

Treatments for Varicose Veins, Surgical 04

Table of Content

[Description & Definitions](#)[Criteria](#)[Document History](#)[Coding](#)[Special Notes](#)[References](#)[Keywords](#)[Effective Date](#) 4/1991[Next Review Date](#) 2/2026[Coverage Policy](#) Surgical 04[Version](#) 7

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 be 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, 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
- Use MCG for the following procedures:
 - Sclerotherapy, Leg Veins (A-0170)
 - Saphenous Vein Ablation, Mechanical Occlusion Chemical Ablation (MOCA) (A-1025)
 - Saphenous Vein Ablation, Radiofrequency (A-0174)
 - Saphenous Vein Ablation, Laser (A-0425)
 - Saphenous Vein Ablation, Adhesive Injection (A-1024)
 - Sclerotherapy Plus Ligation, Saphenofemoral Junction (A-0171)
 - Saphenous Vein Stripping (A-0172)
 - Stab Phlebectomy (A-0735)

Criteria:

Treatment for Varicose Veins is considered medically necessary for **1 or more** of the following:

- **Subfascial endoscopic perforator surgery (SEPS)** 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

The following **varicose veins treatments** are considered either cosmetic or not medically necessary, therefore **NOT COVERED** for **ANY** of the following:

- Cryostripping, (including cryoablation, cryofreezing) of any vein
- Endoluminal cryoablation
- Transdermal laser therapy

- Vein size less than 3mm
- Sclerotherapy is considered cosmetic for treatment of veins less than 3 mm in diameter

There is insufficient scientific evidence to support the medical necessity of varicose vein treatment for uses other than those listed in the clinical indications for procedure section.

Document History:

Revised Dates:

- 2025: February
- 2024: February – Not covered indications updated. Removed criteria and code 49185 for Sclerotherapy Treatment of Thyroglossal Duct Cysts from policy. Policy placed in new format.
- 2024: February
- 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:

- 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

Effective Date:

- April 1991

Coding:

Medically necessary with criteria:

Coding	Description
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
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
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
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 be 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).

(2024, Mar 14). Retrieved Jan 21, 2025, from MCG 28th Edition:
<https://careweb.careguidelines.com/ed28/index.html>

2024 Device Approvals. (2025, Jan 08). Retrieved Jan 22, 2025, from U.S. Food and Drug Administration:
<https://www.fda.gov/medical-devices/recently-approved-devices/2024-device-approvals>

(2025). Retrieved Jan 21, 2025, from Centers for Medicare and Medicaid Services:
<https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=varicose+veins&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

(2025). Retrieved Jan 21, 2025, from Virginia Department of Medical Assistance Services:
<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Varicose%20Vein&gsc.sort=>

(2025). Retrieved Jan 21, 2025, from Carelon Medical Benefits Management:
<https://guidelines.carelonmedicalbenefitsmanagement.com/current-cardiovascular-guidelines/>

Cyanoacrylate Embolization With the VenaSeal Closure System (Medtronic Inc.) for the Treatment of Varicose Veins. (2024, Oct 18). Retrieved Jan 21, 2025, from Hayes - a symplr company:
<https://evidence.hayesinc.com/report/htb.venaseal4673>

LCD: Treatment of Varicose Veins of the Lower Extremities (L39121). (2023, Nov 16). Retrieved Jan 21, 2025, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39121&ver=9&keyword=varicose%20veins&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Scovell, S. (2024, Oct 01). Laser and light therapy of lower extremity telangiectasias, reticular veins, and small varicose veins. Retrieved Jan 21, 2025, from UpToDate: https://www.uptodate.com/contents/laser-and-light-therapy-of-lower-extremity-telangiectasias-reticular-veins-and-small-varicose-veins?search=varicose%20vein%20treatment&source=search_result&selectedTitle=4%7E53&usage_type=default&display_rank=4#H24

Subpart E - Surgical Devices. (2025). Retrieved Jan 22, 2025, from Code of Federal Regulations:
<https://www.ecfr.gov/current/title-21/chapter-I/subchapter-H/part-878?toc=1>

The 2023 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 II. (2024, Jan). Retrieved Jan 22, 2025, from Society for Vascular Surgery: [https://www.jvsvenous.org/article/S2213-333X\(23\)00322-0/fulltext](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, angiomas, 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