

VARICOSE VEIN TREATMENT:**Endovenous Laser Therapy, Endoluminal Radiofrequency Ablation and Sclerotherapy**

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Status: Current

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Summary of Changes

Additions:

- Added section II. GOVERNMENTAL REGULATIONS
- Added brief descriptions of varicose vein treatment procedures in section IV. DESCRIPTION

I. POLICY/CRITERIA

Priority Health may consider specific procedures or services for the treatment of varicose veins medically necessary when the applicable **InterQual®** criteria are met. Procedures include the following:

Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein

- Cyanoacrylate Closure (CAC)
- Endovenous Ablation
- Endovenous Laser Ablation (EVLA)
- Endovenous Nonthermal Ablation
- Endovenous Thermal Ablation
- Mechanochemical Ablation (MOCA)
- Radiofrequency Ablation (RFA)
- Ultrasound-Guided Foam Sclerotherapy (UGFS)

Sclerotherapy, Lower Extremity Superficial Tributary Varicose Vein

- Foam Sclerotherapy
- Microfoam Sclerotherapy
- Ultrasound-Guided Foam Sclerotherapy (UGFS)

Subfascial Endoscopic Perforator Surgery (SEPS)

*Ligation and Division +/- Stripping or Excision, Lower Extremity Superficial Vein
Phlebectomy, Lower Extremity Superficial Tributary Varicose Vein*

- Ambulatory Phlebectomy
- Ambulatory Selective Variceal Ablation Under Local Anesthesia (ASVAL)

- Hook Phlebectomy
- Microphlebectomy
- Mini Phlebectomy
- Stab Avulsion
- Stab Phlebectomy
- Transilluminated Powered Phlebectomy (TIPP)

II. GOVERNMENTAL REGULATIONS

Centers for Medicare & Medicaid Services (CMS)

National Coverage Determinations (NCDs)	
None identified	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	<i>Varicose Veins of the Lower Extremity, Treatment of L34082 A57305</i>
First Coast Service Options, Inc.	None identified
National Government Services, Inc.	<i>Varicose Veins of the Lower Extremity, Treatment of L33575 A52870</i>
Noridian Healthcare Solutions, LLC	<i>Treatment of Varicose Veins of the Lower Extremities L34209 A57706 L34010 A57707</i>
Novitas Solutions, Inc.	None identified
Palmetto GBA	<i>Treatment of Varicose Veins of the Lower Extremities L39121 A58876</i>
WPS Insurance Corporation	<i>Treatment of Varicose Veins of the Lower Extremities L34536 A54914</i>

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*

- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

InterQual®

InterQual® Procedures criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the clinical evidence was conducted. Sources searched included:

- PubMed
- Agency for Healthcare Research and Quality (AHRQ) Comparative Effectiveness Reviews
- the Cochrane Library
- Choosing Wisely
- Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations
- the National Institute of Health and Care Excellence (NICE), and
- the National Guideline Clearinghouse.

Other medical literature databases, medical content providers, data sources, regulatory body websites, and specialty society resources may also have been used. Relevant studies were assessed for risk of bias following principles described in the Cochrane Handbook. The resulting evidence was assessed for consistency, directness, precision, effect size, and publication bias. Observational

trials were also evaluated for the presence of a dose-response gradient and the likely effect of plausible confounders.

Endovenous Procedures

Endovenous Ablation: A minimally invasive technique that uses thermal or nonthermal energy to close off incompetent veins from within, typically under ultrasound guidance.

Endovenous Thermal Ablation: A category of treatments that use heat—either from laser or radiofrequency energy—to seal off varicose veins.

Endovenous Laser Ablation (EVLA): A type of thermal ablation that uses laser energy delivered via a catheter to collapse and seal the affected vein.

Radiofrequency Ablation (RFA): Another thermal method that uses radiofrequency energy to heat and close the vein wall, leading to vein collapse and resorption.

Endovenous Nonthermal Ablation: A group of techniques that close veins without heat, reducing the need for tumescent anesthesia and minimizing nerve injury risk.

Cyanoacrylate Closure (CAC): A nonthermal, non-tumescent technique that uses a medical adhesive (cyanoacrylate glue) to seal the vein shut.

Mechanochemical Ablation (MOCA): A nonthermal method combining mechanical disruption of the vein lining with simultaneous infusion of a sclerosant to induce closure.

Sclerotherapy Techniques

Foam Sclerotherapy: Involves injecting a foamed sclerosant into the vein, which displaces blood and causes endothelial damage, leading to vein closure.

Microfoam Sclerotherapy: A refined version of foam sclerotherapy using a more stable and uniform microfoam for improved efficacy and safety.

Ultrasound-Guided Foam Sclerotherapy (UGFS): Foam sclerotherapy performed under ultrasound guidance to treat deeper or less visible varicose veins with greater precision.

Phlebectomy Techniques

Ambulatory Phlebectomy: A procedure to remove superficial varicose veins through small skin incisions, typically performed under local anesthesia in an outpatient setting.

Ambulatory Selective Variceal Ablation Under Local Anesthesia (ASVAL): A conservative phlebectomy approach that targets only varicose tributaries while preserving the saphenous trunk.

Hook Phlebectomy / Microphlebectomy / Mini Phlebectomy / Stab Phlebectomy / Stab Avulsion: These are synonymous or closely related terms referring to the removal of varicose veins through tiny skin punctures using specialized hooks or forceps.

Transilluminated Powered Phlebectomy (TIPP): A technique that uses transillumination and powered suction to remove varicose veins through fewer incisions, often under general or tumescent anesthesia.

V. CODING INFORMATION**Diagnoses considered not medically necessary****ICD-10 Codes:**

I83.90 – I83.93 Asymptomatic varicose veins of lower extremity
Z41.1 Encounter for cosmetic surgery

Procedures considered not medically necessary

36468 Injections of sclerosant for spider veins (telangiectasia); limb or trunk
37799 Unlisted procedure, vascular surgery - *if billed for Transilluminated Powered Phlebectomy; Covered for stab phlebectomy if less than 10 stab incision. (Explanatory notes must accompany claim)*
0524T Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring

CPT/HCPCS Codes**The below CPT codes are subject to review of InterQual® criteria**

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)
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 (e.g., great saphenous vein, accessory saphenous vein), same leg
36470 Injection of sclerosing solution; single incompetent vein (other than telangiectasia)
36471 Injection of sclerosing solution; multiple incompetent veins (other than telangiectasia), 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; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
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, laser; 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 of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (e.g., cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
- 36483 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (e.g., 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)
- 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 veins from saphenofemoral junction to knee or below
- 37765 Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
- 37766 Stab phlebectomy of varicose veins, one extremity; more than 20 incisions division, and/or excision of varicose vein cluster(s), one leg
- 37780 Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
- 37785 Ligation, division, and/or excision of varicose vein cluster(s), one leg
- 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

Other related CPT codes

- 75820 Venography, extremity, unilateral, radiological supervision and interpretation
- 75822 Venography, extremity, bilateral, radiological supervision and interpretation
- 36005 Injection procedure for extremity venography (including introduction of needle or intracatheter)
- 93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
- 93971 Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
- 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
- 37760 Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open
- 37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg

Not Separately Payable

S2202 Echosclerotherapy

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