

**Treatment of Varicose Veins of Lower Extremity
Medicare Local Coverage Determination (LCD) - L33762 Checklist**

LCD-L33762	Patient Name:	MR:
Effective Date: For services performed on or after 11/27/2019		
Effective 7/1/20: Vein ablation procedures require prior authorization - see the link for applicable CPT codes and regulation:		CMS Prior Authorization Initiative
<p>Varicose veins are superficial, dilated, tortuous veins with venous incompetence located in the lower extremities. They are a manifestation of chronic venous disease (CVD), caused by ambulatory venous hypertension, and are considered pathologic when ≥ 5 mm in diameter, or at times ≥ 3 mm as per LCD, when with > 500 msec of reflux by duplex scan measured in the upright position. CVD can cause clinically significant pain, result in decreased quality of life, and even disability which may necessitate medically necessary treatment.</p>		
PROVIDER QUALIFICATIONS		
<p><input type="checkbox"/> Non-invasive vascular diagnostic studies performed by a qualified physician, or under supervision of a qualifier physician or technologist, and/or in accredited vascular technology lab.</p> <p>Physician : a) enrolled in Medicare, b) training/expertise acquired in U.S.A. accredited residency in general or vascular surgery, radiology, cardiology and/or fellowship in the applicable (sub)specialty <u>or</u> equivalent education/training endorsed by U.S.A. academic institution/(sub)specialty society; proof of training and expertise maintained.</p> <p>Non-physician practitioners (NPP) - with an appropriate scope of practice, under supervision of a qualified physician for sclerotherapy and/or phlebectomy, and with education and training in the intervention.</p> <p>Technologist : credentialed as Registered Vascular Technologist (RVT) or Registered Vascular Specialist (RVS); proof of training and expertise maintained; not qualified to surgically treat.</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:		
<p>Conservative Treatment (nonsurgical) leg elevation/weight management/graduated compression stockings/wraps</p> <p><input type="checkbox"/> to relieve symptoms of early venous insufficiency/ uncomplicated case (e.g., C2)</p> <p>Compression therapy</p> <p><input type="checkbox"/> adjunct for a patient with advanced signs of venous insufficiency, especially with edema, skin changes, and venous stasis ulcers (C3-C6)</p>		
<p>Endovenous Laser Ablation (EVLA) and Radiofrequency Ablation (RFA)</p> <p><input type="checkbox"/> Treatment of symptomatic GSV, SSV, or accessory saphenous veins</p> <p><input type="checkbox"/> Plan of care (POC) with a duplex scan report showing saphenous vein reflux ≥ 500 ms, GSV diameter ≥ 5 mm, and SSV diameter ≥ 3 mm, and</p> <p><input type="checkbox"/> Signs and symptoms interfere with activities of daily living or quality of life:</p> <ul style="list-style-type: none"> • C2 patients: persistent pain, swelling, itching, burning, etc. with VCSS score > 6 or < 6 with documentation of failed compression therapy during the first 90-day episode, or • C3-C6 patients: skin thickening and discoloration, superficial phlebitis, edema, variceal hemorrhage, and ulceration. <p><input type="checkbox"/> Pathologic perforator veins* in C3-C6 patients: POC/recent duplex ultrasonography report with perforator venous insufficiency: *outward flow ≥ 500 ms per recent duplex, vein size ≥ 3.5 mm, and perforating vein beneath or contiguous to a healed or active venous stasis ulcer, unless obstructed.</p>		
<p>Phlebectomy Treatment (surgical removal of varicose veins through small incision in skin)</p> <p><input type="checkbox"/> Patient is symptomatic with varicose tributary veins and C2 and VCSS > 6, or C2 and VCSS < 6 with documentation of failed compression therapy, or C3-C6 disease, and</p> <p><input type="checkbox"/> Procedure is adjunctive with concurrent or following surgical or thermal ablation treatment of the saphenous veins, per plan of care.</p>		
<p>Subfascial endoscopic perforator surgery (SEPS)</p> <p><input type="checkbox"/> Patient with incompetent perforator* (see above criteria) veins with advanced chronic venous insufficiency (e.g., active or healed venous ulcer)</p> <p><input type="checkbox"/> Conservative treatment failed</p>		
<p>Sclerotherapy: (injection of a liquid or foam sclerosing agent into a varicose or incompetent vein to achieve endoluminal fibrosis and obstruction)</p> <p><input type="checkbox"/> Patient is symptomatic with varicose tributary veins and C2 and VCSS > 6, or C2 and VCSS < 6 with documentation of failed compression therapy, or C3-C6 disease, and</p> <p><input type="checkbox"/> Procedure/documentation meets the following:</p> <ul style="list-style-type: none"> • compliant with applicable state and federal laws related to human use of the selected chemical agents • with ultrasound guidance for needle placement by qualified physician • adjunctive with concurrent or following surgical or thermal ablation treatment of the saphenous veins, per plan of care, or • When thermal ablation is unsuitable, image-guided foam sclerotherapy for tributary vein is supported by plan of care addressing clinically significant reflux • Devise/sclerosant combination procedure with injectable foam is for residual or recurrent varicose tributary veins. 		
