Varicose Veins Treatment and Other Vein Embolization Procedures

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Instructions for Use

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Related Policies
None

Coverage Rationale

Stab Phlebectomy Less Than 10 Incisions

Medicare does not have a National Coverage Determination (NCD) for stab phlebectomy less than 10 incisions. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Stab Phlebectomy Less Than 10 Incisions.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins.

Endomechanical Ablation of Incompetent Extremity Veins

Endomechanical ablation of incompetent extremity veins is also known as clarivein, mechanochemical ablation (MOCA), mechanico-chemical endovenous ablation (MCEA), and mechanically enhanced endovenous chemical ablation (MEECA).

Medicare does not have an NCD for endomechanical ablation of incompetent extremity veins. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to table for Endomechanical Ablation of Incompetent Extremity Veins.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service; however, language may be included in the listing below to indicate if a code is non-covered. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated

CPT Code	Description
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)
37799	Unlisted procedure, vascular surgery [Refer to the UnitedHealthcare Commercial Medical Policy titled Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins]

Centers for Medicare and Medicaid Services (CMS) Related Documents

After checking the table below and searching the Medicare Coverage Database, if no NCD, LCD, or LCA is found, refer to the criteria as noted in the Coverage Rationale section above.

NCD	LCD	LCA	Contractor Type	Contractor Name
Endomechanical Ablation of Incompetent Extremity Veins				
N/A	L38720 Treatment of Chronic Venous Insufficiency of the Lower Extremities	A58250 Billing and Coding: Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	First Coast
	L33575 Varicose Veins of the Lower Extremity, Treatment of	A52870 Billing and Coding: Treatment of Varicose Veins of the Lower Extremity	Part A and B MAC	NGS
	L34209 Treatment of Varicose Veins of the Lower Extremities	A53084 Billing and Coding: Sclerosing of Varicose Veins	Part A and B MAC	Noridian
		A57706 Billing and Coding: Treatment of Varicose Veins of the Lower Extremities		
	L34010 Treatment of Varicose Veins of the Lower Extremities	A53079 Billing and Coding: Sclerosing of Varicose Veins	Part A and B MAC	Noridian
		A57707 Billing and Coding: Treatment of Varicose Veins of the Lower Extremities		
	L34924 Treatment of Chronic Venous Insufficiency of the Lower Extremities	A55229 Billing and Coding: Treatment of Chronic Venous Insufficiency of the Lower Extremities	Part A and B MAC	Novitas**
	L39121 Treatment of Varicose Veins of the Lower Extremities	A58876 Billing and Coding: Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	Palmetto**
	L34536 Treatment of Varicose Veins of the Lower Extremities	A56914 Billing and Coding: Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	WPS*
Stab Phlebectomy Less Than 10 Incisions				
N/A	L34536 Treatment of Varicose Veins of the Lower Extremities	A56914 Billing and Coding: Treatment of Varicose Veins of the Lower Extremities	Part A and B MAC	WPS*

Medicare Administrative Contractor (MAC) With Corresponding States/Territories	
MAC Name (Abbreviation)	**States/Territories**
CGS Administrators, LLC (CGS)	KY, OH
First Coast Service Options, Inc. (First Coast)	FL, PR, VI
National Government Services, Inc. (NGS)	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian Healthcare Solutions, LLC (Noridian)	AS, AK, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas Solutions, Inc. (Novitas)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX, VA**
Palmetto GBA (Palmetto)	AL, GA, NC, SC, TN, VA**, WV
Wisconsin Physicians Service Insurance Corporation (WPS)*	IA, IN, KS, MI, MO, NE
Notes	
*Wisconsin Physicians Service Insurance Corporation: Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers. **For the state of Virginia: Part B services for the city of Alexandria and the counties of Arlington and Fairfax are excluded for the Palmetto GBA jurisdiction and included within the Novitas Solutions, Inc. jurisdiction.	

Policy History/Revision Information

Date	Summary of Changes
03/01/2025	**Coverage Rationale** • Removed content/language addressing embolization of the ovarian and iliac veins for pelvic congestion syndrome **Applicable Codes** • Removed CPT code 37241 **Centers for Medicare & Medicaid (CMS) Related Documents** • Updated list of documents available in the *Medicare Coverage Database* to reflect the most current information **Supporting Information** • Archived previous policy version MMP099.07

Instructions for Use

The Medicare Advantage Policy documents are generally used to support UnitedHealthcare coverage decisions. It is expected providers retain or have access to appropriate documentation when requested to support coverage. This document may be used as a guide to help determine applicable:

- Medical necessity coverage guidelines; including documentation requirements, and/or
- Medicare coding or billing requirements.

Medicare Advantage Policies are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates. This Policy is provided for informational purposes and does not constitute medical advice. It is intended to serve only as a general reference and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes this policy. For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.

Medicare Advantage Policies are developed as needed, are regularly reviewed, and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare

may modify these Policies at any time by publishing a new version on this website. Medicare source materials used to develop these policies may include, but are not limited to, CMS statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and manuals. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. The information presented in this Policy is believed to be accurate and current as of the date of publication. Where there is a conflict between this document and Medicare source materials, the Medicare source materials apply. Medicare Advantage Policies are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing certain items or services referenced in this Medical Policy have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, in these circumstances, UnitedHealthcare applies internal coverage criteria as referenced in this Medical Policy. The internal coverage criteria in this Medical Policy was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Providers are responsible for submission of accurate claims. Medicare Advantage Policies are intended to ensure that coverage decisions are made accurately. UnitedHealthcare Medicare Advantage Policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

For members in UnitedHealthcare Medicare Advantage plans where a delegate manages utilization management and prior authorization requirements, the delegate's requirements need to be followed.