

**Treatment of Chronic Venous Insufficiency of Lower Extremity
Medicare Local Coverage Determination (LCD) - L38720 Checklist**

LCD-L38720	Patient Name:	MR:
Effective Date: For services performed on or after 12/27/2020		
Effective 7/1/20: Vein ablation procedures (CPT 36473-79, 36482-83) require prior authorization - see the link ->		CMS Prior Authorization Initiative
<p>Chronic Venous Insufficiency (CVI) is a cause of abnormalities of the venous system producing edema, skin changes, or venous ulcers that is associated with varicose veins (VV), common in the lower extremities. VV are dilated subcutaneous veins (≥ 3 millimeters diameter/reflux >500 milliseconds in an upright position) caused by primary venous disease with local or multifocal structural weakness of the vein wall leading to valvular insufficiency or valvular reflux, or secondary to a previous deep vein thrombosis or venous obstruction, superficial thrombophlebitis, an arteriovenous fistula or a congenital venous malformation.</p>		
COVERAGE INDICATIONS		
The below therapies are considered medically reasonable and necessary when the outlined conditions or criteria are met and supported by the documentation:		
<input type="checkbox"/> Invasive procedures - addressed/supported in the plan of care (90 day episode of care) with a specific treatment plan determined by the assessment and evaluation of the lower extremity venous incompetence.		
<input type="checkbox"/> Invasive procedures for the treatment of varicose veins: <ul style="list-style-type: none"> • A patient evaluation with 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 and confirms the presence of reversed venous flow (reflux) with provocative maneuvers in the saphenous, or perforator veins ≥ 500 milliseconds and absence of deep venous obstruction, AND • The documentation supports signs/symptoms that interfere with activities of daily living and/or quality of life, AND • The CEAP clinical classification is C1 to C6 with the following criteria: <ul style="list-style-type: none"> - Patients with C1 disease (telangiectasia and their feeding reticular veins) treatment for spontaneous and/or traumatic venous hemorrhage. - Patients with C2 or C3 disease and VCSS <6, the plan of care includes period of conservative therapy (2 - 4 weeks) including graduated compression ≥ 20-30 mmHg, ambulation, elevation, and avoiding prolonged sitting and standing. <i>Note: Mandatory conservative therapy prior to the invasive procedure may be waived for patients with VCSS ≥ 6, or C4-C6 disease (skin changes assigned to venous disease/healed venous leg ulceration/active venous leg ulceration), or hemorrhage, or recurrent superficial thrombophlebitis.</i> 		
<input type="checkbox"/> Incompetent perforator vein (IPV) management by foam sclerotherapy or thermal ablation: • 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 ms and diameter > 3.5 mm.		
<input type="checkbox"/> Ultrasound guided foam sclerotherapy (UGFS), physician-compounded foam (PCF) and non-compounded foam (NCF): • For ablation of incompetent saphenous veins and tributary veins for the treatment of patients with symptomatic CEAP clinical classification C2 to C6 disease OR • For ablation of venous malformations.		
<input type="checkbox"/> Liquid sclerotherapy: • For ablation of incompetent saphenous veins and tributary veins for the treatment of patients with symptomatic CEAP clinical classification C2 to C6 disease OR • For the treatment of patients with symptomatic CEAP clinical classification C1 (telangiectasia and their feeding reticular veins) with spontaneous and/or traumatic venous hemorrhage.		
<input type="checkbox"/> Either Thermal ablation (radiofrequency or laser) or Chemical adhesives or Mechanochemical ablation (MOCA): <ul style="list-style-type: none"> • For ablation of incompetent saphenous veins for the treatment of patients with symptomatic CEAP clinical classification C2 to C6 disease. 		
<input type="checkbox"/> Surgery: For treatment of incompetent saphenous veins for patients with symptomatic CEAP clinical classification C2 to C6 disease.		
<input type="checkbox"/> Phlebectomy: For symptomatic bulbous varicosities > 3 mm diameter above and below the knees; Can be staged or concomitant when with vein ablation.		
<input type="checkbox"/> Compliant with applicable State and Federal laws related to the human use of agents.		
Limitations/Non-Covered Procedures: Cosmetic procedures -treatment of CEAP clinical classification C0 (no visible or palpable signs of venous disease) and C1 (telangiectasias or reticular veins) for patients without spontaneous and/or traumatic venous hemorrhage.		
