



Varicose Vein Treatment

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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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 swollen, twisted veins that can be seen through the skin and usually occur in the legs. They are a common condition caused by an increase of blood pressure in weak or damaged superficial veins. Symptoms of varicose veins include aching pain, skin rashes and sores. Note that the term "varicose veins" does not apply to the telangiectatic dermal veins, which may be described as "spider veins". While abnormal in appearance, these veins typically are not associated with any other symptoms (e.g., pain or heaviness), and their treatment is considered cosmetic.

Surgical invention for treatment of varicose veins varies depending upon the anatomical location of the vein, diagnostic evaluation, symptomology, and provider recommendation. Proper treatment may require a combination of techniques (ablation, phlebectomy, sclerotherapy) to correct symptoms associated with venous insufficiency, majority of which can be performed in a single treatment session. In most instances, staging of ablative varicose vein treatments on different days is not clinically appropriate.

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) require clinical documentation with a rationale 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 or aching
 - Leg pain requiring frequent 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 ≥ 0.5 seconds
3. Vein size is ≥ 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 in response to 3-month or longer trial of compression stockings (unless medically contraindicated)

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. Persistent junctional reflux is demonstrated after Great Saphenous Vein or Small Saphenous Vein have been removed or ablated by endovascular radiofrequency or laser ablation at the saphenofemoral junction or saphenopopliteal junction **OR** there is no reflux in associated Great Saphenous Vein or Small Saphenous Vein
2. At least 3 months post Great Saphenous Vein treatment, when indicated
3. Accessory Saphenous Veins symptoms causing functional impairment, indicated by **ONE** or more of the following:

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

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 ≥ 0.5 seconds and vein diameter ≥ 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 ≥ 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
 - Leg pain
 - 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.

V. Vulvar/Labial Varicosities

- A. PacificSource may consider stab phlebectomy medically necessary as a treatment for vulvar/labial varicosities (e.g., pelvic vein incompetence) when **ALL** of the following conditions are present:
1. Member has persistent symptoms/signs of discomfort, aching, throbbing, heaviness and/or dull pain which has been present for a least 6 months

Medicaid

PacificSource Community Solutions follows an internal hierarchal process in the “Clinical Criteria Used in UM Decisions” policy for coverage of Varicose Veins. PCS covers these services when the condition and service(s) pair on a funded line on the HERC Prioritized List of Health Services, any relevant Guideline criteria is fulfilled, and service(s) are medically/orally necessary and appropriate for the specific member. Additional coverage options for unfunded conditions and services are provided as described in Covered Services OAR 410-141-3820. Treatment of Varicose Veins may be limited or excluded if the service meets the criteria outlined in OARs 410-141-3825 and 410-120-1200, except as otherwise provided in the Covered Services Rule.

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

PacificSource follows the “Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)” criteria for members under 21 and Young Adults with Special Health Care Needs (YSHCN).

Medicare

PacificSource Medicare uses Local Coverage Determination L34010 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)
- 37500 Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
- 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 (is utilized for phlebectomy “less than 10 incisions”)

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

Definitions

Accessory saphenous veins – Travel in parallel with the greater and lesser saphenous veins and are generally 2 - 2.5 mm in their normal state.

Greater/long saphenous veins – Superficial vein running the entire length of the leg and is generally 3 mm in its normal state. A typical GSV contains an average of 7 valves throughout its entire length, and it is the most common superficial vein to develop venous reflux.

Lesser/short saphenous veins – Superficial vein of the calf and is generally 2.5 mm in its normal state. The small saphenous vein originates at the back of the ankle near the outer malleolus bone and usually runs up the back of the lower leg to the popliteal vein behind the knee.

Moderate to severe reflux – In current practice, most vascular laboratories consider the presence of venous flow reversal for greater than 0.5 second with proximal compression, Valsalva maneuver, or distal compression and release to represent pathologic reflux.

Perforator veins – Connect superficial veins to deep veins. They contain one-way valves to direct the blood from the superficial system to the deep system and are generally less than 3mm in their normal state.

Reticular Vein - Veins between 1 mm and 4 mm in diameter

Telangiectasia/Spider veins – Very small (≤ 1 mm in diameter) thread veins found commonly just under the surface of the skin, usually not distorting skin, or surrounding tissues.

