## Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01112 - MAC B</td>
<td>J - E</td>
<td>California - Northern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01182 - MAC B</td>
<td>J - E</td>
<td>California - Southern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01211 - MAC A</td>
<td>J - E</td>
<td>American Samoa</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01212 - MAC B</td>
<td>J - E</td>
<td>Guam</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01311 - MAC A</td>
<td>J - E</td>
<td>Hawaii</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01312 - MAC B</td>
<td>J - E</td>
<td>Northern Mariana Islands</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01911 - MAC A</td>
<td>J - E</td>
<td>Nevada</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01912 - MAC B</td>
<td>J - E</td>
<td>American Samoa</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Guam</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hawaii</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Northern Mariana Islands</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nevada</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nevada</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>American Samoa</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>California - Entire State</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Guam</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hawaii</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Northern Mariana Islands</td>
</tr>
</tbody>
</table>

## LCD Information

### Document Information

- **Original Effective Date**: For services performed on or after 10/01/2015
- **Revision Effective Date**: For services performed on or after 01/01/2018

Printed on 12/14/2017. Page 1 of 12
Original ICD-9 LCD ID
L33497

LCD Title
Treatment of Varicose Veins of the Lower Extremities

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
CPT only copyright 2002-2017 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2016 are trademarks of the American Dental Association.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2014, is copyrighted by American Hospital Association ("AHA"), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA.” Health Forum reserves the right to change the copyright notice from time to time upon written notice to Company.

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.
Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Varicose veins are caused by venous insufficiency as a result of valve reflux (incompetence). The venous insufficiency results in dilated, tortuous, superficial vessels that protrude from the skin of the lower extremities. Spider veins (telangiectasias) are dilated capillary veins that are most often treated for cosmetic purposes. Treatment of telangiectasias (36468) is not covered by Medicare.

Historically, varicose veins have been treated by conservative measures such as exercise, periodic leg elevation, weight loss, compressive therapy and avoidance of prolonged immobility. When conservative measures are unsuccessful, and symptoms persist, the next step has been sclerotherapy or surgical ligation with or without stripping. Sclerotherapy involves the injection of a sclerosing solution into the varicose vein(s).

Compressive sclerotherapy is the injection of the sclerosant into an empty vein (elevated limb) followed by application of a compressive bandage or dressing. This is the most commonly performed sclerotherapy procedure for varicose veins of the lower extremity. Compressive sclerotherapy is indicated for local small to medium symptomatic varices, isolated incompetent perforators, or recurrence of symptomatic varices after adequate surgical removal of varices. Foam sclerotherapy is FDA indicated for the treatment of incompetent great saphenous veins, accessory saphenous veins and visible varicosities of the great saphenous vein (GSV) system above and below the knee. It is usually given with ultrasound guidance. Non-Compressive sclerotherapy is not covered by Medicare.

More recently, endoluminal radiofrequency ablation (ERFA) and endoluminal laser ablation have been developed as alternatives to sclerotherapy and surgical intervention. These procedures are designed to damage the intimal wall of the vein resulting in fibrosis and subsequent ablation of the lumen of a segment of the vessel. Both procedures utilize specially designed catheters inserted through a small incision in the distal thigh and advanced, often under ultrasound guidance, nearly to the saphenofemoral junction. The catheter is then slowly withdrawn while controlled radiofrequency or laser energy is applied. This is followed by external compression of the treated segment.

Doppler ultrasound or duplex studies are often used to map the anatomy of the venous system prior to the procedure. There is adequate evidence that pre-procedural ultrasound is helpful, and Medicare will cover one ultrasound or duplex scan prior to the procedure to determine the extent and configuration of the varicosities.

Evidence and clinical experience supports the use of ultrasound guidance during the procedure (ERFA and laser ablation only) and shows that the outcomes may be improved and complication rates may be minimized when ultrasound guidance is used. The CPT codes for radiofrequency and laser include the intraoperative ultrasound service in the valuation and ultrasound may not be billed separately with these procedures.

