Subject: Varicose Vein and Venous Stasis Disease of Lower Extremity Procedures

Medical Policy #: 22.1
Original Effective Date: 10/27/2004
Status: Reviewed
Last Review Date: 05/26/2021

Disclaimer

Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Coverage Guidance

The following coverage guidance is specifically for the Treatment of Chronic Venous Insufficiency of the Lower Extremities found in (LCD L34924):

Classification for chronic venous disorders (CVD and CVI):

The CEAP classification
The CEAP classification for chronic venous disorders was developed by an international committee that classifies venous disease according to the clinical manifestations (C), etiologic factors (E), anatomic distribution of disease (A), and underlying pathophysiologic findings (P), or CEAP. Advanced CEAP: Same as basic CEAP, with addition that any of 18 named venous segments can be used as locators for venous pathology.

The Venous Clinical Severity Score (VCSS)
The VCSS system includes 10 clinical descriptors (pain, varicose veins, venous edema, skin pigmentation, inflammation, induration, number of active ulcers, duration of active ulceration, size of ulcer, and compressive therapy use), scored from 0 to 3 (total possible score, 30) that may be used to assess changes in response to therapy.

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Absent (0)</th>
<th>Mild (1)</th>
<th>Moderate (2)</th>
<th>Severe (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>None</td>
<td>Occasional</td>
<td>Daily</td>
<td>Daily w/meds</td>
</tr>
<tr>
<td>Varicose Veins</td>
<td>None</td>
<td>Few</td>
<td>Multiple</td>
<td>Extensive</td>
</tr>
<tr>
<td>Venous Edema</td>
<td>None</td>
<td>Evening only</td>
<td>Afternoon</td>
<td>Morning</td>
</tr>
<tr>
<td>Skin Pigmentation</td>
<td>None</td>
<td>Limited, old</td>
<td>Diffuse, more recent</td>
<td>Wider, recent</td>
</tr>
<tr>
<td>Inflammation</td>
<td>None</td>
<td>Mild cellulitis</td>
<td>Moderately severe</td>
<td>Severe</td>
</tr>
<tr>
<td>Induration</td>
<td>None</td>
<td>Focal &lt;5 cm</td>
<td>&lt;1/3 gaiter</td>
<td>&gt;1/3 gaiter</td>
</tr>
<tr>
<td>No. Active Ulcers</td>
<td>None</td>
<td>1</td>
<td>2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Active Ulcer Size</td>
<td>None</td>
<td>&lt;2 cm</td>
<td>2-6 cm</td>
<td>&gt;6 cm</td>
</tr>
<tr>
<td>Ulcer Duration</td>
<td>None</td>
<td>&lt;3 mo</td>
<td>3-12 mo</td>
<td>&gt;1 yr</td>
</tr>
<tr>
<td>Compression Therapy</td>
<td>None</td>
<td>Intermittent</td>
<td>Most days</td>
<td>Fully comply</td>
</tr>
</tbody>
</table>

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage (MPMPPC051001)
Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]
step is removing tributaries via stab phlebectomies or sclerotherapy, either at the time of ligation or subsequent to the ligation. Phlebectomy, also referred to as stab avulsion, ambulatory stab phlebectomy, or microphlebectomy, is a surgical treatment involving the removal of varicose veins through small “stab” 1-2 mm incisions in the skin overlying the vein. The vein is hooked and brought to the surface at each incision site to release it from the surrounding tissues and to sever any connections to other veins.

**Plan of Care for Invasive Procedures:**
The plan of care, for a 90-day episode of care, is based on the treating physician’s assessment. The minimum evaluation that must be documented includes the history, physical examination, CEAP clinical classification, VCSS, and a venous duplex scan documenting the venous flow. See also the related Billing and Coding Article: Treatment of Chronic Venous Insufficiency of the Lower Extremities (A55229) for additional documentation requirements.

