



Varicose Veins of the Lower Extremities Clinical Coverage Criteria

Overview

Varicose veins are caused by venous insufficiency as a result of valve reflux (incompetence). The venous insufficiency results in dilated, tortuous, superficial vessels that protrude from the skin of the lower extremities. Spider veins (telangiectases) are dilated capillary veins that are most often treated for cosmetic purposes.

The venous system can be divided into three major components: the superficial venous system, the deep venous system, and perforating veins.

- The superficial venous system drains the blood flow from the skin and the subcutaneous tissues. Historically, any veins located above the deep muscular fascia, which are not deep veins, are considered superficial veins. The superficial venous system can be divided into the thick-walled truncal veins such as the as the great saphenous vein (GSV) and the small saphenous vein (SSV), which lie between the saphenous sheath and the muscular fascia, and the thin-walled superficial or epifascial tributaries, which lie between the skin and saphenous fascia
- The deep venous system is a low pressure, high volume system that is responsible for approximately 90% of the venous blood flow in the lower extremities. Deep veins usually have a thinner wall than superficial veins. However, they are supported by the muscle and/or fascia. This forms a rigid compartment and makes a vein pump the venous blood flowing upwards during walking. All deep veins follow corresponding arteries in general except on the distal side of the intramuscular veins (soleal and gastrocnemius). The anterior and posterior tibial vein, peroneal vein, soleal vein, and gastrocnemius vein are located in the infrapopliteal area. The main function of the deep venous system is to provide a venous return to the right heart.
- Perforating veins connect the superficial and deep venous systems and play a role in balancing blood-flow during calf muscle contraction. Perforating veins are numerous and highly variable in arrangement, connection, and size. There are four clinically important perforator groups: upper thigh (Hunterian), lower thigh (Dodd’s), at knee level (Boyd’s), and in the calf region (Cockett’s). Although perforator valve incompetence is always associated with chronic venous insufficiency, the cause of perforator insufficiency is not known, and the routine treatment of perforating veins in varicose vein patients is not supported.

Accepted treatments for eliminating saphenous reflux include endoluminal radiofrequency ablation (RFA), endoluminal laser ablation (EVLA), polidocanol microfoam, cyanoacrylate embolization ablation, and mechanochemical ablation.

The CEAP (Clinical-Etiology-Anatomy-Pathophysiology) classification is an internationally accepted standard for describing patients with chronic venous disorders and it has been used for reporting clinical research findings in scientific journals. Developed in 1993, updated in 1996, and revised in 2004, CEAP is a classification system based on clinical manifestations of chronic venous disorders, on current understanding of the etiology, the involved anatomy, and the underlying venous pathology. As the evidence related to these aspects of venous disorders, and specifically of chronic venous diseases (CVD, C2-C6) continue to develop, the CEAP classification needs periodic analysis and revisions. In May of 2017, the American Venous Forum created a CEAP Task Force and charged it to critically analyze the current classification system and recommend revisions, where needed.

The 2020 revision of CEAP: Summary of clinical (C) classifications (Lurie et al., 2020):

C Class	Description
C0	No visible or palpable signs of venous disease

C1	Telangiectasias or reticular veins
C2	Varicose veins
C2r	Recurrent varicose veins
C3	Edema
C4	Changes in skin and subcutaneous tissue secondary to chronic venous disease
C4a	Pigmentation or eczema
C4b	Lipodermatosclerosis or atrophie blanche
C4c	Corona phlebectatica
C5	Healed ulcer
C6	Active venous ulcer
C6r	Recurrent active venous ulcer

Policy

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus
- MassHealth ACO
- NaviCare HMO SNP
- PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
- Community Care

Prior authorization is required. Photos must be submitted. All veins to be treated must have documented reflux on ultrasound, including those after a prior procedure.

Up to three treatments per extremity will be authorized for sclerotherapy of symptomatic tributaries following treatment of axial reflux of the leg. Any further sclerotherapy treatments will require submission of a new prior authorization request with documentation of medical necessity.

Interventional treatments must be performed using equipment and sclerosants approved by the FDA in accordance with FDA-approved Labeling (Instructions for Use).

Fallon Health Clinical Coverage Criteria

Fallon Health Clinical Coverage Criteria apply to Community Care and MassHealth members.

Effective for dates of service on or after 12/01/2024, Fallon Health will use InterQual® Criteria when making medical necessity determinations for the treatment of varicose veins of the lower extremities for Community Care members age ≥ 18 years .

Effective for dates of service on or after 06/01/2025, Fallon Health will use InterQual® Criteria when making medical necessity determinations for the treatment of varicose veins of the lower extremities for MassHealth ACO members age ≥ 18 years.

