Sentara Health Plans

Medicaid

Varicose Veins of the Lower Extremities, Surgical 04

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Coverage Policy	Surgical 04
Version	10

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Varicose vein treatments of the lower extremities, by varying methods, are used to reduce or eliminate symptoms caused by the varicosities. Treatment methods may include: ligation (surgical or laser), stripping or chemical sclerotherapy.

Criteria:

Treatment for Varicose Veins of the Lower Extremities are considered medically necessary for **1 of the following**:

- Stab phlebectomy (37765, 37766) may be indicated when **ALL of the following** are present:
  - Superficial tributary varicosities that are 3 mm or more in diameter when standing
  - Performed concurrently with or after saphenous vein stripping or ablation
  - Saphenous venous insufficiency symptoms causing functional impairment, including 1 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 (eg, lipodermatosclerosis, hemosiderosis)
  - No clinically significant lower extremity arterial disease
  - No deep venous thrombosis on duplex ultrasound or other imaging test

- No lymphedema or severe peripheral edema in region of procedure
- No overlying infection (eg, dermatitis, cellulitis)

- Saphenous vein stripping (37718, 37722, 37735) may be indicated when **ALL of the following** are present:
  - Incompetence of saphenous vein documented by duplex ultrasound or other imaging test with valve closure time of greater than 500 msec
  - Saphenous venous insufficiency symptoms causing functional impairment, including 1 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 (eg, lipodermatosclerosis, hemosiderosis)
  - No clinically significant lower extremity arterial disease
  - No deep venous thrombosis on duplex ultrasound or other imaging test
  - Radiofrequency or laser ablation contraindicated or not available
- Saphenous Vein Ablation with Adhesive Injection (36482, 36483) or Endovascular laser saphenous vein ablation (36478, 36479) may be indicated when **ALL of the followin**g are present:
  - Incompetence of saphenous vein documented by duplex ultrasound or other imaging test with valve closure time of greater than 500 msec
  - Saphenous venous insufficiency symptoms causing functional impairment, including 1 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 (eg, lipodermatosclerosis, hemosiderosis)
  - No clinically significant lower extremity arterial disease
  - No deep venous thrombosis on duplex ultrasound or other imaging test
- Subfascial endoscopic perforator surgery (SEPS) (~~37500~~, 37760, 37761) with **ALL of the following**:
  - Individual at low operative risk for surgery
  - Incompetent perforators confirmed by duplex ultrasound scanning
  - Individual has advanced chronic venous insufficiency (stage C4 to C6: C4 = skin changes without ulceration, C5 = skin changes with healed ulceration, C6 = skin changes with active ulceration)
  - Individual is unresponsive to a 3 month trial of customary medical treatment
- Leg vein sclerotherapy (36465, 36466, 36468, 36470, 36471) may be indicated for **ALL of the following**:
  - Appropriate clinical condition, as indicated by **1 or more** of the following:
    - Incompetence of saphenous vein, as indicated by **ALL** of the following:
      - Saphenous venous insufficiency symptoms causing functional impairment, including **1 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 (eg, lipodermatosclerosis, hemosiderosis)
    - Radiofrequency or laser ablation contraindicated, not available, or not feasible
    - Valve closure time of greater than 500 msec in the greater saphenous vein or small saphenous vein as documented by duplex ultrasound or other imaging test
  - Symptomatic tributaries greater than 3 mm in diameter, as indicated ALL of the following:
    - Following treatment of underlying saphenous vein insufficiency
    - Symptomatic disease (eg, pain, burning, aching, heaviness, itching, swelling, restless legs)
- No clinically significant lower extremity arterial disease
- No deep venous thrombosis on duplex ultrasound or other imaging test

- Saphenous vein ablation (36478, 36479), to include Radiofrequency saphenous vein ablation (36475, 36476) may be indicated when **ALL of the following** are present:
  - Incompetence of saphenous vein documented by duplex ultrasound or other imaging test with valve closure time of greater than 500 msec
  - Saphenous venous insufficiency symptoms causing functional impairment, including 1 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 (eg, lipodermatosclerosis, hemosiderosis)
  - No clinically significant lower extremity arterial disease
  - No deep venous thrombosis on duplex ultrasound or other imaging test

For the Varicose Veins Treatments noted below, the current role remains uncertain based on review of existing evidence. Therefore, there are currently no clinical indications for this technology, to include, but not limited to:

- Ablation saphenous vein tributaries or extensions (e.g. anterolateral thigh, anterior accessory saphenous and Giacomini veins)
- Cryostripping, (including cryoablation, cryofreezing) of any vein
- Endoluminal cryoablation
- Endomechanical ablative approach (e.g., ClariVein Catheter) (36473, 36474)
- Endovenous Catheter Directed Chemical Ablation with Balloon Isolation
- Mechanical Occlusion Chemical Ablation (MOCA) of the Saphenous Vein (36473, 36474)
- Microsurgical treatment of lymphedema (e.g. lymph bypass surgery)
- Non-compressive sclerotherapy
- Sclerotherapy plus ligation of the saphenofemoral junction or the saphenous veins (36468, 36470, 36741,37700, 37780, 37785)
- Transdermal laser treatment for the treatment of large varicose veins
- Transdermal laser therapy
- Vein size less than 3mm

The following treatments for varicose veins are considered cosmetic procedures and are **NOT COVERED** for **ANY** of the following:

- Intense pulsed-light source (photothermal sclerosis) treatment of a varicose vein (e.g., Sciton Clear Scan YAG).
- Sclerotherapy of telangiectasias, reticular veins, or tributaries (symptomatic),less than 3 mm in diameter without saphenous vein insufficiency and treatment of the insufficiency by medically necessary means is considered cosmetic.

