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2025 Vein Procedures

Cardiology

SURG-VEIN-HH

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Contraindications and Exclusions to Endovenous Vein Ablation

Contraindications or exclusions to endovenous vein ablation may include **ANY** of the following:

- Deep vein or superficial thrombosis
  Reference: [11]
- Frail health (eg, poorly controlled comorbid medical conditions)
  Reference: [11]
- Hypoplastic deep veins
  Reference: [11]
- Non-ambulatory
  Reference: [11]
- Pregnancy
  Reference: [11]
- With pacemaker
  Reference: [11]

Contraindications and Exclusions to Compression Therapy

Contraindications or exclusions for compression therapy may include **ANY** of the following:

- Allergy to compression material
  Reference: [4]
- Arterial bypass, extra-anatomic or superficially tunneled, at the site of intended compression
  Reference: [4]
- Atherosclerotic disease in the lower extremity is severe (eg, ankle-brachial index (ABI) less than 0.6 and/or ankle pressure less than 60 mmHg).
  Reference: [4]
- Diabetic neuropathy is severe, with sensory loss or microangiopathy and risk of skin necrosis.
  Reference: [4]
- Heart failure New York Heart Association (NYHA) Class III and routine application of compression devices without clinical and hemodynamic monitoring [13]
  Reference: [4]

- Heart failure is severe, NYHA Class IV.
  Reference: [4]

Preamble: Pediatric Cardiology Preamble

HealthHelp's clinical guidelines for the Cardiology program, are intended to apply to both adults and pediatrics (21 years of age or younger), unless otherwise specified within the criteria.

Endovenous Ablation Therapy Guideline

Endovenous ablation therapy for the treatment of symptomatic chronic venous disease of the lower extremities or varicose veins is considered medically appropriate after a venous duplex ultrasound and when documentation demonstrates **ANY** of the following:

1. Active venous leg ulceration and superficial venous incompetence, early endovenous ablation is recommended to accelerate ulcer healing.
   Reference: [4]
2. Reflux on ultrasound demonstrates **ANY** of the following:
   a. Greater than 0.5 seconds (500 ms) for superficial truncal veins (eg, anterior accessory great saphenous vein, great saphenous vein, posterior accessory great saphenous vein, small saphenous vein)
   b. Greater than 1 second (1000 ms) for common femoral, femoral, and popliteal veins

   References: [6] [1]
3. Superficial venous reflux (reflux lasts more than 0.5 seconds on ultrasound) undergoing intervention, risk assessment for venous thromboembolism.
   Reference: [4]
4. Varicosities are recurrent and great saphenous vein (GSV) or anterior accessory GSV have persistent or recurrent reflux.
   References:
5. Varicose vein is size 3 mm or greater with a clinical etiological anatomical pathophysiological (CEAP) score of $C2_s$ or higher.
   References: [6] [15] [17]
6. Varicose veins are bulging with dermatologic signs of chronic venous insufficiency (CVI) (eg, edema, hyperpigmentation, lipodermatosclerosis, ulceration).
   Reference: [4]

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Repeat Endovenous Ablation Therapy Guideline

Repeating endovenous ablation therapy for the treatment of varicose veins is considered medically necessary when the documentation demonstrates reflux (peripheral vein incompetence) exists after initial treatment.

Reference: [8]

LCD 33575

See also, **LCD 33575**: Varicose Veins of the Lower Extremity, Treatment of at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 34010

See also, **LCD 34010**: Treatment of Varicose Veins of the Lower Extremities at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 34082

See also, **LCD 34082**: Varicose Veins of the Lower Extremity, Treatment of at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 34209

See also, **LCD 34209**: Treatment of Varicose Veins of the Lower Extremities at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 34536

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LCD 34924
See also, **LCD 34924**: Treatment of Chronic Venous Insufficiency of the Lower Extremities at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 38720
See also, **LCD 38720**: Treatment of Chronic Venous Insufficiency of the Lower Extremities at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 39121
See also, **LCD 39121**:Treatment of Varicose Veins of the Lower Extremities at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

Endovenous Ablation Therapy Procedure Codes

Table 1. Endovenous Ablation Therapy Associated Procedure Codes

Code	Description
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 (List separately in addition to code for primary procedure)
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 (List separately in addition to code for primary procedure)
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) 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 transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) 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 (List separately in addition to code for primary procedure)

Endovenous Ablation Summary of Changes

Endovenous Ablation clinical guidelines from 2024 to 2025 had the following version changes:

