NO. 91326

VARICOSE VEIN TREATMENT

Effective: 09/01/2026
Committee Review: 08/12/2016
Last Updated: 08/12/2026

Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This policy addresses numerous procedures or services performed for treatment of varicose veins. These procedures include ablation, cyanoacrylate closure, sclerotherapy, phlebectomy, ligation and division and subfascial endoscopic perforator surgery (SEPS)

Related policies:

- None identified.

I. MEDICAL NECESSITY CRITERIA

A. 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:

1. *Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein*
   a. Cyanoacrylate Closure (CAC)
   b. Endovenous Ablation
   c. Endovenous Laser Ablation (EVLA)
   d. Endovenous Nonthermal Ablation
   e. Endovenous Thermal Ablation
   f. Mechanochemical Ablation (MOCA)
   g. Radiofrequency Ablation (RFA)

h. Ultrasound-Guided Foam Sclerotherapy (UGFS)

2. *Sclerotherapy, Lower Extremity Superficial Tributary Varicose Vein*
   a. Foam Sclerotherapy
   b. Microfoam Sclerotherapy
   c. Ultrasound-Guided Foam Sclerotherapy (UGFS)
3. *Subfascial Endoscopic Perforator Surgery (SEPS)*
4. *Ligation and Division +/- Stripping or Excision, Lower Extremity Superficial Vein*
5. *Phlebectomy, Lower Extremity Superficial Tributary Varicose Vein*
   a. Ambulatory Phlebectomy
   b. Ambulatory Selective Variceal Ablation Under Local Anesthesia (ASVAL)
   c. Hook Phlebectomy
   d. Microphlebectomy
   e. Mini Phlebectomy
   f. Stab Avulsion
   g. Stab Phlebectomy
   h. Transilluminated Powered Phlebectomy (TIPP)

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
None identified	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	Varicose Veins of the Lower Extremity, Treatment of L34082 A57305
First Coast Service Options, Inc.	None identified
National Government Services, Inc.	Varicose Veins of the Lower Extremity, Treatment of L33575 A52870
Noridian Healthcare Solutions	Treatment of Varicose Veins of the Lower Extremities L34209 A57706 Sclerosing of Varicose Veins A53084*
Novitas Solutions, Inc.	None identified
Palmetto GBA	Treatment of Varicose Veins of the Lower Extremities L39121 A58876

WPS Insurance Corporation	Treatment of Varicose Veins of the Lower Extremities L34536 A54914

*Not an LCD reference article

III. BACKGROUND

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.

Venous anatomy consists of 3 venous systems: superficial, deep, and perforating. The superficial veins are located below the skin and above the deep fascia, including but not limited to: great saphenous, small saphenous, anterior accessory, posterior accessory, superficial accessory, anterior thigh circumflex, posterior thigh circumflex, and intersaphenous. The perforator veins connect the superficial and the deep venous systems. Deep veins accompany the main arteries. Varicose vein treatment primarily targets veins in the superficial venous system, while treatment for venous ulcers and skin changes associated with advanced chronic venous disease may include treatment of veins in either the superficial or the perforator venous systems.

CEAP (Clinical-Etiology-Anatomy-Pathophysiology) classification is an international standard used to describe chronic venous disorders. The CEAP is based on clinical manifestations (C), etiologic factors (E), anatomic distribution (A), underlying pathology (P) and is not intended to measure disease severity or the outcomes of treatment.

Clinical classifications:
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 (CVD)
C4a: Pigmentation or eczema
C4b: Lipodermatosclerosis or atrophie blanche
C4c: Corona phlebectatica
C5: Healed venous ulcer
C6: Active venous ulcer
C6r: Recurrent active venous ulcer

Etiology classifications are defined as primary, secondary, or congenital. Anatomical sites are defined as superficial, deep, or perforating. Pathological classifications are reflux, obstruction, reflux and obstruction, and no venous pathology.

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.

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
Society for Vascular Surgery, American Venous Forum, and American Vein and Lymphatic Society	Clinical practice guidelines for the management of varicose veins of the lower extremities. Part I (Gloviczki et al., 2023) Part II (Gloviczki et al., 2023) A systematic review supporting the Society for Vascular Surgery, the American Venous Forum, and the American Vein and Lymphatic Society guidelines on the management of varicose veins (Farah MH et al., 2021)
Society for Cardiovascular Angiography & Interventions (SCAI)	2025 SCAI Clinical Practice Guidelines for the Management of Chronic Venous Disease (Attaran RR et al., 2025)
European Society for Vascular Surgery (ESVS)	Editor's Choice - European Society for Vascular Surgery (ESVS) 2022 Clinical Practice Guidelines on the Management of Chronic Venous Disease of the Lower Limbs (De Maeseneer MG et al., 2022)

National Institute for Health and Care Excellence (NICE)	Varicose veins: diagnosis and management. Clinical guideline Reference number: CG168 (NICE, 2013)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

VI. CODING

See also *Priority Health Medical Policy No. 91636 - Category III Current Procedural Terminology (CPT®) Codes ("T" codes)*

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

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, 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, refer to the Priority Health Provider Manual.

To access InterQual guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the 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); 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. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

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SUMMARY OF CHANGES

No changes to medical necessity criteria.

Additions:

- Completed guidelines table in section IV. GUIDELINES / POSITION STATEMENTS.
- Added corresponding citations to section IX. REFERENCES.

Changes:

- Moved policy to enhanced, expanded template.

Past committee review dates: 01/1993, 02/1995, 12/1999, 12/2001, 06/2002, 06/2003, 12/2003, 11/2004, 10/2005, 10/2006, 06/2007, 06/2008, 09/2009, 06/2010, 10/2010, 10/2011, 10/2012, 10/2013, 11/2014, 11/2015, 11/2016, 11/2017, 11/2018, 11/2019, 11/2020, 11/2021, 05/2022, 05/2023, 05/2024, 08/2024, 08/2025

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