For coverage criteria, refer to the InterQual® Criteria in effect on the date of service:

- InterQual® CP:Procedures, Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
 - Endovenous Ablation, Superficial Truncal Vein
 - Endovenous Ablation, Perforator Vein
- InterQual® CP:Procedures, Phlebectomy, Lower Extremity Superficial Tributary Varicose Vein
- InterQual® CP:Procedures, Sclerotherapy, Lower Extremity Superficial Tributary Varicose Vein
- InterQual® CP:Procedures, Ligation and Division +/- Stripping or Excision, Lower Extremity Superficial Vein
- InterQual® CP:Procedures Subfascial Endoscopic Perforator Surgery (SEPS)

Fallon Health makes InterQual criteria available to the public through the transparency tool on our website, effective January 1, 2024.

Requests for the treatment of varicose veins of the lower extremities for members < 18 years will be reviewed on an individual case-by-case basis.

Documentation Requirements:

The member's medical record must contain documentation that fully supports the medical necessity for the requested services.

The members' medical record must document the following:

- History and physical findings supporting a diagnosis of symptomatic varicose veins including location and number of varicosities, level of incompetence of the vein and the veins involved; and
- CEAP classification of chronic venous disease present; and
- Results of venous duplex ultrasound documenting flow in the venous system of the lower extremities, specifically, the presence of reflux \geq 500 milliseconds (ms); and
- Pre-treatment photographs of the varicose veins to be treated.

Medicare Variation

Medicare statutes and regulations do not have coverage criteria for the treatment of varicose veins of the lower extremities. Medicare does not have an NCD for treatment of varicose veins of the lower extremities. National Government Services, Inc., the Part A/B Medicare Administrative Contractor (MAC) with jurisdiction in the Plan's service area has an LCD for Varicose Veins of the Lower Extremity, Treatment of (L33575) (Medicare Coverage Database search 04/22/2026). Coverage criteria for the treatment of varicose veins are fully established by Medicare in LCD L33575, and therefore, the Plan's coverage criteria are not applicable.

Link: [LCD Varicose Veins of the Lower Extremity, Treatment of \(L33575\)](#)

MassHealth Variation

MassHealth does not have Guidelines for Medical Necessity Determination for the treatment of varicose veins of the lower extremities, therefore the Plan's Clinical Coverage Criteria are applicable (MassHealth website search 04/22/2026).

Note: MassHealth previously had Guidelines for Medical Necessity Determination for Treatment of Varicose Veins, however the Guidelines were retired on March 24, 2025.

Exclusions

- The following treatments are not covered:
 - Surgery, endovenous ablation, or sclerotherapy are typically not performed for varicose veins that develop or worsen during pregnancy because most will spontaneously resolve or improve after delivery.
 - Reinjection following recanalization or failure of vein closure without recurrent signs or symptoms.
 - Sclerotherapy of the saphenous vein at its junction with the deep system.
 - Noncompressive sclerotherapy
 - Coil embolization
 - Sclerotherapy for large, extensive or truncal varicose veins/varicosities.
 - Sclerotherapy, ligation and/or stripping of varicose veins, or endovenous ablation therapy for patients with severe distal arterial occlusive disease; obliteration of deep venous system; an allergy to the sclerosant; or a hypercoagulable state.
 - Any interventional treatment that uses equipment or sclerosants not approved for such purposes by the FDA.
- Cosmetic surgery is not covered. The following treatments are considered cosmetic and will be denied as such:
 - Interventional treatment of asymptomatic varicose veins/varicosities
 - Treatment of telangiectases (CPT code 36468)
 - Sclerotherapy for cosmetic purposes

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

CPT 36471 may only be reported once per extremity, per treatment session, regardless of the number of veins treated.

The sclerosant used in sclerotherapy procedures is included in the procedure code and is not separately reported.

Treatment of telangiectases (CPT code 36468) is considered cosmetic. Cosmetic surgery is excluded from coverage by Fallon Health, MassHealth and Medicare.

Per NCCI Policy Manual, Chapter 5, Section D. Cardiovascular System, Ligation procedures of the lower extremity (e.g., CPT codes 37700-37785) include application of a compression dressing, if performed. CPT code 29581 (application of multi-layer compression system) shall not be reported separately.

Do not report CPT 36465, 36466 for injection of compounded foam sclerosant.

When performed in the office setting, all required supplies and equipment are included in CPT codes 36465, 36466, 36470, 36471 and may not be reported separately.

When performed in the office setting, all required supplies and equipment are included in CPT codes 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483 and may not be reported separately.

For providers other than Ambulatory Surgical Centers (ASC), the appropriate site modifier (RT, LT or 50) must be appended to indicate if the service was performed unilaterally or bilaterally. Claims without a modifier will be denied.

For an ASC, the appropriate site modifier (RT and/or LT) must be appended to indicate if the service was performed unilaterally or bilaterally. Bilateral services must be reported on separate lines using an RT and LT modifier (50 modifier should not be used in ASC billing). Services reported without a modifier will be denied.

If the targeted vein is an extremity truncal vein and injection of non-compounded (i.e., proprietary) foam sclerosant with ultrasound-guided compression maneuvers to guide dispersion of the injectate is performed, the appropriate codes are 36465, 36466 (AMA CPT 2024 Professional Edition, page 301).