References

American Venous Forum (AVF). Chronic venous disease. 2022. Available at:
<https://www.venousforum.org/patients/what-is-vein-disease/what-is-chronic-venous-disease/>

De Maeseneer MG, Kakkos SK, Aherne T, et al. Editor's Choice - European Society for Vascular Surgery (ESVS) 2022 clinical practice guidelines on the management of chronic venous disease of the lower limbs [published correction appears in Eur J Vasc Endovasc Surg. August 8, 2022]. *Eur J Vasc Endovasc Surg.* 2022;63(2):184-267. doi:10.1016/j.ejvs.2021.12.024.
<https://pubmed.ncbi.nlm.nih.gov/35027279/>

Gavrilov S. G. (2017). Vulvar varicosities: diagnosis, treatment, and prevention. *International journal of women's health*, 9, 463–475. <https://doi.org/10.2147/IJWH.S126165>

Hayes Knowledge Center. (Annual Review: 2023, September 1). Cyanoacrylate Embolization (VenaSeal Closure System) for the Treatment of Varicose Veins. (Available at: <https://evidence.hayesinc.com/report/htb.venaseal4673>)

Hayes Knowledge Center. (Annual Review: 2022, November 10). Polidocanol Endovenous Microfoam (Varithena) 1% for Treatment of Varicose Veins. (Available at: <https://evidence.hayesinc.com/report/htb.varithena3187>)

Kiguchi, M. M., Reynolds, K. B., Cutler, B., Tefera, E., Kochubey, M., Dirks, R., Abramowitz, S. D., Woo, E. Y., & O'Banion, L. A. (2021). The need for perforator treatment after VenaSeal and ClosureFast endovenous saphenous vein closure in CEAP 6 patients. *Journal of vascular surgery. Venous and lymphatic disorders*, 9(6), 1510–1516. <https://doi.org/10.1016/j.jvsv.2021.04.020>

Kolluri, R., Chung, J., Kim, S., Nath, N., Bhalla, B. B., Jain, T., Zygmunt, J., & Davies, A. (2020). Network meta-analysis to compare VenaSeal with other superficial venous therapies for chronic venous insufficiency. *Journal of vascular surgery. Venous and lymphatic disorders*, 8(3), 472–481.e3. <https://doi.org/10.1016/j.jvsv.2019.12.061>

Kuyumcu, G., Salazar, G. M., Prabhakar, A. M., & Ganguli, S. (2016). Minimally invasive treatments for perforator vein insufficiency. *Cardiovascular diagnosis and therapy*, 6(6), 593–598. <https://doi.org/10.21037/cdt.2016.11.12>

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

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

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

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

MCG Ambulatory Care Stab Phlebectomy, ACG: A-0735 (AC).

O'Banion, L. A., Reynolds, K. B., Kochubey, M., Cutler, B., Tefera, E. A., Dirks, R., & Kiguchi, M. M. (2021). A comparison of cyanoacrylate glue and radiofrequency ablation techniques in the treatment of superficial venous reflux in CEAP 6 patients. *Journal of vascular surgery. Venous and lymphatic disorders*, 9(5), 1215–1221. <https://doi.org/10.1016/j.jvsv.2020.12.082>

Wilczko, J., Szary, C., Plucinska, D., & Grzela, T. (2021). Two-Year Follow-Up after Endovenous Closure with Short-Chain Cyanoacrylate versus Laser Ablation in Venous Insufficiency. *Journal of clinical medicine*, 10(4), 628. <https://doi.org/10.3390/jcm10040628>

The Health Evidence Review Commission (HERC) Prioritized List of Health Services
<https://www.oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx>

Oregon Administrative Rules (OARs). Oregon Health Authority. Health Systems: Medical Assistance Programs – Chapter 410
<https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87>

Appendix

Effective: 10/1/2020

Next review: 4/1/2026

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): CMS Local Coverage Determination L34010, Oregon Administrative Rules (OARs) 410-141-3820, 410-141-3825, 410-120-1200, 410-151-0000 through 410-151-0003.

Commercial OPs: 3/2025

Government OPs: 3/2025