- Added the following indications:
  - Active venous leg ulceration and superficial venous incompetence, early endovenous ablation is recommended to accelerate ulcer healing.
  - Incompetence of the anterior accessory saphenous vein requiring treatment, endovenous thermal ablation is recommended in preference to surgery or foam sclerotherapy.
  - Superficial venous incompetence undergoing intervention, risk assessment for thromboembolism.
  - Symptomatic recurrent varicose veins due to saphenous trunk incompetence, endovenous thermal ablation or ultrasound guided foam sclerotherapy with or without phlebectomy.
- Added the following contraindications:
  - Hypoplastic deep veins
  - With pacemaker
- Removed the following as current research no longer supports the indication:
  - Anterior accessory saphenous vein reflux that requires treatment.
  - Compression therapy has failed (after 3 months of treatment)/ is not tolerated or is contraindicated.
- Citations updated per evidence.

Sclerotherapy

Contraindications and Exclusions to Sclerotherapy

Contraindications or exclusions for sclerotherapy includes **ANY** of the following:

- Acute febrile illness
- Allergy to sclerotherapy medication
- Ankle-brachial index (ABI) less than 0.7
- Arterial insufficiency

- Coagulopathy or anticoagulated individual
- Comorbid medical conditions (eg, cardiac, diabetes, malignancy, pulmonary) that are poorly controlled.
- Deep or superficial thrombophlebitis is acute.
- Febrile illness
- Diabetic neuropathy
- Inability to comply with compression
- Non-ambulatory
- Obesity, morbid
- Pregnancy
- Saphenofemoral junction (SF) or saphenopopliteal junction (SP) reflux
- Veins are larger than 6.0 mm in diameter.
  Reference: [12]

Preamble: Pediatric Cardiology Preamble

HealthHelp's clinical guidelines for the Cardiology program, are intended to apply to both adults and pediatrics (21 years of age or younger), unless otherwise specified within the criteria.

Sclerotherapy Guideline

Sclerotherapy for the treatment of reflux or symptomatic lower extremity varicose vein(s) is considered medically appropriate after a venous duplex ultrasound and when the documentation demonstrates **ALL** of the following:

1. **Endovenous ablation is contraindicated**. *(See Contraindications to Endovenous Ablation Therapy in the Endovenous Ablation guideline.)*
   Reference: [16]
2. Chronic venous disease is known, requiring treatment of varicose tributaries.
   Reference: [4]
3. Great saphenous vein (GSV) reflux and/or residual/recurrent varices and perforated veins (3 months after initial treatment)
   References: [16] [11]
4. Reflux is known and vein diameter is 3.0 mm to 6.0 mm
   References: [12] [8] [9] [11]

5. Reticular veins are known and treatment is planned.
   Reference: [4] [7]
6. Small saphenous vein with recurrent varicosities due to persistent or recurrent reflux
   Reference: [7]
7. Varicose veins are recurrent and symptomatic, due to saphenous trunk reflux.
   Reference: [4]
8. Telangiectasias are known and treatment is planned.
   Reference: [4]
9. Venous disease of lower extremities is chronic.
   Reference: [16]

LCD 34209
See also, **LCD 34209**: Treatment of Varicose Veins of the Lower Extremities at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 34010
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LCD 39121
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LCD 33575
See also, **LCD 33575**: Varicose Veins of the Lower Extremity, Treatment of at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

Sclerotherapy Procedure Codes

Table 1. Sclerotherapy Associated Procedure Codes

Code	Description
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg

Sclerotherapy Summary of Changes

Sclerotherapy clinical guideline from 2024 to 2025 had the following version changes:

- Added the following contraindications:
  - Arterial insufficiency
  - Ankle-brachial index (ABI) less than 0.7
  - Acute Febrile illness
  - Inability to comply with compression
- Added the following indications:
  - Known chronic venous disease requiring treatment of varicose tributaries.
  - Reticular veins are known and treatment is planned.
  - Symptomatic and recurrent varicose veins due to saphenous trunk incompetence.
  - Telangiectasias is known and treatment is planned.
- Citations updated per evidence.

Vein Ligation / Stab Phlebectomy

Contraindications and Exclusions to Vein Ligation or Stab Phlebectomy

Contraindications or exclusions to treatment with ligation or stab phlebectomy (all methods) may include **ANY** of the following:

- Deep vein thrombosis
  Reference: [14]
- Klippel-Trénaunay syndrome
  Reference: [14]
- Severe peripheral artery disease (PAD) or neuropathy
  Reference: [14]

Preamble: Pediatric Cardiology Preamble

HealthHelp's clinical guidelines for the Cardiology program, are intended to apply to both adults and pediatrics (21 years of age or younger), unless otherwise specified within the criteria.