Varithena (polidocanol injectable foam) 1% is indicated for the treatment of incompetent great saphenous veins, accessory saphenous veins and visible varicosities of the great saphenous vein system above and below the knee (Varithena™ (Polidocanol injectable foam) 1% 2025 Coding and Reimbursement Guide, available at: <https://www.varithena.com/content/dam/varithena/hcp/pdf/varithena-coding-reimbursement-guide.pdf>).

Use CPT 36470, 36471 for extremity truncal vein injection of compounded foam sclerosant (AMA CPT 2024 Professional Edition, page 301).

Injections performed to treat incompetent lower extremity nontruncal veins are reported with 36470 or 36471 regardless of whether a standard sclerosant, a compounded foam sclerosant, or a noncompounded foam sclerosant is utilized (Roddy 2018).

Use CPT 36470, 36471 for injection of a sclerosant into an incompetent vein without compression maneuvers to guide dispersion of injectate (AMA CPT 2024 Professional Edition, page 301).

Application of compression dressings (e.g., compression bandages/stockings) is included in CPT 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, when performed, and may not be reported separately (AMA CPT 2024 Professional Edition, page 301).

Code	Description	Procedure and Applicable InterQual Criteria for MassHealth ACO and Community Care
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)	Ultrasound-Guided Foam Sclerotherapy Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator 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	Ultrasound Guided Foam Sclerotherapy Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Treatment of telangiectasias (spider veins) is considered cosmetic. Cosmetic surgery is excluded from coverage.
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Liquid or Foam (Compounded or Non-Compounded) Sclerotherapy Sclerotherapy, Lower Extremity Superficial Tributary Varicose Vein
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Liquid or Foam (Compounded or Non-Compounded) Sclerotherapy Sclerotherapy, Lower Extremity Superficial Tributary Varicose Vein
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Endovenous Mechanochemical Ablation Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Endovenous Mechanochemical Ablation Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Endovenous Radiofrequency Ablation

		Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
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)	Endovenous Radiofrequency Ablation Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Endovenous Laser Ablation (EVLA) Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
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)	Endovenous Laser Ablation (EVLA) Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
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	Endovenous Chemical Adhesive (e.g., cyanoacrylate) Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
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 Chemical Adhesive (e.g., cyanoacrylate) Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Ligation, Division, and/or Stripping Ligation and Division +/- Stripping or Excision, Lower Extremity Superficial Vein
37718	Ligation, division, and stripping, short saphenous vein	Ligation, Division, and/or Stripping Ligation and Division +/- Stripping or Excision, Lower Extremity Superficial Vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Ligation, Division, and/or Stripping Ligation and Division +/- Stripping or Excision, Lower Extremity Superficial Vein

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	Ligation, Division, and/or Stripping
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	Ligation, Division, and/or Stripping
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Ligation, Division, and/or Stripping
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	Ambulatory Phlebectomy (Stab or Hook Phlebectomy) Phlebectomy, Lower Extremity Superficial Tributary Varicose Vein
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	Ambulatory Phlebectomy (Stab or Hook Phlebectomy) Phlebectomy, Lower Extremity Superficial Tributary Varicose Vein
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Ligation, Division, and/or Stripping Ligation and Division +/- Stripping or Excision, Lower Extremity Superficial Vein
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Ligation, Division, and/or Stripping
37799	Unlisted procedure, vascular surgery	Use to report: Transilluminated Powered Phlebectomy (TIPP; e.g., TRIVEX™) Subfascial Endoscopic Perforator Surgery (SEPS)

References

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11. O'Donnell TF Jr, Passman MA, et al.; Society for Vascular Surgery; American Venous Forum. Management of venous leg ulcers: clinical practice guidelines of the Society for Vascular Surgery® and the American Venous Forum. *J Vasc Surg*. 2014 Aug;60(2 Suppl):3S-59S.
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Policy history

Origination date:	05/01/2014
Review/Approval(s):	Technology Assessment Committee: 12/18/2013 (Adopted InterQual Criteria), 01/28/2015 (annual review), 01/27/2016 (annual review), 01/25/2017 (annual review), 01/24/2018 (annual review), 01/23/2019 (annual review); 05/27/2020 (adopted Fallon Health criteria), 02/08/2022 (Added clarifying language related to Medicare Advantage, NaviCare, PACE and MassHealth under policy section), 10/29/2024 (annual review, updated Medicare Advantage, MassHealth ACO, NaviCare, and PACE language in Policy section, adopted InterQual Criteria for Community Care effective 12/01/2024, updated Coding and References), 04/29/2025 (adopted InterQual Criteria for MassHealth ACO effective 06/01/2025; updated Coding and References), 04/28/2026 (annual review; no changes to coverage criteria). UM Committee: 11/19/2024 (annual review; approved), 05/20/2025 (approved adoption of InterQual Criteria for MassHealth ACO effective 06/01/2025), 05/19/2026 (annual review; approved with no changes to coverage criteria).

Instructions for Use

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service

area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Fallon Health generally follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

For plan members enrolled in NaviCare, Fallon Health first follows CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.