# Local Coverage Article:
Sclerosing of Varicose Veins (A53084)

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## Contractor Information

<table>
<thead>
<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
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<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
<td>J - E</td>
<td>California - Entire State</td>
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<td>Noridian Healthcare Solutions, LLC</td>
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## Article Information

## General Information

**Article ID**

**Original Article Effective Date**

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Important Coding Alert

Noridian is revising this article to further clarify that CPT® 37241 is not an acceptable choice of procedure codes for treatment of symptoms of varicose veins of the lower extremity regardless of the method used.
Noridian’s Local Coverage Determination, Treatment of Varicose Veins of the Lower Extremities; L34209 (JEA and JEB)/L34010 (JFA and JFB) provides coverage criteria for the treatment of varicose veins and the CPT® codes that are expected to be utilized for billing this service.

As previously noted, a product for the treatment of varicose veins has appeared on the market for which the product’s information states that it utilizes both a sclerosing agent and a rotating wire which allegedly mixes the agent and possibly macerates any clots in the area.

Noridian has been informed that some providers may have been recommended to use CPT® 37241 when using this device for the treatment of varicose veins. This advice is incorrect. CPT® 37241 must not be used to bill for the treatment of varicose veins of the lower extremities with this or similar devices.

When using the ClariVein device in the treatment of varicose veins before January 1, 2017, Noridian recommends billing with CPT® code 36299. The sclerosing agent is bundled into the procedure code and is not separately reimbursable. ClariVein must be entered in Item 19 of the CMS-1500 form or the electronic notepad equivalent. For dates of service on and after January 1, 2017 providers should use CPT® 36473 for first vein (Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated) and 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) If billing for both extremities it is appropriate to append modifier RT or LT to the respective claim line.

Based on the intensity of service for CPT® code 37241, Noridian no longer allows payment for claims using this CPT® in place of Service 11 – Office, effective June 6, 2016.

### 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.

N/A

**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.

N/A

**CPT/HCPCS Codes**

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ICD-10 Codes that are Covered
N/A

ICD-10 Codes that are Not Covered
N/A

Revision History Information

<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
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<tbody>
<tr>
<td>01/01/2017</td>
<td>R9</td>
<td>Typographical Error in article corrected.</td>
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<tr>
<td>01/01/2017</td>
<td>R8</td>
<td>2017 CPT revised verbiage.</td>
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<tr>
<td>01/01/2017</td>
<td>R7</td>
<td>2017 CPT updates</td>
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<tr>
<td>07/18/2016</td>
<td>R6</td>
<td>Typographical Error in article.</td>
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<tr>
<td>07/18/2016</td>
<td>R5</td>
<td>R5 Revised verbiage for billing 36299 bilaterally.</td>
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<tr>
<td>07/18/2016</td>
<td>R4</td>
<td>Revision of article to further clarify that CPT® 37421 is not an acceptable choice of procedure codes for treatment of symptoms of varicose veins of the lower extremity regardless of the method used.</td>
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<tr>
<td>10/01/2015</td>
<td>R3</td>
<td>Updated the related LCD number.</td>
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<tr>
<td>10/01/2015</td>
<td>R2</td>
<td>This article was updated to include billing instructions for ClariVein.</td>
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<tr>
<td>10/01/2015</td>
<td>R1</td>
<td>Article revised with title change.</td>
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Associated Documents

Related Local Coverage Document(s)

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)

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Keywords

- Varicose
- Vein
- 37241
- 36472
- 36473
- Sclerosing
- Ablation
- ClariVein
- L33497