<p>Limitations/Non-Covered Procedures: cosmetic procedures to correct an anatomical abnormality w/o restoring physiologic function, or to enhance appearance, e.g. C1 disease treatment; compression therapy for patients with significant concomitant arterial disease; thermal ablation procedures for perforator veins in C2 patient; sclerotherapy injections for the treatment of telangiectasias and reticular veins less than 3 mm in diameter; photothermal sclerosis, transdermal laser treatment, mechanochemical ablation; SEPS surgery for C1-C4 or perforator veins/simple varicose veins; any treatment for asymptomatic patients; ultrasound guidance for vascular access; and vascular embolization/occlusion inclusive of all radiological services for saphenous ablation.</p>		
DOCUMENTATION		
<p><input type="checkbox"/> Is maintained in medical records; legible including signatures of the treating physician or non-physician practitioner; with appropriate patient identification information</p> <p><input type="checkbox"/> Includes an exam report with chronic deep venous occlusion or significant obstruction, or an acute deep venous thrombosis</p> <p><input type="checkbox"/> Includes a procedure order and informed consent</p> <p><input type="checkbox"/> Includes bilateral duplex scan preceding plan of care; with element of visibility, compressibility, venous flow, augmentation, plasticity, vein size; confirming the presence, location, and size of incompetent veins ; imaging with 2D and spectral analysis <i>Note: post treatment scan only per indications in plan of care; additional scans not indicated.</i></p> <p><input type="checkbox"/> Excludes other causes of leg pain, ulceration, and edema</p> <p><input type="checkbox"/> Supports Monitored Anesthesia Care (MAC) or moderate (conscious) sedation when provided based on patient's clinical presentations/characteristics</p> <p><input type="checkbox"/> Includes duplex scanning with element of visibility, compressibility, venous flow, augmentation, plasticity, vein size confirming the presence, location, and size of incompetent veins and Duplex Doppler imaging including 2D and spectral analysis for anatomic and hemodynamic information</p> <p><input type="checkbox"/> Supports the selected diagnosis (ICD-10-CM) codes and procedure/item (CPT/HCPCS) codes for billing</p> <p><input type="checkbox"/> Includes ABN when provided for non-covered services</p>		
CODING and BILLING		
<p>View Local Coverage Article-Billing and Coding: A57781 Treatment of Varicose Veins of the Lower Extremity</p>		
<ul style="list-style-type: none"> • When coding thermal ablation on 2 different days for the same leg using base code on each day (instead of base with an-add code) reasons are clearly documented. • Thermal ablation includes ultrasound imaging for additional procedures done with an ablation. • Code to specificity, if no procedure code exists, select unlisted procedure code • Transilluminated powered phlebectomy (Trivex) is billed as a phlebectomy when its indications are met. • There is no unique coding for image-guided foam sclerotherapy. • When services are not covered use appropriate modifiers. • Redetermination process can be used for services not meeting medical necessity requirements. 		
Checklist completed by:		Date:
<p><i>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.</i></p>		