Policy Title	Varicose Veins
Policy Department	Payment Strategy and Operations
Effective Date	1/1/2022
Revision Date(s)	3/1/2022
Next Review Date	

Disclaimer:

Clover Health applies The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description:

This reimbursement policy describes the billing and coding for the Treatment of Chronic Venous Insufficiency of the lower Extremities (Varicose Veins). The treatment of Varicose Veins has numerous LCD's. The LCD's listed will be for the states that Clover Health has membership.

Definitions:

Local Coverage Determination (LCD)

 Local Coverage Determinations (LCDs) are decisions made by a Medicare Administrative Contractor (MAC) whether to cover a particular item or service in a MAC's jurisdiction (region) in accordance with section 1862(a)(1)(A) of the Social Security Act.

Policy:

The treatment of varicose veins in lower extremities is covered when Medicare coverage criteria are met. CMS requires that the treatment of varicose veins be documented as medically necessary. Due to being cosmetic in nature, certain codes require prior authorization and medical review to support medical necessity of treatment. The medical records should demonstrate a medical need or requirement for the treatment of varicose veins, as treatment for purely cosmetic purposes are not deemed medically necessary by CMS.

CMS relies on LCDs to code varicose vein treatment and determine which diagnosis codes and procedure codes must be billed together in order to support medical necessity. Clover Health references those same LCDs when applying payment policies to varicose vein claims received.

Those LCDs are located here:

Applicable States	Policy Number
Arizona	LCD L34010 for AZ-Treatment of Varicose Veins of the Lower Extremities
Alabama, Georgia, South Carolina, Tennessee	LCD L34536- for AL, GA, SC,TN-Treatment of Varicose Veins of the Lower Extremities
Mississippi, New Jersey, Pennsylvania, Texas	LCD L34924 for MS, NJ, PA, TX -Treatment of Varicose Veins of the Lower Extremities

References

<u>L33575 - CMS Treatment of Varicose Veins of the Lower Extremity</u>

A52870 Billing and Coding: Treatment of Varicose Veins of the Lower Extremity

Endovenous Radiofrequency Ablation and Endovenous Laser Treatment for Lower Extremity Varicose Veins: Medical Necessity and Documentation Requirements