In contrast to ERFA and laser procedures, intra-operative ultrasound guidance techniques have not been shown to increase the effectiveness or safety of sclerotherapy for varicose veins, therefore, intra-operative ultrasound guidance will not be separately covered for sclerotherapy.

A. Indications for surgical treatment (CPT codes: 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785) and sclerotherapy (CPT codes: 36470, 36471, 36473, 36474):

1. A 3-month trial of conservative therapy such as exercise, periodic leg elevation, weight loss, compressive therapy, and avoidance of prolonged immobility where appropriate, has failed, AND

2. The patient is symptomatic and has one, or more, of the following:
   a. Pain or burning in the extremity severe enough to impair mobility
   b. Recurrent episodes of superficial phlebitis
   c. Non-healing skin ulceration
   d. Bleeding from a varicosity
   e. Stasis dermatitis
   f. Refractory dependent edema

B. Indications for ERFA or laser ablation (CPT codes 36465, 36466, 36475, 36476, 36478, 36479, 36482, 36483):

In addition to the above (see A), the patient's anatomy and clinical condition are amenable to the proposed treatment including ALL of the following:

1. Absence of aneurysm in the target segment.
2. Maximum vein diameter of 12 mm for ERFA or 20 mm for laser ablation
3. Absence of thrombosis or vein tortuosity, which would impair catheter advancement. –4. The absence of
significant peripheral arterial diseases.

C. Limitations for ERFA and laser ablation:
1. ERFA and laser ablation are covered only for the treatment of symptomatic varicosities of the lesser or greater saphenous veins and their tributaries which have failed 3 months of conservative therapy.
2. Intra-operative ultrasound guidance is not separately payable with ERFA, laser ablation, and sclerotherapy.
3. The treatment of asymptomatic varicose veins, or symptomatic varicose veins without a 3-month trial of conservative measures, by any technique will be considered cosmetic and therefore not covered.
4. The treatment of spider veins or superficial telangiectasis by any technique is considered cosmetic, and therefore not covered.
5. Coverage is only for devices specifically FDA-approved for these procedures.
6. One pre-operative Doppler ultrasound study or duplex scan will be covered.
7. Codes added effective January 1, 2018 indicate new procedures and new definitions of the first vein then the combining of the second and all other veins being included in the second code with the second code billable only once per day.

Noridian notes that stab phlebectomy of the same vein performed on the same day as endovenous radiofrequency or laser ablation may be covered if the criteria for reasonable and necessary as described in this LCD are met.

Noridian notes that if sclerotherapy is used with endovenous radiofrequency ablation, it may be covered if the criteria for reasonable and necessary as described in this LCD are met.

Noridian will not consider the treatment of asymptomatic veins with endoluminal ablation or sclerotherapy medically reasonable and necessary. If it is determined on review that the varicose veins were asymptomatic, the claim will be denied as a noncovered (cosmetic) procedure.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

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.

Printed on 12/14/2017. Page 4 of 12
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.

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

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:

36299 UNLISTED PROCEDURE, VASCULAR INJECTION
INJECTION OF NON-COMPONDED 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)

36465 INJECTION OF NON-COMPONDED 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-COMPONDED 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 VEIN TREATED
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)

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

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)

LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFOEMORAL JUNCTION, OR DISTAL
INTERUPTIONS

LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN

LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFOEMORAL
JUNCTION TO KNEE OR BELOW

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

LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN
PERFORMED, OPEN, 1 LEG

LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN
PERFORMED, 1 LEG

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS

LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE
PROCEDURE)

LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG

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

LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN
PERFORMED, OPEN, 1 LEG

LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN
PERFORMED, 1 LEG

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS

LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE
PROCEDURE)

LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG

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

LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN
PERFORMED, OPEN, 1 LEG

LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN
PERFORMED, 1 LEG

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS

LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE
PROCEDURE)

LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG

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

LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN
PERFORMED, OPEN, 1 LEG

LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN
PERFORMED, 1 LEG

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS

LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE
PROCEDURE)

LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG

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

LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN
PERFORMED, OPEN, 1 LEG

LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN
PERFORMED, 1 LEG

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS

LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE
PROCEDURE)

LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG

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

LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN
PERFORMED, OPEN, 1 LEG

LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN
PERFORMED, 1 LEG

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS

LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE
PROCEDURE)

LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG

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

LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN
PERFORMED, OPEN, 1 LEG

LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN
PERFORMED, 1 LEG

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS

LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE
PROCEDURE)

LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG

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

LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN
PERFORMED, OPEN, 1 LEG

LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN
PERFORMED, 1 LEG

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS

LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE
PROCEDURE)

LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG

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

LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN
PERFORMED, OPEN, 1 LEG

LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN
PERFORMED, 1 LEG

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS

STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS

LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE
PROCEDURE)

LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG

LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH
RADICAL EXCISI
<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I83.025</td>
<td>Varicose veins of left lower extremity with ulcer other part of foot</td>
</tr>
<tr>
<td>I83.028</td>
<td>Varicose veins of left lower extremity with ulcer other part of lower leg</td>
</tr>
<tr>
<td>I83.11</td>
<td>Varicose veins of right lower extremity with inflammation</td>
</tr>
<tr>
<td>I83.12</td>
<td>Varicose veins of left lower extremity with inflammation</td>
</tr>
<tr>
<td>I83.211</td>
<td>Varicose veins of right lower extremity with both ulcer of thigh and inflammation</td>
</tr>
<tr>
<td>I83.212</td>
<td>Varicose veins of right lower extremity with both ulcer of calf and inflammation</td>
</tr>
<tr>
<td>I83.213</td>
<td>Varicose veins of right lower extremity with both ulcer of ankle and inflammation</td>
</tr>
<tr>
<td>I83.214</td>
<td>Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation</td>
</tr>
<tr>
<td>I83.215</td>
<td>Varicose veins of right lower extremity with both ulcer other part of foot and inflammation</td>
</tr>
<tr>
<td>I83.218</td>
<td>Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation</td>
</tr>
<tr>
<td>I83.221</td>
<td>Varicose veins of left lower extremity with both ulcer of thigh and inflammation</td>
</tr>
<tr>
<td>I83.222</td>
<td>Varicose veins of left lower extremity with both ulcer of calf and inflammation</td>
</tr>
<tr>
<td>I83.223</td>
<td>Varicose veins of left lower extremity with both ulcer of ankle and inflammation</td>
</tr>
<tr>
<td>I83.224</td>
<td>Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation</td>
</tr>
<tr>
<td>I83.225</td>
<td>Varicose veins of left lower extremity with both ulcer other part of foot and inflammation</td>
</tr>
<tr>
<td>I83.228</td>
<td>Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation</td>
</tr>
<tr>
<td>I83.811</td>
<td>Varicose veins of right lower extremity with pain</td>
</tr>
<tr>
<td>I83.812</td>
<td>Varicose veins of left lower extremity with pain</td>
</tr>
<tr>
<td>I83.813</td>
<td>Varicose veins of bilateral lower extremities with pain</td>
</tr>
<tr>
<td>I83.891</td>
<td>Varicose veins of right lower extremity with other complications</td>
</tr>
<tr>
<td>I83.892</td>
<td>Varicose veins of left lower extremity with other complications</td>
</tr>
<tr>
<td>I83.893</td>
<td>Varicose veins of bilateral lower extremities with other complications</td>
