



ND

Medical Policies



Policy Number:	S-55		
Policy Name:	Surgical Treatment of Varicose Veins		
Policy Type:	Medical	Policy Subtype:	Surgery
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

A variety of treatment modalities are available to treat varicose veins/venous insufficiency, including surgical approaches, thermal ablation, and sclerotherapy. The application of each of these treatment options is influenced by the severity of the symptoms, type of vein, source of venous reflux, and the use of other (prior or concurrent) treatments.

The following are the medical definitions for the terms in the related Medical Policies under the section of Criteria:

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Cyanoacrylate Adhesive (Great Saphenous, Small Saphenous and Accessory Saphenous Veins):

- - Chemical adhesive (also known as glue embolization, glue adhesive ablation or cyanoacrylate adhesive) is a procedure where an embolic agent is injected into the vein. The embolic agent polymerizes upon contact with blood and causes the adhesive to form a solid, permanent implant, thus closing the vein. There is no tumescent local anesthesia required, minimizing risks and no postoperative compression therapy required.
 - The technique of cyanoacrylate closure (CAC), which is one of the most common liquid embolic agents, uses a proprietary adhesive for the treatment of refluxing saphenous veins.

Echosclerotherapy

- Echosclerotherapy is a technique used for perforator veins. Duplex ultrasound guidance is used to inject a sclerosing agent into varicose veins.

Endovenous Radiofrequency, Endovenous Laser Ablation/Treatment (EVLA/EVLT)

Treatment of the great saphenous veins and small saphenous veins may be considered medically necessary when **ALL** of the following criteria are met:

- Great saphenous vein symptoms including but not limited to leg/ankle swelling, skin changes, or a venous stasis ulcer; **or**
 - Small saphenous vein symptoms including but not limited to lateral ankle and foot swelling, or a venous stasis ulcer; **and**
 - ALL** of the general medically necessary criteria above are met; **and**
 - One (1) treatment session each of the great saphenous veins; one (1) session for the left great saphenous vein or one (1) session for the right great saphenous vein, totaling two (2) sessions in a 12-month period; **and**
 - One (1) treatment session each of the small saphenous veins; one (1) session for the left small saphenous vein or one (1) session for the right small saphenous vein, totaling two (2) sessions in a 12-month period.

Endovenous radiofrequency ablation of veins (VNUS/EVLA), laser ablation (EVLT) and ablation of incompetent veins include imaging guidance and catheter insertion as part of the overall procedure.

Endovenous ablation procedures for the treatment of the great saphenous and the small saphenous veins for any other indication is considered cosmetic and therefore non-covered.

Procedure Codes

36475	36476	36482	36483	37799
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Ligation and Stripping and Phlebectomy (i.e., Stab, Hook, Transilluminated Powered):

Treatment of the great saphenous veins, small saphenous veins and/or saphenous tributaries may be considered medically necessary when the following criteria are met:

- Related incompetent superficial veins proximal to the incompetent vein to be treated either have been or are being treated concurrently; **and**
 - ALL** of the general medical necessary criteria above are met.

Ambulatory phlebectomy services, procedures codes 37765 and 37766, are reported based on the number of incisions performed on each extremity. When fewer than 10 incisions are required, report code 37799.

Ligation and stripping, ambulatory phlebectomy (i.e., stab, hook, transilluminated powered) for conditions other than symptomatic veins, for any other indication is considered cosmetic and therefore non-covered.

Procedure Codes

37700	37718	37722	37765	37766	37780	37799
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Mechanochemical Ablation:

- Mechanochemical ablation (also referred to as MOCA, MECA) is a technique used to ablate superficial veins with an oscillating wire that rotates and disrupts the endothelial lining of target veins while a sclerosant is injected to penetrate the deep layers of the vein causing vein sclerosis. This technique is appropriate for the treatment of truncal veins.