Supplemental plethysmography, contrast venography, venous pressure measurements, intravascular ultrasound (IVUS), computed tomography (CT) venography, or magnetic resonance (MR) venography may be relevant to the plan of care in patients with severe or unusual presentations of venous disease in which there is possible concurrent involvement of pelvic veins or arterial-venous malformations or fistulae. Indications for these more extensive procedures should be documented in the plan of care.

**Coverage Determination**
Prior Authorization is required. Logon to Pres Online to submit a request: [https://ds.phs.org/preslogin/index.jsp](https://ds.phs.org/preslogin/index.jsp)

Presbyterian follows two Local Coverage Determinations for Medicare, Medicaid and Commercial members.

Depending on the condition (and/or chronicity of vessels) one of the LCD can be used:

I. LCD L34924, For the Treatment of **Chronic Venous Insufficiency** of the Lower Extremities

II. LCD L34536, For the Treatment of **Varicose Veins** of the Lower Extremities

**Length of Conservative Therapy:**
Supporting Documentation regarding the period of conservative therapy must show the following:

- **Treatment of chronic venous insufficiency (LCD L34924):** A well documented 90-day (3-month) episode of care must include at minimum an evaluation that includes the history, physical examination, CEAP clinical classification, VCSS, and a venous duplex scan documenting the venous flow. For patients with C2 or C3 disease and VCSS <6, the plan of care shall include documentation of a period of conservative therapy (2 to 4 weeks). To be considered for any of the listed procedures within LCD (L34924), the medical record must show specific treatment plan determined by the assessment and evaluation of the lower extremity venous incompetence. Please refer to the related Billing and Coding Article: Treatment of Chronic Venous Insufficiency of the Lower Extremities (A55229) for additional documentation requirements.

- **Treatment of varicose veins (LCD L34536):** A 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. Symptomatic varicose veins without a 3-month (90 day) trial of conservative measures, by any technique, will be considered cosmetic and therefore not covered. Please refer to the (L34536)Treatment of Varicose Veins for additional documentation requirements.

**Qualifying Providers:**
A qualified physician for this service/procedure is defined as A) Physician (MD or DO) properly enrolled in Medicare, Licensed by the State with full scope of practice, with B) training and experience acquired through tenured practice or within the framework of an accredited residency and/or fellowship training program in the applicable specialty/subspecialty in the United States, reflecting equivalent education, training and expertise endorsed by an academic institution or specialty society in the United States.

I. **Treatment of Chronic Venous Insufficiency, (LCD L34924):**

A. **Covered Indications:**
   For the Treatment of Chronic Venous Insufficiency of the Lower Extremities, PHP follows LCD (L34924) and the related policy article LCA (A55229).

   **Note:** For the invasive treatment procedures listed below, please review (1) and (2) below before moving on to the invasive procedures (3) through (11) listed below. See also Coverage Guidance section above specific to Treatment of Chronic Venous Insufficiency LCD L34924, for additional details.

   1. Invasive procedures will be considered medically reasonable and necessary if the patient meets the criteria as outlined in LCD (L34924).
      - The medical records must show intervention is addressed and supported in the plan of care, for a *90-day episode of care*, that includes a specific treatment plan determined by the treating physician’s assessment and evaluation of the lower extremity venous incompetence.

