

Endovenous Mechanochemical Ablation (MOCA) for Treatment of Varicose Veins

| Also known as | <ul style="list-style-type: none">ClariVein | | | | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------|--------------------------|
| Description | <p>Endovenous mechanochemical ablation (MOCA), which goes by the commercial name of ClariVein, is a technique that combines mechanical ablation (removal or destruction) with the use of a sclerosing (hardening) agent to close veins. MOCA is a nonthermal technique for the treatment of varicose veins that combines endomechanical abrasion via the tip of a rotating catheter wire with chemical ablation delivered by injecting a sclerosant over the rotating wire. This technique induces clotting, resulting in the formation of a thrombus and occlusion of the diseased vessel.</p> | | | | |
| See also | <p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">Endovenous Radiofrequency or Laser Ablation for Varicose Veins -Minimally invasive procedures to treat varicose veins.Medical Adhesive for Treatment of Varicose Veins - Medical adhesive (glue) is inserted into the diseased vein.Sclerotherapy for Spider Veins - Injection of a solution directly into affected veins, causing them to shrink and disappear.Sclerotherapy for Varicose Veins - Injection of a solution directly into affected veins, causing them to shrink and disappear.Stab Phlebectomy - Surgical removal of segments of superficial varicose veins through multiple small incisions on the leg.Transilluminated Powered Phlebectomy - A minimally invasive procedure to excise varicose veins.Vein Stripping - Surgery to remove a painful, enlarged varicose vein or portion of a varicose vein (usually of the leg). | | | | |
| Table of Contents | <p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB) | | | | |
| Document history | <p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>8.8.24</td><td>Updated to new template.</td></tr></table> | Date | Description | 8.8.24 | Updated to new template. |
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Commercial

| Introduction | <p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p> | | | | | | |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dean (DHP, Prevea360) | <p>Medical Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities (MP9241)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered. | | | | | | |
| Mayo Medical Plan (MMP) | <p>Coverage depends on the provider.</p> <table><tr><th>Provider</th><th>Coverage</th></tr><tr><td>Mayo provider</td><td><ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr><tr><td>Non-mayo provider</td><td><ul style="list-style-type: none">• Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Considered investigative, not covered.</td></tr></table> | Provider | Coverage | Mayo provider | <ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic. | Non-mayo provider | <ul style="list-style-type: none">• Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Considered investigative, not covered. |
| Provider | Coverage | | | | | | |
| Mayo provider | <ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic. | | | | | | |
| Non-mayo provider | <ul style="list-style-type: none">• Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Considered investigative, not covered. | | | | | | |
| Medica (including MHPS) | <p>Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered. | | | | | | |
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Government Programs

| Introduction | This section applies to all Medicaid and Medicare products. | | | | | | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------|--------------------------|--------|----------------------------------------------------------------------------------------------------------------------|
| AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+) | <p>Medicaid only groups:</p> <ul style="list-style-type: none">See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">Medicare NCD or LCD guidelines must be met.<ul style="list-style-type: none">If eligible, quote outpatient surgical or inpatient hospital benefits.Prior authorization (PA) not required.Follows Medicare guidelines.Medicare is the primary payer.If no Medicare eligibility, Medicaid applies. See Medicaid below. | | | | | | |
| AccessAbility Enhanced (I-SNBC), DUAL (MSHO) | <p>Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered.<ul style="list-style-type: none">Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.Medica is the only payer. | | | | | | |
| Cost (Prime) | <p>Medicare NCD or LCD guidelines must be met.</p> <ul style="list-style-type: none">If eligible, quote outpatient surgical or inpatient hospital benefits.Does NOT require prior authorization (PA) through Medica.Follows Medicare guidelines. | | | | | | |
| Med Advantage | <p>Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered.<ul style="list-style-type: none">Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.Follows Medicare guidelines.Medica is the only payer. | | | | | | |
| Med Supp (Select, Signature) | <p>Medicare NCD or LCD guidelines must be met.</p> <ul style="list-style-type: none">If eligible, quote outpatient surgical or inpatient hospital benefits.Prior authorization (PA) not required.Follows Medicare guidelines.Medicare supplement.Medicare is the primary payer. | | | | | | |
| Medicaid | <p>Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered. | | | | | | |
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Individual and Family Business (IFB)

| Introduction | <p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p> | | | | |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------|--------------------------|
| Dean (DHP, Medica formerly WellFirst, Prevea360) | <p>Medical Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities (MP9241)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered. | | | | |
| Medica | <p>Medica’s Utilization Management Policy, <i>Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered. | | | | |
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