Sclerotherapy (Liquid or Microfoam):

- Sclerotherapy is a treatment of the veins using liquid sclerosant agents or sclerosing foam. Sclerosing agents are chemical agents that cause endothelial damage leading to sclerosis of the venous segment once it is injected into the vein lumen. Sclerosing foam is made from a sclerosant agent and a gas.

Liquid Sclerosant:

- Liquid sclerotherapy is often used to treat cosmetic telangiectasias and reticular veins. Liquid sclerotherapy is also of value in addressing bleeding telangiectasias and for select cases of large vein treatment where unique individual features suggest liquid may be a safer option.
 - Some examples (not all inclusive) of agents for sclerotherapy include sodium tetradecyl sulfate (STS), polidocanol, sodium morrhuate, and glycerin, which is typically used with epinephrine.

Foam Sclerosant: Ultrasound-Guided Foam Sclerotherapy (UGFS):

- Foam sclerotherapy is a procedure that is performed under ultrasound guidance. There are different types of foam: physician-compounded foam (PCF) and non-compounded foam (NCF). The target, non-target, perforating, and adjacent deep veins are evaluated by ultrasound. UGFS is used for treatment of primary and recurrent varicose veins, including the distal GSV and SSV, perforating veins, and venous malformations.

Treatment Session

- A treatment session (visit) includes the treatment provided on the SAME day to one (1) or more veins in the SAME leg.

Vein Anatomy

- - **Main Veins:** Greater Saphenous Vein (GSV) , Superficial Saphenous Vein/ Long Saphenous Vein (SSV/LSV)
 - **Accessory Veins:** Anterior saphenous, Anterior Circumflex, Anterior Branch Lateral saphenous, Posterior Circumflex, Posterior medial branch
 - **Tributary Veins:** smaller branches of all of the above listed veins
 - **Perforator Veins:** Cockett's, Boyd's, Dodd's, Hunter's, May's, Kuster's
 - **Telangiectasia/Reticular Veins:** Spider Veins (considered cosmetic)

COMMON ABBREVIATIONS:

- - **CFV** - Common Femoral Vein: normal
 - **PFV** - Proximal Femoral Vein
 - **MFV** - Mid Femoral Vein
 - **DFV** - Distal Femoral Vein: positive compress
 - **Pop V** - Popliteal Vein: normal
 - **SFJ** - Saphenofemoral Junction: normal
 - **AAGSV** - Anterior Accessory Great Saphenous Vein
 - **PAGSV** - Posterior Accessory Great Saphenous Vein
 - **PGSV** - Proximal Great Saphenous Vein
 - **MGSV** - Mid Great Saphenous Vein
 - **AAGSV Calf** - Anterior Accessory Great Saphenous Vein Calf
 - **PAGSV Calf** - Posterior Accessory Great Saphenous Vein Calf
 - **SPJ** - Saphenopopliteal Junction
 - **PSSV** - Proximal Small Saphenous Vein
 - **MSSV** - Mid Small Saphenous Vein
 - **TESSV** - Thigh Extension Small Saphenous Vein

The standard classification of venous disease is the **CEAP (Clinical, Etiologic, Anatomic, Pathophysiologic) classification system**.

Class	Definition
C ₀	No visible or palpable signs of venous disease
C ₁	Telangiectasies or reticular veins
C ₂	Varicose veins
C _{2r}	Recurrent varicose veins
C ₃	Edema
C ₄	Changes in skin and subcutaneous tissue secondary to cardiovascular disease (CVD)
C _{4a}	Pigmentation and eczema

C _{4b}	Lipodermatosclerosis or atrophie blanche
C _{4c}	Corona phlebectatica
C ₅	Healed
C ₆	Active venous ulcer
C _{6r}	Recurrent active venous ulcer
S	Symptomatic
A	Asymptomatic

Policy Application

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Criteria

Treatment of symptomatic varicose veins using one (1) or more of the following varicose vein treatments may be considered medically necessary when the applicable clinical criteria contained within the related individual treatment modality policy are met.