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]
2. Invasive procedures for varicose veins are medically reasonable and necessary when ALL of the following criteria have been met:
   - An evaluation of the patient including a history and physical examination, the CEAP clinical classification and the revised Venous Clinical Severity Score (VCSS), AND
   - A duplex scan of the deep and superficial venous systems supports the examination findings, (one pre-operative Doppler ultrasound study or duplex scan is considered medically necessary) AND
   - The documentation supports signs and/or symptoms that interfere with activities of daily living and/or quality of life, such as:
     ✓ Pain, aching, cramping, burning, itching and/or swelling during activity or after prolonged standing severe enough to impair mobility
     ✓ Recurrent episodes of superficial phlebitis
     ✓ Non-healing skin ulceration
     ✓ Bleeding from a varicosity
     ✓ Stasis dermatitis
     ✓ Refractory dependent edema
   - The CEAP clinical classification is C1 to C6 with the following criteria:
     - Treatment of C1 disease (telangiectasia and their feeding reticular veins) is considered medically reasonable and necessary for patients with spontaneous and/or traumatic venous hemorrhage.
     - For patients with C2 or C3 disease and VCSS <6, the plan of care shall include documentation of a period of conservative therapy (2 to 4 weeks) including graduated compression 20-30 mmHg or greater, ambulation, elevation, and avoiding prolonged sitting and standing.
     - For patients who meet any one of the following criteria, the mandatory conservative therapy prior to the invasive procedure may be waived.
       ▪ VCSS ≥6
       ▪ C4-C6 disease (skin changes assigned to venous disease, healed venous leg ulceration, and active venous leg ulceration)
       ▪ Hemorrhage
       ▪ Recurrent superficial thrombophlebitis

   **Note:** The above criteria (1) and (2) must be met before any of the below specific invasive treatment (3) thru (11) can be performed. See also Coverage Guidance section above specific to Treatment of Chronic Venous Insufficiency LCD L34924, for additional details for the following invasive procedures.

3. Incompetent perforator vein (IPV) management by foam sclerotherapy or thermal ablation, will be considered medically reasonable and necessary when:
   - An active venous ulcer is in close proximity to the IPV, OR
   - The proximal significant reflux has been treated and an IPV persists under or adjacent to a healed venous ulcer, OR
   - The proximal and regional venous reflux has been treated and there is persisting focal pain and tenderness or stasis dermatitis overlying an IPV, OR
   - The incompetent perforator demonstrates reflux >500 millisecond and diameter >3.5 mm.

4. Ultrasound guided foam sclerotherapy (UGFS), physician-compounded foam (PCF) and non-compounded foam (NCF) will be considered medically reasonable and necessary for:
   - Ablation of incompetent saphenous veins and tributary veins for the treatment of patients with symptomatic CEAP clinical classification C2 to C6 disease.
   - UGFS is also considered medically reasonable and necessary for ablation of venous malformations.

5. Liquid sclerotherapy will be considered medically reasonable and necessary for ablation of incompetent saphenous veins and tributary veins for the treatment of patients with symptomatic CEAP clinical classification C2 to C6 disease. Liquid sclerotherapy is also considered medically reasonable and necessary for the treatment of patients with symptomatic CEAP clinical classification C1 (telangiectasia and their feeding reticular veins) with spontaneous and/or traumatic venous hemorrhage.

*See additional requirements under the Documentation section of [A55229](#) for a 90 day episode of care, that supports the evaluation of the patient including a history, physical examination, CEAP clinical classification, VCSS and a formal venous duplex scan.*
6. Thermal ablation (radiofrequency or laser) will be considered medically reasonable and necessary for ablation of incompetent saphenous veins for the treatment of patients with symptomatic CEAP clinical classification C2 to C6 disease.

7. Chemical adhesives will be considered medically reasonable and necessary for ablation of incompetent saphenous veins for the treatment of patients with symptomatic CEAP clinical classification C2 to C6 disease.

8. Mechnochemical ablation (MOCA) will be considered medically reasonable and necessary for ablation of incompetent saphenous veins for the treatment of patients with symptomatic CEAP clinical classification C2 to C6 disease.

9. It is the responsibility of the provider to comply with all applicable State and Federal laws related to the human use of agents.

10. Surgery will be considered medically reasonable and necessary for treatment of incompetent saphenous veins for patients with symptomatic CEAP clinical classification C2 to C6 disease.

11. Phlebectomy will be considered medically reasonable and necessary for symptomatic bulbous varicosities greater than 3mm diameter above and below the knees. If saphenous vein ablation is performed, phlebectomy may be staged or concomitant depending upon the vein pattern and/or provider preferences.