</tr>
<tr>
<td>I87.001</td>
<td>Postthrombotic syndrome without complications of right lower extremity</td>
</tr>
<tr>
<td>I87.002</td>
<td>Postthrombotic syndrome without complications of left lower extremity</td>
</tr>
<tr>
<td>I87.003</td>
<td>Postthrombotic syndrome without complications of bilateral lower extremity</td>
</tr>
<tr>
<td>I87.011</td>
<td>Postthrombotic syndrome with ulcer of right lower extremity</td>
</tr>
<tr>
<td>I87.012</td>
<td>Postthrombotic syndrome with ulcer of left lower extremity</td>
</tr>
<tr>
<td>I87.013</td>
<td>Postthrombotic syndrome with ulcer of bilateral lower extremity</td>
</tr>
<tr>
<td>I87.021</td>
<td>Postthrombotic syndrome with inflammation of right lower extremity</td>
</tr>
<tr>
<td>I87.022</td>
<td>Postthrombotic syndrome with inflammation of left lower extremity</td>
</tr>
<tr>
<td>I87.023</td>
<td>Postthrombotic syndrome with inflammation of bilateral lower extremity</td>
</tr>
<tr>
<td>I87.031</td>
<td>Postthrombotic syndrome with ulcer and inflammation of right lower extremity</td>
</tr>
<tr>
<td>I87.032</td>
<td>Postthrombotic syndrome with ulcer and inflammation of left lower extremity</td>
</tr>
<tr>
<td>I87.033</td>
<td>Postthrombotic syndrome with ulcer and inflammation of bilateral lower extremity</td>
</tr>
<tr>
<td>I87.091</td>
<td>Postthrombotic syndrome with other complications of right lower extremity</td>
</tr>
<tr>
<td>I87.092</td>
<td>Postthrombotic syndrome with other complications of left lower extremity</td>
</tr>
<tr>
<td>I87.093</td>
<td>Postthrombotic syndrome with other complications of bilateral lower extremity</td>
</tr>
<tr>
<td>I87.301</td>
<td>Chronic venous hypertension (idiopathic) without complications of right lower extremity</td>
</tr>
<tr>
<td>I87.302</td>
<td>Chronic venous hypertension (idiopathic) without complications of left lower extremity</td>
</tr>
<tr>
<td>I87.303</td>
<td>Chronic venous hypertension (idiopathic) without complications of bilateral lower extremity</td>
</tr>
<tr>
<td>I87.311</td>
<td>Chronic venous hypertension (idiopathic) with ulcer of right lower extremity</td>
</tr>
<tr>
<td>I87.312</td>
<td>Chronic venous hypertension (idiopathic) with ulcer of left lower extremity</td>
</tr>
<tr>
<td>I87.313</td>
<td>Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity</td>
</tr>
<tr>
<td>I87.321</td>
<td>Chronic venous hypertension (idiopathic) with inflammation of right lower extremity</td>
</tr>
<tr>
<td>I87.322</td>
<td>Chronic venous hypertension (idiopathic) with inflammation of left lower extremity</td>
</tr>
<tr>
<td>I87.323</td>
<td>Chronic venous hypertension (idiopathic) with inflammation of bilateral lower extremity</td>
</tr>
<tr>
<td>I87.331</td>
<td>Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower extremity</td>
</tr>
<tr>
<td>I87.332</td>
<td>Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity</td>
</tr>
<tr>
<td>I87.333</td>
<td>Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity</td>
</tr>
<tr>
<td>I87.391</td>
<td>Chronic venous hypertension (idiopathic) with other complications of right lower extremity</td>
</tr>
<tr>
<td>I87.392</td>
<td>Chronic venous hypertension (idiopathic) with other complications of left lower extremity</td>
</tr>
<tr>
<td>I87.393</td>
<td>Chronic venous hypertension (idiopathic) with other complications of bilateral lower extremity</td>
</tr>
<tr>
<td>I87.8</td>
<td>Other specified disorders of veins</td>
</tr>
</tbody>
</table>

ICD-10 Codes that DO NOT Support Medical Necessity
Printed on 12/14/2017. Page 7 of 12
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:

General Information

Associated Information

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.

Sources of Information

Refer to Bibliography

Bibliography

1. Other carrier policies including those from Empire, HGSA and CIGNA.


14. Noridian Contractor Advisory Committee Members.

15. Todd K., Wright, DI, VANISH-2 Investigator Group. The VANISH-2 study: a randomized, blinded, multicenter study to evaluate the efficacy and safety of polidocanol endovenous microfoam 0.35% and 1.0% compared with placebo for the treatment of saphenofemoral junction incompetence. *Phlebology.* Sage


17. Lake Washington Vascular Surgeons, Bellevue, WA, USA; Cyanoacrylate closure of incompetent great, small and accessory saphenous veins withought the use of post-procedure compression: Initial outcomes of a post-market evaluation of the VenaSeal System (The WAVES study); *Vascular; 2017 Apr*;25(2):149-156.