DOCUMENTATION		
<input type="checkbox"/> Plan of care (POC) , for a 90 day episode of care, supports evaluation of the patient including a history, physical examination, CEAP clinical classification, VCSS and a formal venous duplex scan, includes the date(s) of the examination and diagnostic evaluation, and meets the following criteria:		
<input type="checkbox"/> a) The timing of an interventions is outlined in POC and supported in a complete operative procedure note, e.g. procedure(s) on day 1 and 7 and re-evaluation in 3 months.		
<input type="checkbox"/> b) Serial ablations (the same leg) within a 90 day episode of care: documentation explains why the ablation cannot be performed on a single day due to clinical reasons.		
<input type="checkbox"/> c) Incompetent perforator vein intervention is supported in the documentation based on patient specific clinical information as outlined in the LCD covered indications.		
<input type="checkbox"/> d) The initial plan of care includes all sites of clinically significant axial or non-axial reflux with a description of the specific procedure(s) to use in a 90 day episode of care consistent with the CEAP and VCSS classification and supporting clinical and diagnostic data.		
<input type="checkbox"/> e) Patients with C2 or C3 disease and VCSS <6 includes documentation of a period of conservative therapy (2-4 weeks) with graduated compression 20-30 mmHg or greater, ambulation, elevation, and avoiding prolonged sitting and standing.		
<input type="checkbox"/> Duplex scan confirms the reflux with provocative maneuvers in the saphenous or perforator veins is ≥ 500 milliseconds, and absence of deep venous obstruction.		
<input type="checkbox"/> Documentation supports the diagnosis (ICD-10-CM) codes and procedure/item (CPT/HCPCS) codes selected for billing.		
<input type="checkbox"/> Medical records: legible including signatures of the treating physician or non-physician practitioner; with appropriate patient identification information; available upon request		
<input type="checkbox"/> ABN provided for non-covered services in order to bill.		
CODING and BILLING		
View Local Coverage Article-Billing and Coding: A58250 Treatment of Chronic Venous Insufficiency of the Lower Extremity		
<ul style="list-style-type: none"> • The sclerosant used in sclerotherapy procedures is included in the procedure code (not separately reported). • Use CPT 36468, 36470, and 36471 to report liquid sclerotherapy. • Use CPT 36468-36479 for sclerosis of veins or endovenous ablation of incompetent extremity veins. • Use CPT 36465 and 36466 to report non-compounded foam (NCF) sclerotherapy for incompetent extremity truncal veins. • Use CPT 36470 and 36471 for non-compounded foam sclerotherapy for other incompetent extremity veins or physician-compounded foam (PCF) sclerotherapy for incompetent extremity truncal veins and other incompetent extremity veins. • Use CPT 37241-37244 to report for vascular embolization and occlusion procedures excluding the ablation/sclerotherapy procedures for venous insufficiency/telangiectasia of the extremities/skin reported using CPT 36468, 36470, and 36471. • CPT 37241 is not appropriate to report vein ablation for the treatment of chronic venous insufficiency of the lower extremities. • Use CPT 36468 to report the treatment of symptomatic spider veins/telangiectasia in the lower extremities by injection of sclerosing agents (once per extremity/per session- regardless of the number of injections) • Ligation procedures of the lower extremity (e.g., CPT codes 37700-37785) include application of a compression dressing (<i>do not report CPT 29581 - multi-layer compression system</i>). • CPT 36474, 36476, 36479, and 36483 for subsequent vein(s) treated in the same extremity may be reported once per extremity, regardless of the number of additional vein(s) treated. • When services are not covered use appropriate modifiers. • Code to specificity, if no procedure code exists, select unlisted procedure code. • Compliance monitored through post payment data analysis and medical reviews. 		
Checklist completed by:	Date:	
<small>Disclaimer: The content of the checklists were created as an educational tool. Use of these documents are not intended as a replacement for the documentation requirements published in National or Local Coverage Determinations, or the CMS's documentation guidelines, written law or regulations. Medicare policy changes frequently; Providers/Departments are reminded to review current National and Local Coverage Determination and Policy Articles for specific documentation and coding guidelines.</small>		