MOCA: Mechanical Occlusion Chemically Assisted

LESSONS LEARNED AND PEARLS

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Disclosures

• Covidien Inc. – Medical Advisory Board
• Vascular Insights LLC – Medical Advisory Board
• LeMaitre Vascular – Consultant
• VVT Medical - Consultant

EVA: Categories*

• TT (Thermal, Tumescent)
• NTNT (Non Thermal, Non Tumescent)
• TNT (Thermal Non Tumescent)
• NTT (Non Thermal Tumescent)


MOCA Device

MOCA: Catheter

MOCA: Wire Unsheathed
MOCA: Mechanism of action

PEARL #1
- GSV: 1-2 cm from SFJ (Elias 1 cm)
- SSV: "fascial" curve from SPJ
- Prime catheter with sclerosant
- Rotation for first 1 cm then inject
- Vortex and Spasm

Position: Wire 1 cm SFJ

PEARL #2
- Pullback rate more important than volume
  - Pullback – 1-1.5 mm/sec or 1cm/6 sec
  - Concentration – 1.5% STS, 2% PLD
- Volume based on length/diameter - table
  - GSV – 8-10 ml
  - SSV – 4-6 ml
- Volume is forgiving: Pullback is not

PEARL #3
- Treat 5-10 cm, then check for spasm
- Re treat with mechanical only
- Inject – slow drip to "prime wire"
- Divide length in 1/3 or 1/2 to judge volume

MOCA: Contraindications
- GSV/SSV – post SVT
- Synechiae – can place but wire snags
- Large veins >10-12mm. (19mm)
- Calf perforators – usually too short
MOCA (NTNT): Advantages

- Non tumescent - discomfort/shorter
- Non thermal – 0% nerve injury
- All BK veins – GSV, SSV
- Suprafascial veins, thigh perforators
- Treat to lowest point of incompetence
- C5, C6 – under ulcer and retrograde/foam

UPDATE: CODING/REIMBURSEMENT

- “Inappropriate to report codes 36475-36479 to describe newer alternative ablation techniques such as catheter directed foam or MOCA”
- 37241 – newer procedures are “not embolization procedures”
- 37799 – “unlisted procedure vascular surgery with direct reference to 36475 or 36478”

CODING/REIMBURSEMENT BREAKING NEWS

- 10/15 – AMA CPT committee
- MOCA code – 364X1 and 364X2
- RVU – SVS/AVF/SIR/ACP etc
- Similar work, similar reimbursement

MOCA LESSONS: Improve Results and Decrease Errors

- >60,000 cases worldwide (GSV/SSV/AAGSV)
- > 90% occlusion rate – various intervals
- QoL – improves as any successful EVA
- DVT - < 0.5% worldwide
- No nerve injury
- Specific code – major step to reimbursement