypertension (idiopathic) with other complications of left lower extremity



ICD-10 CODE	DESCRIPTION
I87.393	Chronic venous hypertension (idiopathic) with other complications of bilateral lower extremity
I87.8	Other specified disorders of veins

**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:**

N/A

**ICD-10 Codes that DO NOT Support Medical Necessity**

**Group 1 Paragraph:**

Use of any ICD-10-CM code not listed in the "ICD-10-CM Codes That Support Medical Necessity" section of this LCD will be denied. **In addition, the following ICD-10 CM codes are specifically listed as not supporting medical necessity for emphasis, and to avoid any provider errors.**

Claims listing the following ICD-10-CM code will be considered as cosmetic and denied for lack of medical necessity:

I78.1 Nevus, non-neoplastic

CPT codes 36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799 (when used to report "Trivex Procedure") submitted for any of the following ICD-10-CM codes will be denied for lack of medical necessity:

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
I78.0	Hereditary hemorrhagic telangiectasia
I78.1	Nevus, non-neoplastic
I78.8	Other diseases of capillaries

**Additional ICD-10 Information**

N/A

**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.

CODE	DESCRIPTION
011x	Hospital Inpatient (Including Medicare Part A)
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
071x	Clinic - Rural Health
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital
999x	Not Applicable

### 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.

Revenue codes only apply to providers who bill these services to Part A.

CODE	DESCRIPTION
0330	Radiology - Therapeutic and/or Chemotherapy Administration - General Classification
0360	Operating Room Services - General Classification
0490	Ambulatory Surgical Care - General Classification
0510	Clinic - General Classification
0520	Freestanding Clinic - General Classification

### Other Coding Information

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

N/A

## Revision History Information

N/A

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## Associated Documents

### Related Local Coverage Document(s)

Article(s)

A54713 - Response to Comments: Treatment of Varicose Veins of Lower Extremities

A53084 - Sclerosing of Varicose Veins

LCD(s)

L34209 - Treatment of Varicose Veins of the Lower Extremities

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

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## Keywords

N/A