B. Limitations:
The following are considered not medically reasonable and necessary:
1. The treatment of CEAP clinical classification C0 (no visible or palpable signs of venous disease) is considered cosmetic, and therefore, not reasonable and necessary for the purposes of Medicare coverage.
2. The treatment of CEAP clinical classification C1 (telangiectasias or reticular veins) will be considered cosmetic, and therefore, not reasonable and necessary for the purposes of Medicare coverage except in patients with spontaneous and/or traumatic venous hemorrhage.

II. Treatment Varicose Veins of the Lower Extremities, (LCD L34536):

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 when it is medically necessary.

Evidence and clinical experience supports the use of ultrasound guidance during the procedure 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 intra-operative ultrasound service in the valuation and ultrasound may not be billed separately with these procedures.

A duplex ultrasound examination is considered medically necessary and will be allowed when performed within 1 week (preferably within 72 hours) of EFRA to check for any evidence of thrombus extension from the saphenofemoral junction into the deep system.

Covered Indications:
For the Treatment of Varicose Veins of the Lower Extremities, PHP follows LCD (L34536) and the related policy article LCA (A56914).

A. Indications for surgical treatment and sclerotherapy:
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:
   ✓ Pain, aching, cramping, burning, itching and/or swelling during activity or after prolonged standing severe enough to impair mobility
   ✓ Recurrent episodes of superficial phlebitis
   ✓ Non-healing skin ulceration
   ✓ Bleeding from a varicosity
   ✓ Stasis dermatitis
   ✓ Refractory dependent edema

3. The treatment of spider veins/telangiectasias will be considered medically necessary only if there is associated hemorrhage.

B. Indications for ERFA or laser ablation:
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 20 mm for ERFA or 30 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.
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 also considered cosmetic, and therefore not covered unless there is associated bleeding.
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. Post-procedure Doppler ultrasound studies will be allowed if medically necessary.

The 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.

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

D. Documentation Requirements:
1. Each claim must be submitted with a diagnosis 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.
7. When requesting a written redetermination (formerly appeal), providers must include all relevant documentation with the request.

**Coding**

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

**Note:** Providers should not bill separately for the sclerosant or chemical adhesive. For CPT codes 36465, 36466, 36470, 36471, 36473, and 36474 includes sclerosant; and CPT 36482 and 36483 includes chemical adhesive

When performed in the office setting, all required supplies and equipment (e.g., sclerosant, catheters, tumescent anesthesia, “kits”) are included in codes 36473-36476, 36478, 36479, 36482, 36483 and may not be reported separately. In addition, application of compression dressing(s) (e.g., compression bandages/stockings) is also included in codes 36473-36476, 36478, 36479, 36482, 36483, when performed.

When reporting sclerotherapy procedures (36465, 36466, 36470, and 36471) performed on opposite legs, report CPT code 36465, 36470 (one vein) and 36466, 36471(multiple veins) on separate lines using the RT and LT modifiers. For bilateral services use the 50 modifier. Only one service should be reported for each leg regardless of how many veins are treated. When the procedure is performed for cosmetic purpose, use code Z41.1.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Billing and Coding: Select the appropriate LCA, depending on the condition (and/or chronicity of vessels):</th>
</tr>
</thead>
<tbody>
<tr>
<td>76937</td>
<td>• Treatment of Chronic Venous Insufficiency of the Lower Extremities see the related policy article LCA (A55229)</td>
</tr>
<tr>
<td></td>
<td>• For the Treatment of Varicose Veins of the Lower Extremities, see the related policy article LCA (A56914).</td>
</tr>
</tbody>
</table>

76937  
US guide vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real-time ultrasound visualization of vascular needle entry, with permanent recording and reporting, CPT code 37760 or 37761 should not be reported with ultrasound guidance.

