Kaiser Foundation Health Plan

Clinical Policy for Medical Necessity Criteria for Treatment of Varicose Veins

Department: Vascular Surgery **Effective:** 6/2/2026

Policy #: NCP 116 *(was NCP 16 until 8/4/26)* **Last Reviewed:** 6/2/2026

Overview/Definitions

Medical necessity criteria and policy are applied only after member eligibility and benefit coverage is determined. Questions concerning member eligibility and benefit coverage need to be directed to Membership Services.

Coverage Determinations

Contractor	Determination Name/Number	Revision Date
For Medicare Members		
NCD	None	
LCD- Noridian Healthcare Solutions, LLC	L34209 "Treatment of Varicose Veins of the Lower Extremities" Policy 16.1 does not apply to Medicare lines of business. Use the criteria in the LCD for Medicare Members.	10/16/2025
For Medicaid Members		
OR Medicaid	This policy does not apply.	
WA Medicaid	This policy does not apply.	
Commercial and Self-Funded Plans		
OR Commercial	This policy applies	
WA Commercial	This policy applies	
Self-funded Plans	This policy applies	

Clinical Indications for None-Medicare Members

Varicose vein related procedures are considered medically necessary when 1 or more of the following are met:

1) Sclerotherapy is covered for up to 6 months after a covered stab phlebectomy, endovenous ablation or a vein stripping. Sclerotherapy can be approved at these same venous sites if symptoms persist associated with persistent varicosities. Also, sclerotherapy can be approved for 4.0 mm or greater superficial varicosities associated with spontaneous bleeding or a poorly healing ulcer; or

2) For great saphenous vein or small saphenous vein ligation, stab phlebectomy, division, stripping, radiofrequency endovenous occlusion (VNUS procedure), Endovenous Radiofrequency Ablation Treatment (ERFA) and endovenous laser ablation of the saphenous vein (ELAS) (also known as endovenous laser treatment (EVLT), or VenaSeal as indicated by ALL the following:

    - The patient is symptomatic and has 1 or more of the following:
        - Pain, Fatigue, heaviness, or burning in the extremity that results in impaired mobility or inability to perform activities of daily living; or
        - Recurrent episodes of superficial phlebitis; or
        - Non-healing skin ulceration; or
        - Bleeding from varicosity; or
        - Stasis dermatitis; or
        - Refractory dependent edema
    - Vein size is 4.5 mm or greater in diameter (not valve diameter at junction); and
    - Pre-operative doppler demonstrates reflux (reflux duration of 500 milliseconds or greater in the vein to be treated); and
    - In addition, ERFA and laser ablation are considered medically necessary when ALL the following are met:
        - Absence of aneurysm in the target segment; and
        - Maximum vein diameter of 12 mm for ERFA or 20 mm for laser ablation; and
        - Absence of thrombosis or vein tortuosity, which would impair catheter advancement; and
        - The absence of severe peripheral arterial disease; clinical mild and moderate PAD are a relative contradiction at the surgeon's discretion

Exclusions

Treatments for varicose veins are not considered to be medically necessary and are not a covered benefit for any of the following indications (list is not inclusive):

- Procedures and services that are intended to improve or maintain appearance, and that are not expected to significantly improve physical function (cosmetic)

- Treatment of telangiectasias, reticular veins, spider veins
- Treatment of varicose veins that are 2mm or less in diameter
- Treatment of incompetent perforator veins only
- Procedures with devices not FDA approved
- Treatment with any of these unproven modalities:
    - Non-compressive sclerotherapy
    - Transdermal laser therapy
    - Intense pulsed-light therapy (photothermal sclerosis)
    - Treatment using glycerin or glycerol
    - Selective vein ablation under local anesthesia (ASVAL) technique
    - Rotating catheter endomechanical ablation (Clari-Vein, MOCA, MCEA, MEECA procedures)
    - Cryosurgical procedures (cryostripping, cryoablation, cryofreezing or similar)
    - Coil Embolization
    - Balloon isolation and venous catheter-directed chemical ablation
    - Transilluminated phlebectomy (TIPP, TriVex)

