### Coverage Indications

The below therapies are considered medically reasonable and necessary when the outlined conditions or criteria are met and supported by the documentation:

**Conservative Treatment (nonsurgical) leg elevation/weight management/graduated compression stockings/wraps**
- To relieve symptoms of early venous insufficiency/uncomplicated case (e.g., C2)

**Compression therapy**
- Adjunct for a patient with advanced signs of venous insufficiency, especially with edema, skin changes, and venous stasis ulcers (C3-C6)

**Endovenous Laser Ablation (EVLA) and Radiofrequency Ablation (RFA)**
- Treatment of symptomatic GSV, SSV, or accessory saphenous veins
- 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 signs and symptoms interfere with activities of daily living or quality of life:
  - C2 patients: persistent pain, swelling, itching, burning, etc. with VCSS score ≥ 6
  - C3-C6 patients: skin thickening and discoloration, superficial phlebitis, edema, variceal hemorrhage, and ulceration.
- 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 branch or contiguous to a healed or active venous stasis ulcer, unless obstructed.

**Phlebectomy Treatment**
- Surgical removal of varicose veins through small incision in skin
- 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
- Procedure is adjunctive with concurrent or following surgical or thermal ablation treatment of the saphenous veins, per plan of care.

**Subfascial endoscopic perforator surgery (SEPS)**
- Patient with incompetent perforator* (see above criteria) veins with advanced chronic venous insufficiency (e.g., active or healed venous ulcer)
- Conservative treatment failed

**Sclerotherapy:**
- Injection of a liquid or foam sclerosing agent into a varicose or incompetent vein to achieve endoluminal fibrosis and obstruction
- Procedure/documentation meets the following:
  - Adjunctive with concurrent and following surgical or thermal ablation treatment of the saphenous veins, per plan of care, or
  - Thermal ablation is unsuitable, image-guided foam sclerotherapy for tributary vein is supported by plan of care addressing clinically significant reflux
  - Procedure is adjunctive with concurrent or following surgical or thermal ablation treatment of the saphenous veins, per plan of care, or
  - Plan of care with a duplex scan report showing saphenous vein reflux ≥ 500 ms, GSV diameter ≥ 5 mm, and SSV diameter ≥ 3 mm, and signs and symptoms interfere with activities of daily living or quality of life:
  - C2 patients: persistent pain, swelling, itching, burning, etc. with VCSS score ≥ 6
  - C3-C6 patients: skin thickening and discoloration, superficial phlebitis, edema, variceal hemorrhage, and ulceration.
  - 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 branch or contiguous to a healed or active venous stasis ulcer, unless obstructed.

**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 arteriovascular disease; thermal ablation procedures for perforator veins in C2 patient; sclerotherapy injections for the treatment of telangiectasia and reticular veins less than 3 mm in diameter; phlebolysis, transdermal laser treatment, mechaoncohemical ablation; SEPS surgery for C1-C4 or perforator veins/simple varicose veins; any treatment for symptomatic patients;
- Ultrasound guidance for vascular access; and vascular embolization/occlusion inclusive of all radiological services for saphenous ablation.

### Documentation

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Is maintained in medical records; legible including signatures of the treating physician or non-physician practitioner; with appropriate patient identification information</td>
</tr>
<tr>
<td>2.</td>
<td>Includes an exam report with chronic deep venous occlusion or significant obstruction, or an acute deep venous thrombosis</td>
</tr>
<tr>
<td>3.</td>
<td>Includes a procedure order and informed consent</td>
</tr>
<tr>
<td>4.</td>
<td>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 Note: post treatment scan only per indications in plan of care; additional scans not indicated</td>
</tr>
<tr>
<td>5.</td>
<td>Excludes other causes of leg pain, ulceration, and edema</td>
</tr>
<tr>
<td>6.</td>
<td>Supports Monitored Anesthesia Care (MAC) or moderate (conscious) sedation when provided based on patient’s clinical presentations/characteristics</td>
</tr>
<tr>
<td>7.</td>
<td>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</td>
</tr>
<tr>
<td>8.</td>
<td>Supports the selected diagnosis (ICD-10-CM) codes and procedure/item (CPT/HCPCS) codes for billing</td>
</tr>
<tr>
<td>9.</td>
<td>Includes ABN when provided for non-covered services</td>
</tr>
</tbody>
</table>

### Coding and Billing

- 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 (Trixlex) 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.