



Kaiser Foundation Health Plan

Clinical Policy for Medical Necessity Criteria for Treatment of Varicose Veins

Department: Vascular Surgery

Effective: 6/2/2026

Policy #: NCP 16

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)
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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

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History Details

Type	Action	Date
Review/Revised	Reviewed at UM Quality Oversight Committee	5/19/26