Coding

Endovenous Laser Ablation

CPT Codes	Description
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)**

Ligation and Excision

CPT Codes	Description
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**
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**
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**

Radiofrequency Ablation

CPT Codes	Description
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)**

Laser Ablation

CPT Codes	Description
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)**

Sclerotherapy

CPT Codes	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**
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)**
S2202	**Echosclerotherapy**

Stab Phlebectomy

CPT Codes	Description
37765	**Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions**
37766	**Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions**

Subfascial Endoscopic Perforator Surgery (SEPS)

CPT Codes	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**

VenaSeal (chemical adhesive)

CPT Codes	Description
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)

Varithena

CPT Codes	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**

References

1. Beebe-Dimmer JL, Pfeifer JR, Engle JS, Schottenfeld D. The epidemiology of chronic venous insufficiency and varicose veins. *Ann Epidemiol.* 2005;15(3):175-184.

2. Hamdan A. Management of varicose veins and venous insufficiency. *JAMA*. 2012;308(24):2612-2621.

3. Jones RH, Carek PJ. Management of varicose veins. *Am Fam Physician*. 2008;78(11):1289-1294.

4. Murad MH, Coto-Yglesias F, Zumaeta-Garcia M, et al. A systematic review and meta-analysis of the treatments of varicose veins. *J Vasc Surg.* 2011;53(5 Suppl):49S-65S.

5. Ricotta JJ. What's new in vascular surgery. *J Am Coll Surg.* 2004;198(4):600-625.

6. Sadick NS. Advances in the treatment of varicose veins. *Dermatol Clin*. 2005;23(3):443-455.

7. Marston WA. Evaluation of varicose veins: what do the clinical signs and symptoms reveal about the underlying disease and need for intervention? *Semin Vasc Surg*. 2010;23(2):78-84.

8. Centers for Medicare & Medicaid Services. *Local Coverage Determination (LCD): Treatment of Chronic Venous Insufficiency of the Lower Extremities (L34924)*. Effective October 1, 2015; revised.
LCD 34924 [cms.gov]

9. Shingler S, Robertson L, Boghossian S, Stewart M. Compression stockings for the initial treatment of varicose veins in patients without venous ulceration. *Cochrane Database Syst Rev.* 2013;(12):CD008819. doi:10.1002/14651858.CD008819.pub3

10. National Institute for Health and Care Excellence (NICE). *Varicose veins in the legs: diagnosis and management.* NICE Clinical Guideline. London, UK; July 2013.

11. Van den Bremer J, Moll FL. Historical overview of varicose vein surgery. *Ann Vasc Surg.* 2010;24(3):426-432.

12. Weller CD, Buchbinder R, Johnston RV. Interventions for helping people adhere to compression treatments for venous leg ulceration. *Cochrane Database Syst Rev.* 2016;(3).

13. Welch HJ, Kabnick LS, Vasquez MA, Monahan DL, Lurie F, Jacobowitz GS. Proposal for a national coverage determination for the treatment of varicose veins and venous disease due to disparate CMS local coverage determination policies. *J Vasc Surg Venous Lymphat Disord.* 2017;5(3):453-459.

14. Gloviczki P, Gloviczki ML. Guidelines for the management of varicose veins. *Phlebology.* 2012;27(Suppl 1):2-9.

15. Rastel D. Treatment by medical compression stockings among 144 consecutive patients with non-complicated primary varicose veins: results on compliance. *J Mal Vasc.* 2014;39(6):389-393. doi:10.1016/j.jmv.2014.09.001

16. Centers for Medicare & Medicaid Services. *Local Coverage Determination (LCD) L34924: Treatment of Chronic Venous Insufficiency of the Lower Extremities.* Revision effective January 1, 2018. LCD 34924 [cms.gov]

History Details

Type	Action	Date
Review/Revised	Reviewed at UM Quality Oversight Committee	5/19/26
Changed NCP #	NCP # changed from 16 to 116	8/4/26