Vein Ligation Guideline

A vein ligation for the treatment of reflux or symptomatic (eg, aching, heavy or uncomfortable legs, swollen ankles and feet) lower extremity varicose vein(s) is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Chronic venous disease is known and treatment for incompetent perforating veins is required.
   Reference: [4]
2. Great saphenous vein (GSV) reflux and endovenous thermal ablation is **NOT** available.
   References: [4] [16] [14] [7]
3. GSV or small saphenous vein (SSV) management of superficial reflux
   Reference: [8]
4. Varicose veins are symptomatic (eg, aching, heavy or uncomfortable legs, swollen ankles and feet) and **ANY** of the following:
   a. GSV with axial reflux, and high likelihood of positive long-term outcomes of treatment (eg, quality of life and recurrence).
   b. GSV or SSV, with axial reflux, for ligation and stripping of the saphenous vein if **ANY** of the following are true:
      1. Technology or expertise in endovenous ablation is **NOT** available.
      2. Venous anatomy is **NOT** appropriate for endovenous treatment.

   Reference: [6]

Stab Phlebectomy Guideline

A stab phlebectomy for the treatment of reflux or symptomatic (eg, aching, heavy or uncomfortable legs, swollen ankles and feet) lower extremity varicose vein(s) is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Axial vein ablation conjunction therapy
   References: [2]
2. Endovenous saphenous vein ablation secondary procedure
   References: [3]
3. GSV and tributaries, for incision phlebectomy
   References: [14]
4. Symptomatic and recurrent varicose veins due to saphenous trunk reflux.
   References: [4]

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LCD 39121
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Vein Ligation and/or Stab Phlebectomy Procedure Codes

Table 1. Vein Ligation and/or Stab Phlebectomy Associated Procedure Codes

Code	Description
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
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 (greater) saphenous veins from saphenofemoral junction to knee or below
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 (Linton type), including skin graft, when performed, open,1 leg
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
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 and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg

Vein Ligation/Stab Phlebectomy Summary of Changes

Vein Ligation/Stab Phlebectomy clinical guidelines from 2024 to 2025 had the following version changes:

- Added the following indication under Vein Ligation Guideline:
  - Chronic venous disease is known and treatment for incompetent perforating veins is required.
- Added the following indication under Stab Phlebectomy Guideline:

  - Symptomatic and recurrent varicose veins due to saphenous trunk incompetence
- Changed contraindications to show the following:
  - Deep vein thrombosis
  - Klippel-Trénaunay syndrome
  - Severe peripheral artery disease (PAD) or neuropathy
- Citations updated per evidence.

Definitions

Ablation therapy is a medical procedure taht involves the destruction of abnormal tissue using various energy sources such as heat, cold or electrical energy.
Ankle-Brachial Index (ABI) is a method to investigate peripheral artery disease (PAD) with the use of a non-invasive Doppler. The ABI value for the diagnosis of PAD is 0.9 or less.
Arterial bypass, also known as a coronary artery bypass graft (CABG) or heart bypass surgery, is a medical procedure that creates a new path for blood to flow around blocked or narrowed arteries.
Arterial insufficiency is any condition that slows or stops the flow of blood through the arteries.
Atherosclerosis is plaque (fatty deposit) build-up in the arteries. The deposits are made up of cholesterol, fatty substances, cellular waste products, calcium and fibrin (a clotting material in the blood). As plaque builds up, the wall of the blood vessel thickens. This narrows the channel within the artery reducing blood flow and lessening the amount of oxygen and other nutrients reaching the body.
Axial reflux is defined as uninterrupted retrograde venous flow from the groin to the calf. Retrograde flow can occur in the superficial or deep veins, with or without perforating veins. Junctional reflux is limited to the sapenofemoral junction (SFJ) or saphenopopliteal junction (SPJ). Segmental reflux occurs in a portion of a superficial or deep truncal vein.
Axial vein ablation is a minimally invasive procedure that uses radiofrequency energy or laser energy to treat incompetent veins, primarily the axial veins.
Bypass (BY-pas) - A means of circumvention; a shunt. It is used surgically to install an alternative route for the blood to flow past an obstruction if a main or vital artery, e.g., the abdominal aorta or a coronary artery, becomes obstructed.
Chronic venous disease (CVD) is defined by morphological and functional abnormalities of the venous system that primarily affect the lower extremities and present as leg heaviness/achiness, edema, telangiectasia, and varicose veins.
Chronic venous insufficiency (CVI) is when the lower extremity peripheral veins don't successfully flow the blood back to the heart.
Coagulopathy is a condition in which the blood's ability to coagulate (form clots) is impaired.