- Sclerotherapy with glycerin/glycerol
- The injection of sclerosing solution into superficial telangiectases such as spider veins, hemangiomata and angiomata
- Treatment using sclerotherapy or various laser treatments (including tunable dye , e.g., PhotoDerm, VeinLase, Vasculite) of the telangiectatic dermal veins (e.g. reticular, capillary, venule), which may be described as "spider veins" or "broken blood vessels"

Document History:

Revised Dates:

- 2026: June – Implementation date of October 1, 2026. Criteria update.
- 2025: April – Implementation date of July 1, 2025. Stop using MCG and add varicose vein treatments back to SHP policy. Updated criteria to include codes. Added criteria requirement for treatment of symptomatic tributaries greater than 3 mm. Updated codes in policy. Rename policy Varicose Veins of the Lower Extremities. Implementation date July 1, 2025.
- 2022: February, August, October
- 2021: February
- 2020: February, July
- 2016: January, February
- 2015: September, October, December
- 2014: March, August, November
- 2013: April, August
- 2012: August
- 2011: August, December
- 2008: September
- 2005: September
- 2004: May, July
- 2003: March, June
- 2001: June

Reviewed Dates:

- 2026: February: Implementation date of June 1, 2026. Annual review, update references
- 2023: February
- 2018: March
- 2017: March
- 2015: August
- 2010: August
- 2009: September
- 2007: October
- 2006: April
- 2005: December
- 2004: December
- 2003: October
- 2002: June, August

Origination Date: April 1991

Coding:

Medically necessary with criteria:

Coding	Description

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 (eg, great saphenous vein, accessory saphenous vein), same leg
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
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; subsequent vein(s) 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; subsequent vein(s) 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 (eg, 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 (eg, 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)
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37718	Ligation, division, and stripping, short saphenous vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
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), 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, 1 extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, 1 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

Considered Not Medically Necessary:

Coding	Description
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk

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)
36741	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
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

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plan Medicaid products.
- Authorization Requirements:
    - Sclerotherapy of vulvar and scrotal varicosities is covered without criteria.
    - Pre-certification by the Plan is required.
- Special Notes:
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically

necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(LCD) Treatment of Varicose Veins of the Lower Extremities (L39121)- Palmetto. (2023, 11). Retrieved 1 2026, from CMS: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39121&ver=9&keywordtype=starts&keyword=Varicose%20Veins&bc=0

(2026). Retrieved 1 2026, from MCG - 29th Edition: https://careweb.careguidelines.com/ed29/index.html

(2026). Retrieved 1 2026, from Hayes: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Varicose%2520Veins%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%252

Peripheral Vascular Interventions Effective Date: April 1, 2026. (2026). Retrieved 1 2026, from Cigna - EviCore: https://www.evicore.com/sites/default/files/clinical-guidelines/2025-12/Cigna_PVI%20Guidelines_V1.0.2026_Eff04.01.2026_pub12.19.2025.pdf

Provider Manual. (2026). Retrieved 1 2026, from DMAS: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0

Treatment of Varicose Veins and Superficial Venous Insufficiency 2026-01-10. (n.d.). Retrieved 1 2026, from Carelon: https://guidelines.carelonmedicalbenefitsmanagement.com/treatment-of-varicose-veins-and-superficial-venous-insufficiency-2026-01-10/?highlight=37718&hilite=37718

Varicose Veins: Diagnosis and Treatment. (2019). Retrieved 1 2026, from American Family Physician (AFP): https://www.aafp.org/pubs/afp/issues/2019/0601/p682.html

Clinical practice guidelines for the management of varicose veins of the lower extremities. (2024). Retrieved 1 2026, from Society for Vascular Surgery - Journal of Vascular Surgery: Venous and Lymphatic Disorders: https://www.jvsvenous.org/article/S2213-333X(23)00322-0/fulltext

Keywords:

Varicose Veins, Surgical 04, sclerotherapy, venous insufficiency, ligation, incompetent vein, perforating vein, stripping, varicosity, varicosities, sclerosing, telangiectases, spider veins, hemangiomata, angiomata, subfascial endoscopic perforator surgery, SEPS, Ultrasound-Guided Foam Sclerotherapy, UGFS, thyroglossal duct cyst, TGDC, neck mass, Sistrunk, ethanol injection, endovascular laser, transilluminated powered phlebectomy, microphlebectomy, vulvar varicosity, scrotal varicosity, saphenous vein, saphenofemoral valve incompetence, incompetent perforator, aneurysmal bone cysts, ambulatory phlebectomy, ERFA, Endovenous Radiofrequency Ablation, stab phlebectomy, endovenous ablation, vascular endoscopy, SHP Varicose Vein Treatments, Vulvar and Scrotal Varicosity Treatments