Varicose Vein Treatment

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Varicose veins are dilated superficial veins of the lower extremities caused by venous valve incompetence, leading to symptoms such as pain, edema, skin changes or ulcerations.

Telangiectasias "spider veins" are small, typically asymptomatic dermal veins and are considered cosmetic when treated and do not fall under the term "varicose veins."

Management of varicose veins is based on anatomical location of the vein, diagnostic evaluation, symptomology, and provider recommendation. Proper treatment may require a combination of techniques (ablation, phlebectomy, or sclerotherapy) to correct symptoms associated with venous insufficiency, majority of which can be performed in a single treatment session. Staging procedures on separate dates is generally not clinically indicated.

Criteria

Commercial

Prior authorization is required.

Multiple/Staged Procedure requests require Medical Director review.

Requests to schedule or separate out procedures over multiple dates of service for the same extremity (right/left) requires clinical rationale, including documentation (e.g., extent of disease, patient safety, technical considerations, and complete treatment plan).

I. Great Saphenous Vein (GSV) or Small Saphenous Vein (SSV)

A. PacificSource considers the treatment of the great or small saphenous veins by surgery (ligation and stripping), endovascular radiofrequency, laser ablation, sclerotherapy, or cyanoacrylate adhesive (e.g., VenaSeal Closure System) to be medically necessary when **ALL** of the following criteria is met:

1. Saphenous venous insufficiency symptoms causing functional impairment, indicated by **ONE** or more of the following:

- Bleeding or ruptured superficial varicose veins
- Leg edema
- Leg fatigue, aching, or pain interfering with activities of daily living or requiring analgesics medication
- Persistent or recurrent superficial thrombophlebitis
- Persistent or recurrent venous stasis ulcer
- Skin changes (e.g., lipodermatosclerosis, hemosiderosis)

2. Duplex ultrasound or Doppler study confirms significant reflux of the incompetent vein greater than or equal to 0.5 seconds

3. Vein size is greater than or equal to 4.5 mm in diameter measured by ultrasound immediately below the saphenofemoral or saphenopopliteal junction (not valve diameter at junction)

4. No significant symptomatic improvement after greater than or equal to 3-months of compression therapy, unless contraindicated or not required due to advanced disease (e.g., active or healed venous ulceration)

II. Accessory Saphenous Veins

A. PacificSource considers the treatment of accessory saphenous veins by surgery (ligation and stripping), endovascular radiofrequency, laser ablation, sclerotherapy, or cyanoacrylate adhesive (e.g., VenaSeal Closure System) to be medically necessary when **ALL** of the following criteria is met:

1. There is no reflux associated with Great Saphenous Vein or Small Saphenous Vein

OR

2. Persistent reflux at saphenofemoral or saphenopopliteal junctional following prior removal or treatment of the great or small saphenous, vein using surgical or endovenous thermal, non-thermal (e.g., adhesive) or sclerotherapy techniques

AND

3. Symptoms causing functional impairment, indicated by **ONE** or more of the following:

a. Bleeding or ruptured superficial varicose veins

b. Leg edema

c. Leg fatigue, aching, or pain interfering with activities of daily living or requiring analgesics medication

d. Persistent or recurrent superficial thrombophlebitis

e. Persistent or recurrent venous stasis ulcer

f. Skin changes (e.g., lipodermatosclerosis, hemosiderosis)

4. At least 3 months post Great Saphenous Vein or Small Saphenous Vein treatment

III. Perforator Veins

A. PacificSource considers the treatment of incompetent perforator veins by surgical ligation (subfascial endoscopic perforator surgery), endovenous radiofrequency, laser ablation, sclerotherapy, cyanoacrylate adhesive (e.g., VenaSeal Closure System) or stab phlebectomy (also known as microphlebectomy, stab avulsion, ambulatory phlebectomy, mini-phlebectomy, hook avulsion), to be medically necessary when **ALL** of the following criteria is met:

1. Perforator reflux per recent ultrasound of greater than or equal to 0.5 seconds and vein diameter greater than or equal to 3.5 mm

2. The saphenous veins (greater, lesser, or accessory saphenous and symptomatic varicose tributaries) have been previously treated

3. Perforating vein is located underneath an active or healed venous stasis ulcer

IV. Superficial Tributary Varicosities (telangiectasias or reticular veins)

A. PacificSource considers the treatment Superficial Tributary Varicosities, by surgical ligation (subfascial endoscopic perforator surgery), endovenous radiofrequency, laser ablation, sclerotherapy, cyanoacrylate adhesive (e.g., VenaSeal Closure System) or stab phlebectomy (also known as microphlebectomy, stab avulsion, ambulatory phlebectomy, mini-phlebectomy, hook avulsion), to be medically necessary when **EITHER**:

1. Performed **WITH** primary procedure of great saphenous vein or small saphenous vein treatments on same extremity.

OR

2. Performed as **a standalone** (separate) treatment of superficial tributary varicosities when **ALL** of the following conditions are present:

a. Superficial tributary varicosities that are greater than or equal to 2.5 mm in diameter

b. At least 3 months post-greater saphenous vein treatment

c. Saphenous venous insufficiency symptoms causing functional impairment, including **ONE** or more of the following:

- Bleeding or ruptured superficial varicose veins
- Leg edema
- Leg fatigue, aching, or pain interfering with activities of daily living or requiring analgesic use
- Persistent or recurrent superficial thrombophlebitis
- Persistent or recurrent venous stasis ulcer

- Skin changes (e.g., lipodermatosclerosis, hemosiderosis)

Exclusions

Treatment by any method of small telangiectasia such as spider veins (1 mm or less), superficial reticular veins (1-2 mm), angiomata, and hemangiomata is considered cosmetic. Cosmetic treatment is a contract exclusion.