Procedure Code	Code Description	Policy Number	Policy Title
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 (e.g., GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	S-552	Sclerotherapy (Liquid or Microfoam)
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	S-552	Sclerotherapy (Liquid or Microfoam)

36468	INJECTION(S) OF SCLEROSANT FOR SPIDER VEINS (TELANGIECTASIA), LIMB OR TRUNK	S-557	Spider Veins, Treatment
36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	S-552	Sclerotherapy (Liquid or Microfoam)
36471	INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG	S-552	Sclerotherapy (Liquid or Microfoam)
36478	IN THIS PROCEDURE, THE PROVIDER INSERTS A SPECIALLY DESIGNED LASER ABLATION CATHETER PROBE THROUGH THE SKIN AND DESTROYS THE WALL OF A DISEASED VEIN IN AN EXTREMITY. THE PROVIDER REPORTS THIS CODE FOR TREATMENT OF THE FIRST VEIN	S-556	Ligation or Ablation, Incompetent Perforator Veins
36479	IN THIS ADD-ON PROCEDURE THE PROVIDER INSERTS A SPECIALLY DESIGNED LASER ABLATION CATHETER PROBE THROUGH THE SKIN AND DESTROYS THE WALL OF A DISEASED VEIN IN A SINGLE EXTREMITY. THE PROVIDER PERFORMS THIS PROCEDURE TO ABLATE SUBSEQUENT VEINS IN THE SAME SESSION AS ABLATION OF THE INITIAL VEIN.	S-556	Ligation or Ablation, Incompetent Perforator Veins
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)	S-553	Subfascial endoscopic perforator surgery (SEPS)
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE (1) LEG	S-558	Ligation, Division, and/or Excision of Varicose Vein Cluster(s)
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	S-553 S-554 S-555 S-556 S-557	Subfascial endoscopic perforator surgery (SEPS): Endovenous Cryoablation; Laser Treatment, Non-Invasive, Ligation or Laser Ablation; Incompetent Perforator Veins;

			Spider Veins, Treatment
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (e.g., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	S-552	Sclerotherapy (Liquid or Microfoam)
J3490	UNCLASSIFIED DRUGS	S-552	Sclerotherapy (Liquid or Microfoam)
S2202	ECHOSCLEROTHERAPY	S-551	Echosclerotherapy

Professional Statements and Societal Positions Guidelines

American Vein and Lymphatic Society

In 2015, the AVLS (previously named the American College of Phlebology) published guidelines on the treatment of superficial vein disease.

AVLS gave a Grade 1 recommendation based on high quality evidence that compression is an effective method for the management of symptoms, but when individuals have a correctable source of reflux, definitive treatment should be offered unless contraindicated. AVLS recommends against a requirement for compression therapy when a definitive treatment is available. AVLS gave a strong recommendation based on moderate quality evidence that endovenous thermal ablation is the preferred treatment for saphenous and accessory saphenous vein incompetence, and gave a weak recommendation based on moderate quality evidence that mechanochemical ablation may also be used to treat venous reflux.

In 2017, AVLS published guidelines on the treatment of refluxing accessory saphenous veins. The College gave a Grade 1 recommendation based on level C evidence that individuals with symptomatic incompetence of the accessory saphenous veins be treated with endovenous thermal ablation or sclerotherapy to reduce symptomatology. The guidelines noted that although accessory saphenous veins may drain into the great saphenous vein before it drains into the common femoral vein, they can also empty directly into the common femoral vein.

National Institute for Health and Care Excellence

In 2013, the NICE updated its guidance on ultrasound-guided foam sclerotherapy for varicose veins. NICE stated that:

'1.1 Current evidence on the efficacy of ultrasound-guided foam sclerotherapy for varicose veins is adequate. The evidence on safety is adequate, and provided that individuals are warned of the small but significant risks of foam embolization (see section 1.2), this procedure may be used with normal arrangements for clinical governance, consent and audit.