---

**Revision History Information**

Printed on 12/14/2017. Page 9 of 12
**Revision History**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Revision Number</th>
<th>Revision History Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018</td>
<td>R9</td>
<td>12/6/17: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy. 2018 CPT Coded added effective 01/01/2018: 36465, 36466, 36482, 36483 DATE (08/22/2017): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy. Effective 10/1/2017, LCD is revised per the annual ICD-10-CM code update to: Add: I87301 Chronic venous hypertension (idiopathic) without complications of right lower extremity I87302 Chronic venous hypertension (idiopathic) without complications of left lower extremity I87303 Chronic venous hypertension (idiopathic) without complications of bilateral lower extremity</td>
</tr>
<tr>
<td>10/01/2017</td>
<td>R8</td>
<td>10/01/2017 R8 Coding clarification in Group 1 Paragraph to indicate 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 &quot;Trivex Procedure&quot;</td>
</tr>
<tr>
<td>01/01/2017</td>
<td>R7</td>
<td>01/01/2017 R7 Coding clarification in Group 1 Paragraph to indicate 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 &quot;Trivex Procedure&quot;</td>
</tr>
<tr>
<td>01/01/2017</td>
<td>R6</td>
<td>01/01/2017 R6 2017 CPT updates deleted 93965 effective 12/31/2016</td>
</tr>
<tr>
<td>01/01/2017</td>
<td>R5</td>
<td>01/01/2017 R5 2017 CPT updates deleted 93965 effective 12/31/2016</td>
</tr>
</tbody>
</table>

**Reason(s) for Change**

- Revisions Due To CPT/HCPCS Code Changes
- Revisions Due To ICD-10-CM Code Changes
- Revisions Due To CPT/HCPCS Code Changes
<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2017</td>
<td>R4</td>
<td>2017 CPT Coding update to add 36473 and 36474</td>
<td></td>
</tr>
<tr>
<td>03/13/2016</td>
<td>R3</td>
<td>This final LCD, effective 03/13/2016, combines JEA L34182 into the JEB LCD so that both JEA and JEB contract numbers will have the same final MCD LCD number.</td>
<td></td>
</tr>
<tr>
<td>03/13/2016</td>
<td>R2</td>
<td>The LCD is revised editorially to be consistent for both Jurisdictions JE and JF AB MACs. The effective date remains the same.</td>
<td></td>
</tr>
<tr>
<td>03/13/2016</td>
<td>R1</td>
<td>This I-10 version is the result of I-9 DL34182 finalizing in I-10.</td>
<td></td>
</tr>
</tbody>
</table>

**Keywords**

- Treatment
- Varicose
- Veins
- Lower
- Extremities
- 37799
- 36465

**Associated Documents**

Attachments N/A

Related Local Coverage Documents Article(s) A54713 - Response to Comments: Treatment of Varicose Veins of Lower Extremities A53084 - Sclerosing of Varicose Veins

Related National Coverage Documents N/A

Public Version(s) Updated on 12/06/2017 with effective dates 01/01/2018 - N/A Updated on 08/24/2017 with effective dates 10/01/2017 - 12/31/2017 Updated on 01/05/2017 with effective dates 01/01/2017 - 09/30/2017 Updated on 11/23/2016 with effective dates 01/01/2017 - N/A Updated on 11/22/2016 with effective dates 01/01/2017 - N/A Updated on 08/01/2016 with effective dates 03/13/2016 - 12/31/2016 Updated on 03/04/2016 with effective dates 03/13/2016 - N/A Updated on 01/20/2016 with effective dates 03/13/2016 - N/A Updated on 03/31/2014 with effective dates 10/01/2015 - N/A

Back to Top
Read the LCD Disclaimer Back to Top