Comorbidity is a condition of having two or more diseases at the same time.
Compression therapy (CT) is an established treatment method in chronic venous disease. Compression therapy works by exerting external pressure on lower extremities and preventing the gravity which impairs venous and lymphatic outflow. The aim of compression therapy is prevention of intraluminal venous pressure increase so as to reduce vascular wall tension.
Deep vein thrombosis (DVT) refers to the formation of one or more blood clots (a blood clot is also known as a "thrombus," while multiple clots are called "thrombi") in one of the body's large veins, most commonly in the lower limbs (e.g., lower leg or calf).
Diabetic neuropathy is a type of nerve damage that can occur if you have diabetes. High blood sugar (glucose) can injure nerves throughout the body. Diabetic neuropathy most often damages nerves in the legs and feet.
Duplex ultrasound is a non-invasive evaluation of blood flow through the arteries and veins. This test provides information to assist in treatment planning and diagnosis.
Edema an abnormal infiltration and excess accumulation of serous fluid in connective tissue or in a serous cavity.
Endovenous ablation is a treatment using heat to damage and close off a vein. This procedure is done inside the vein.
Frailty is a medical condition that describes a decline in physical and cognitive reserves that increases a person's vulnerability to adverse health outcomes. It's a multidimensional syndrome that can affect anyone, but it's more common in older people.
Great saphenous vein (GSV) This vein begins anterior to the medial malleolus as the continuation of the medial marginal foot vein and then ascends along the medial aspect of the tibia and thigh to empty into the common femoral vein in the groin.
Hemodynamic monitoring is the real-time measurement of the heart and circulatory system to assess a patient's cardiovascular status. It's used to identify abnormal physiology and intervene before complications like organ failure or death.
Hyperpigmentation is a common, usually harmless condition in which patches of skin become darker in color than the normal surrounding skin.
Hypoplasia of the deep veins is a condition where the veins are under-developed or absent, which can increase the likelihood of venous thrombosis and collateral circulation. It can be caused by genetic mutations or other factors.
Klippel-Trenaunay syndrome — also called KTS — is a rare disorder found at birth (congenital) involving problems in the development of certain blood vessels, soft tissues (such as skin and muscles), bones and sometimes the lymphatic system. The main features include a red birthmark (port-wine stain), ranging in color from pink to reddish-purple, atypical vein or lymphatic development (malformations), and overgrowth of tissues and bones. These findings most often affect one leg but may occur in an arm or elsewhere.

Lipodermatosclerosis is a persistent inflammatory disorder characterized by the development of subcutaneous fibrosis and induration of the skin of the lower extremities. It is also referred to as sclerosing panniculitis or hypodermitis sclerodermaformis.
Microangiopathy A disease of the capillaries (very small blood vessels), in which the capillary walls become so thick and weak that they bleed, leak protein, and slow the flow of blood.
Morbid obesity is a complex chronic disease in which a person has a body mass index (BMI) of 40 or higher; or a BMI of 35 or higher and is experiencing obesity-related health conditions (eg, coronary heart disease, diabetes, high cholesterol, hypertension, obstructive sleep apnea).
Necrosis is localized death of living tissue.
Neuropathy is damage, disease or dysfunction of one or more nerves, especially of the peripheral nervous system, that is typically marked by burning or shooting pain, numbness, tingling, muscle weakness or atrophy It is often degenerative and is usually caused by injury, infection, disease, drugs, toxins or vitamin deficiency.

Table 1. New York Heart Association (NYHA) Functional Classification for Heart Failure

CLASS	SYMPTOMS EXPERIENCED
Class I (Mild)	Cardiac disease, but no symptoms and no limitation in ordinary physical activity (eg, shortness of breath when walking, climbing stairs).
Class II (Mild)	Mild symptoms (eg, mild shortness of breath and/or angina) and slight limitation during ordinary activity.
Class III (Moder-ate)	Marked limitation in activity due to symptoms, even during less-than-ordinary activity, (eg, walking short distances [20–100 m]). Comfortable only at rest. Class IIIa: no dyspnea at rest. Class IIIb: recent dyspnea at rest.
Class IV (Severe)	Severe limitations. Experience symptoms while at rest. Unable to carry on any physical activity with-out discomfort.