1.2 During the consent process, clinicians should inform individuals that there are reports of temporary chest tightness, dry cough, headaches and visual disturbance, and rare but significant complications including myocardial infarction, seizures, transient ischaemic attacks and stroke.'

In 2015, NICE published a technology assessment on the clinical effectiveness and cost-effectiveness of foam sclerotherapy, endovenous laser ablation, and surgery for varicose veins.

In 2016, NICE revised its guidance on endovenous mechanochemical ablation, concluding that 'Current evidence on the safety and efficacy of endovenous mechanochemical ablation for varicose veins appears adequate to support the use of this procedure....'

Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes 36475; 36476; 36482; 36483; 37700; 37718; 37722; 37765; 37766 and 37780.

I80.00	I80.01	I80.02	I80.03	I83.011	I83.012	I83.013
I83.014	I83.015	I83.018	I83.019	I83.021	I83.022	I83.023
I83.024	I83.025	I83.028	I83.029	I83.10	I83.11	I83.12
I83.201	I83.202	I83.203	I83.204	I83.205	I83.208	I83.209
I83.211	I83.212	I83.213	I83.214	I83.215	I83.218	I83.219
I83.221	I83.222	I83.223	I83.224	I83.225	I83.228	I83.229
I83.811	I83.812	I83.813	I83.819	I83.891	I83.892	I83.893
I83.899	I87.2	I87.9				

CURRENT CODING

CPT:

36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Medicaid Expansion
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Medicaid Expansion
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Medicaid Expansion
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Medicaid Expansion
37700	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPT	Medicaid Expansion

37718	LIG DIV & STRIPPING SHORT SAPHENOUS VEIN	Medicaid Expansion
37722	LIG DIV&STRPG LONG SAPH SAPHFEM JUNCT KNE/BELW	Medicaid Expansion
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Medicaid Expansion
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Medicaid Expansion
37780	LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Medicaid Expansion
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Medicaid Expansion
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Commercial
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	Commercial
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Commercial
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Commercial
37700	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	Commercial
37718	LIG DIV & STRIPPING SHORT SAPHENOUS VEIN	Commercial
37722	LIG DIV&STRPG LONG SAPH SAPHFEM JUNCT KNE/BELW	Commercial
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Commercial
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	Commercial
37780	LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Commercial
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Commercial

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ND Committee Review

Internal Medical Policy Committee 1-22-2020 *Effective March 02, 2020*

- **Added** endovenous cryoablation as Experimental/Investigational

Internal Medical Policy Committee 5-24-2022 Revision of policy with coding updates. *Effective July 04, 2022*

- **Added** Procedure Codes 36482; 36483; and
- **Removed** Diagnosis Codes I83.001; I83.002; I83.003; I83.004; I83.005; I83.008; and I83.009

Internal Medical Policy Committee 5-23-2023 Annual Review-no changes in criteria *Effective July 03, 2023*

Internal Medical Policy Committee 1-16-2024 Revision - *Effective March 04, 2024*

- **Removed** Procedure Codes 17106; 170107; 17108; 37735; 37785; and 76998; and
- **Added** definitions for Treatment Session, Vein Anatomy and common abbreviations; and
- **Added** chart containing related individual treatment modality policies; and
- **Removed** procedure review criteria; and
- **Updated** procedure guidelines; and
- **Added** Procedure Code 37735 in chart; and
 - **Added** code description; and
 - **Added** policy number and policy name; and
- **Added** Policy Application

Internal Medical Policy Committee 5-14-2024 Revision - *Effective July 01, 2024*

- **Moved** Procedure Codes 36478 and 36479 from Endovenous Radiofrequency, Endovenous Laser Ablation/Treatment (EVLA/EVLT) section and diagnosis section to Treatment of Symptomatic Varicose Veins section.

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.