Medicaid

PacificSource Community Solutions (PCS) follows the general coverage, limitations, and exclusions outlined in OARs 410-141-3820, 410-141-3825, and 410-120-1200. Relevant coverage guidance, including but not limited to Guideline Note 68 of the Health Evidence Review Commission (HERC) Prioritized List of Health Services; as well as any applicable Oregon Administrative Rules (OARs) may be used to determine coverage of varicose vein treatment.

PCS follows the *"Unlisted and Unspecified Procedure Codes"* policy for requests for unlisted codes.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0000 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance, including but not limited to Guideline Note 68, may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

Medicare

PacificSource Medicare uses Local Coverage Determination L34209 for Treatment of Varicose Veins of the Lower Extremities.

Experimental/Investigational/Unproven

PacificSource considers Transilluminated powered phlebectomy (TIPP) to be experimental, investigational, or unproven.

PacificSource considers sclerotherapy for the treatment of reflux of iliac veins, the saphenofemoral junction or saphenopopliteal junction to be experimental, investigational, or unproven.

PacificSource considers the use of Mechanochemical Ablation (MOCA) (e.g., ClariVein Occlusion Catheter, Nonthermal Vein Ablation System) for all veins to be experimental, investigational, or unproven.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

36465 Inject non-compounded foam sclerosant w/US compress maneuvers to guide dispersion of injectate inclusive of all img guidance and monitoring; single incompetent extrem truncal veins

36466 Inject non-compounded foam sclerosant w/US compress maneuvers to guide dispersion injectate inclusive of all img guidance and monitoring; multi-incompetent truncal veins same leg

36468 Single or multiple Injections Sclerosing Solutions, spider Veins; Limb/Trunk

36470 Injection of sclerosing solution; single vein

36471 Injection of sclerosing solution; multiple veins, same leg

36473 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated

36474 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; sub vein treated in a single extremity

36475 Endovenous ablation therapy of incompetent vein, extremity, Inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

36476 Endovenous ablation therapy of incompetent vein, extremity, Inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)

36478 Endovenous ablation therapy of incompetent vein, extremity, Inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated

36479 Endovenous ablation therapy of incompetent vein, extremity, Inclusive of all imaging guidance and monitoring, percutaneous; second and subsequent veins treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)

36482 Endovenous ablation therapy incompetent vein extrem by transcatheter deliver chemical adhesive remote access site inclusive of img guidance and monitoring, percutaneous 1 vein treat

36483 Endovenous ablation incomp vein extrem by transcatheter delivery chem adhesive inclusive img guidance and monitoring percutaneous sub vein treat single extrem separate access site

37241 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)

37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions

37766 Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions

37700 Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions

37718 Ligation, division and stripping, short saphenous vein

37722 Ligation, division, and stripping, long (greater) saphenous vein from saphenofemoral junction to knee or below

37735 Ligation and division and complete stripping of long or short saphenous veins with radial excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia

37760 Ligation of perforator veins, subfascial, radial (Linton type), including skin graft, when performed, open, 1 leg

37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg

37765 Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions

37766 Stab phlebectomy of varicose veins, one extremity; more than 20 incisions

37780 Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)

37785 Ligation, division, and/or excision of varicose vein cluster(s), 1 leg

37799 Unlisted procedure, vascular surgery

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

Definitions

Accessory Saphenous Veins - Superficial veins that run parallel to the great or small saphenous veins (e.g., anterior or posterior accessory veins) and may become incompetent sources of venous reflux.

Greater (Long) Saphenous Vein (GSV) - The primary superficial vein of the lower extremity extending from the medial ankle to the groin; a common source of truncal venous reflux.

Small (Short) Saphenous Vein (SSV) - A superficial vein origination at the posterior ankle and extending to the popliteal vein; may serve as a source of truncal venous reflux.

Venous Reflux (Incompetence) - Retrograde venous blood flow lasting greater than or equal to 0.5 seconds on duplex ultrasound, considered pathologic.

Perforator Veins - Veins that connect the superficial and deep venous systems and direct blood flow toward the deep system; incompetence may contribute to advanced venous disease, including ulceration.

Superficial Tributary Varicosities - Dilated superficial veins branching from truncal veins that may remain symptomatic after truncal vein insufficiency.

Reticular Vein - Subdermal veins typically 1 to 4 mm in diameter, which may be asymptomatic or associated with cosmetic concerns.

Telangiectasia (Spider Veins) - Intradermal veins less than or equal to 1 mm in diameter, generally considered cosmetic.

References

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MCG. Sclerotherapy, Leg Veins, ACG: A-0170 (AC)

MCG Sclerotherapy Plus Ligation, Saphenofemoral Junction, ACG: A-0171 (AC)

MCG Saphenous Vein Ablation, Radiofrequency, ACG: A-0174 (AC)

MCG Saphenous Vein Ablation, Laser, ACG: A-0425 (AC)

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Appendix

Effective: 10/1/2020 **Next review:** 8/1/2027

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): 42 CFR § 422.101(b-c); Oregon Administrative Rules (OARs) 410-141-3820, 410-141-3825, 410-120-1200, 410-151-0000 through 410-151-0003.

OPs Approval: 7/2026