Obesity is a chronic disease that involves an abnormal or excessive accumulation of body fat that poses a health risk.
Peripheral artery disease (PAD) is a blood circulation disorder in the arteries that supply the limbs. PAD may be partial (due to a stenosis) or complete (due to an occlusion).
Peripheral Vein Incompetence is generally characterized by a net outward blood flow of more than 0.35 to 0.5 seconds. The exact definition of peripheral vein incompetence is controversial.
Perforator veins (PV) connect the superficial veins of the leg with the deep veins, 'perforating' the deep fascia which separates the deep (muscle) compartment from the superficial compartment of the leg.
Phlebectomy is a minimally invasive procedure that uses a small scalpel or needle to remove varicose veins that lie just beneath the surface of the leg.
Reflux is defined as a minimum value of more than 500 ms of reversed flow in the superficial truncal veins (great saphenous vein, small saphenous vein, anterior accessory great saphenous vein, posterior accessory great saphenous vein) and in the tibial, deep femoral and perforating

veins. A minimum value of more than 1 second of reversed flow is diagnostic of reflux in the common femoral, femoral and popliteal veins.

Reticular veins are small, visible veins that appear blue, purple, green, or red under the skin. They are smaller than varicose veins but larger than spider veins. They are flatter and less twisted than varicose veins, and appear in a network-like pattern.

Saphenofemoral junction (SFJ) is the point where the great saphenous vein (GSV) meets the common femoral vein (CFV) and the superficial inguinal veins in the groin. It's a major connection between the deep and superficial veins in the lower limb.

Saphenous trunk is the main part of the long saphenous vein, a large vein in the leg that carries blood from the foot, leg, and thigh back to the heart. It originates from the medial marginal vein, then runs behind the tibia and femur, and ends in the femoral vein below the inguinal ligament.

A **sclerosant** is a solution used in sclerotherapy that irritates the targeted vessel, causing it to swell.

Sclerotherapy is an endovenous chemical ablation. It is a minimally invasive treatment used to treat varicose veins and spider veins. The procedure involves the injection of a solution directly into the affected veins, causing them to shrink and eventually disappear.

Small Saphenous Vein (SSV) This is the most prominent and physiologically important superficial vein below the knee. It begins at the lateral aspect of the foot and ascends posterior to the lateral malleolus as a continuation of the dorsal venous arch. It continues up the calf between the gastrocnemius heads to the popliteal fossa, where it usually enters the popliteal vein.

Stab phlebectomy is a minimally invasive procedure that includes removal or avulsion of varicose veins by making small stab 1 - 2 cm incisions in the skin overlying the vein. Under local anesthesia, the selected varicose vein is hooked and extracted to the surface, releasing it from the surrounding tissues.

Superficial venous reflux is when one-way valves inside the veins fail and blood can travel backwards and make the vein overloaded and enlarged.

Telangiectasia is a medical term for small, permanently enlarged blood vessels that appear near the skin's surface or in mucous membranes. They are also known as "spider veins".

Thrombophlebitis is an inflammatory process that causes a blood clot to form and block one or more veins, usually in the legs.

Thrombus is a blood clot that forms on the wall of a blood vessel or in the heart when blood platelets, proteins and cells stick together. A thrombus may block the flow of blood.

Truncal veins are made up of the great saphenous vein (GSV) and the small saphenous vein (SSV) (also known as the lesser saphenous vein (LSV)).

Ulcerated is a break in the skin or mucous membrane with loss of surface tissue, disintegration and necrosis of epithelial tissue and often pus.

Varices are varicose veins. The irregular, tube-shaped, extended and tortuous veins appear directly under the surface of the skin on the legs.

Varicose tributaries, also known as branch veins, are veins that become enlarged and visible due to malfunctioning valves.
Varicose veins are twisted, enlarged veins. Any vein that is close to the skin's surface (superficial) can become varicosed. Varicose veins most commonly affect the veins in the legs. Symptoms include aching, feeling of heavy and uncomfortable legs, swollen feet and ankles, burning or throbbing, muscle cramps in legs at night, or dry, itchy skin over affected vein.
Vein ligation is a procedure that "ties off" a varicose vein to stop the blood from entering it. The vein is then stripped (removed from the body). Healthy veins will take over to help restore normal blood flow.
Venous tributary is a vein that empties into a larger vein.

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[2] Andrews, R.H. & Dixon, R.G. (2021). Ambulatory Phlebectomy and Sclerotherapy as Tools for the Treatment of Varicose Veins and Telangiectasias. *Seminars in Interventional Radiology, 38*(2), 160-166.

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Disclaimer section

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in

these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

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National and Local Coverage Determination (NCD and LCD)

NOTICE
To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to https://www.cms.gov/medicare-coverage-database/search.aspx.

Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

For Internal Use Only:

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