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]
| CPT Codes | Billing and Coding: Select the appropriate LCA, depending on the condition (and/or chronicity of vessels):
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>93970</td>
<td>Extremity study. Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study</td>
</tr>
<tr>
<td>93971</td>
<td>Extremity study. Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study</td>
</tr>
<tr>
<td>36465</td>
<td>Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; <strong>single</strong> incompetent extremity truncal vein</td>
</tr>
<tr>
<td>36466</td>
<td>Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; <strong>multiple</strong> incompetent truncal veins, same leg</td>
</tr>
</tbody>
</table>
| 36468 | Injection(s) of sclerosant for spider veins, limb or trunk  
*The treatment of spider vein/telangiectasia (36468) will be considered only if there is associated hemorrhage.*  
Includes dressings including multi-layer compression wrap(s), medications, sclerosing agents and solutions, catheters, introducers, or devices to facilitate preparation or delivery of sclerosing agents. |
| 36470 | Injection of sclerosant; **single** incompetent vein.  
Includes dressings including multi-layer compression wrap(s), medications, sclerosing agents and solutions, catheters, introducers, or devices to facilitate preparation or delivery of sclerosing agents. |
| 36471 | Injection of sclerosant; **multiple** incompetent veins, same leg.  
Includes dressings including multi-layer compression wrap(s), medications, sclerosing agents and solutions, catheters, introducers, or devices to facilitate preparation or delivery of sclerosing agents. |
| 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mecanochemical; **first** vein treated |
| 36474 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mecanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites |
| 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 |
| 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; **first** 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 |
| 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheater delivery of a chemical adhesive 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 transcatheater delivery of a chemical adhesive 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 |
| 37500 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial |
| 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 saphenous veins from saphenofemoral junction to knee or below |

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]
CPT Codes | Billing and Coding: Select the appropriate LCA, depending on the condition (and/or chronicity of vessels):
---|---
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, including skin graft, when performed, open, 1 leg
37761 | Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
37799 | Stab phlebectomy of varicose veins, 1 extremity; LESS THAN 10 INCISIONS
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 & division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785 | Ligation, division and/or excision of varicose vein cluster(s), one leg

For a list of covered diagnosis select the appropriate LCA, depending on the condition (and/or chronicity of vessels):
- For Treatment of **Varicose Veins and Venous Stasis Disease** of the Lower Extremities (L34924), see LCA (A55229) for ICD-10 listings.
- For Treatment of **Varicose Veins** of the Lower Extremities (L34536), see LCA (A56914) for ICD-10 listing.

<table>
<thead>
<tr>
<th>HCPCS code</th>
<th>Non-covered</th>
</tr>
</thead>
</table>
| J3490 | Sclerosing agents (Varithena, ClariVein, Asclera, Sclerodex, Scleromo, etc.). These agents are bundled into procedure.

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Norman White MD
Medical Director: David Yu MD
Medical Director: Jimmy Romero MD
Date Approved: 05/26/2021

References

1. CMS, Local Coverage Determination (LCD) by Novitas, Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L34924), Revision Date 12/27/2020, R#15. [Cited 04/22/2021]
2. CMS, Local Coverage Determination (LCD) by Wisconsin, Treatment of Varicose Veins of the Lower Extremities (L34536), Revision Date: 11/01/2019, R#12. [Cited 04/22/2021]
3. CMS, Local Coverage Article (A56914) by Wisconsin - Billing and Coding: Treatment of Varicose Veins of the Lower Extremities, Revision Date 11/01/2019, R1. [Cited 04/22/2021]
4. CMS, Local Coverage Article by Novitas, (A55229) - Billing and Coding: Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities 04/22/2021

Publication History

Original Internal Criteria Effective Date: October 27, 2004
Review Date: December 2005, October/November 2006, December 2007
Revision Date: December 2005, November 2006, December 2007
01-28-09 Transitioned to Medical Policy, Annual Review and Revision
01-27-10 Annual Review and Revision
01-19-11 Annual Review and Revision

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]
This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such. For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: Click here for Medical Policies

Web links:
At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]