

Payment Policy

Imaging Guidance for Varicose Vein Surgery	
Original effect date:	Revision date:
09/14/2016	01/01/2019

IMPORTANT INFORMATION

Blue Shield of California payment policy may follow industry standard recommendations from various sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT) and/or other professional organizations and societies for individual provider scope of practice or other coding guidelines. The above referenced payment policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms or their electronic equivalent. This information is intended to serve only as a general reference regarding Blue Shield’s payment policy and is not intended to address every facet of a reimbursement situation. Blue Shield of California may use sound discretion in interpreting and applying this policy to health care services provided in a particular case. Furthermore, the policy does not address all payment attributes related to reimbursement for health care services provided to a member. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy such as coding methodology, industry- standard reimbursement logic, regulatory/legislative requirements, benefit design, medical and drug policies. Coverage is subject to the terms, conditions and limitation of an individual member’s programs benefits.

Application

Radiologic Imaging Guidance may be performed as part of Varicose Vein Surgery during the pre-operative, intra-operative and post-operative stages, and are considered an integral part of the procedure.

Policy

Blue Shield of California will deny as incidental to the primary procedure any imaging guidance and monitoring (Doppler, Duplex Ultrasound or Fluoroscopy) when performed on the same date of service as the Varicose Vein Surgery by the same provider. This payment policy only addresses the reimbursement rules for Radiologic Imaging Guidance performed as part of Varicose Vein Surgery and does not address the medical necessity.

Rationale

There is little evidence, in the form of randomized prospective clinical trials, to support that ultrasound makes a significant difference in optimizing outcome or decreasing complications, for varicose veins, when compared to non-ultrasound-guided techniques.

Radiologically imaging guidance and/or monitoring techniques have no proven value when performed as part of varicose vein surgery, and therefore will be denied as incidental to the primary procedure.

Reimbursement Guideline

Blue Shield of California will reference national or regional industry standards, such as Centers for Medicare & Medicaid Services' (CMS), National Correct Coding Initiative (NCCI) and MUE (Medically Unlikely Edits) rules, and American Medical Association's (AMA) CPT guidelines, as coding standards for adjudication of professional claims and as guidance for payment policy. In claims payment scenarios where CMS and/or CPT reference is lacking or insufficient, the Payment Policy Committee (PPC) may develop customized payment policies that are based on other accepted or analogous industry payment standards and or expert input.

Code (s) impacted	
See attached	Varicose Vein Procedures (link embedded) Link updated
Resources	
<ul style="list-style-type: none">American Medical Association http://www.amaassn.org/amaCenters for Medicare & Medicaid Services http://www.cms.gov/	

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
09/14/2016	New Policy Adoption	Payment Policy Committee
02/25/2017	Maintenance	Payment Policy Committee
07/08/2017	Maintenance	Payment Policy Committee
08/03/2018	Maintenance	Payment Policy Committee
01/01/2019	Policy Maintenance 93965 deleted as of 01/01/2017 Policy Maintenance 36469 deleted as of 01/01/2015	Payment Policy Committee

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.