Medical Necessity Guidelines: 
Procedures for the Treatment of Symptomatic Varicose Veins 

**Effective:** June 17, 2020

<table>
<thead>
<tr>
<th>Prior Authorization Required</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>If REQUIRED, submit supporting clinical documentation pertinent to service request.</td>
<td></td>
</tr>
</tbody>
</table>

**Applies to:**

- COMMERCIAL Products
  - Tufts Health Plan Commercial products; Fax: 617.972.9409
  - Tufts Health Freedom Plan products; Fax: 617.972.9409
  - CareLink℠ – Refer to [CareLink Procedures, Services and Items Requiring Prior Authorization](#)

- TUFTS HEALTH PUBLIC PLANS Products
  - Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055
  - Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055
  - Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404
  - Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304
  *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

**SENIOR Products**

- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the [Tufts Health Plan SCO Prior Authorization List](#)
- Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the [Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List](#)

To obtain InterQual® SmartSheets™:

- **Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products:** If you are a registered Tufts Health Plan provider [click here](#) to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404.

- **Tufts Health Public Plans products:** InterQual SmartSheet(s) available as part of the prior authorization process.

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires the use of an InterQual SmartSheet to obtain prior authorization for Procedures for the Treatment of Symptomatic Varicose Veins.

To obtain prior authorization for procedure(s), choose appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Tufts Health Plan.

- Ablation, Endovenous, Varicose Vein
- Ambulatory Phlebectomy, Varicose Vein
- Ligation/Excision, Varicose Vein, +/- Stripping
- Ligation, Subfascial, Endoscopic, Perforating Vein
- Sclerotherapy, Varicose Vein

**TUFTS HEALTH PLAN MODIFICATION TO INTERQUAL CRITERIA**

- Endovenous Ablation of the greater and/or lesser saphenous vein requires duplex ultrasound documentation of sapheno-femoral junction reflux.
- Sclerotherapy requires documentation of varicosities greater than 3mm in diameter.
- Requests for Polidocanol Endovenous Microfoam (Varithena) require documentation that vein segment(s) to be treated is non-amenable to alternative treatment, including physician-compounded foam sclerotherapy, due to tortuosity of vein.
### CODES

**PROCEDURES REQUIRING PRIOR AUTHORIZATION:**
Tufts Health Plan will be using InterQual SmartSheet(s) for the following procedure code(s).

### ABLATION, ENDOVENOUS, VARICOSE VEIN

The following CPT code(s) require prior authorization:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>36475</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency, first vein treated</td>
</tr>
<tr>
<td>36476</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>36478</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated</td>
</tr>
<tr>
<td>36479</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

**Note:** For the following CPT codes use the InterQual SmartSheet for Ablation, Endovenous, Varicose Vein

<table>
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<tr>
<th>Code</th>
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<tbody>
<tr>
<td>36482</td>
<td>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</td>
</tr>
<tr>
<td>36483</td>
<td>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)</td>
</tr>
</tbody>
</table>

### AMBULATORY PHLEBECTOMY, VARICOSE VEIN

The following CPT code(s) require prior authorization for ambulatory phlebectomy procedure, including stab phlebectomy, hook phlebectomy and transilluminated powered phlebectomy (e.g. Trivex):

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>37765</td>
<td>Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions</td>
</tr>
<tr>
<td>37766</td>
<td>Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions</td>
</tr>
</tbody>
</table>

### LIGATION/EXCISION, VARICOSE VEIN, +/- STRIPPING

The following CPT code(s) require prior authorization:

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>37700</td>
<td>Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions</td>
</tr>
<tr>
<td>37718</td>
<td>Ligation, division, and stripping, short saphenous vein</td>
</tr>
<tr>
<td>37722</td>
<td>Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or elbow</td>
</tr>
<tr>
<td>37780</td>
<td>Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)</td>
</tr>
<tr>
<td>37785</td>
<td>Ligation and division and/or excision of varicose vein cluster(s), one leg</td>
</tr>
</tbody>
</table>

### LIGATION, SUBFASCIAL, ENDOSCOPIC, PERFORATING VEIN

The following CPT code(s) require prior authorization:

<table>
<thead>
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<tbody>
<tr>
<td>37500</td>
<td>Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)</td>
</tr>
</tbody>
</table>

**Note:** For the following two CPT codes use the InterQual SmartSheet for Ligation, Subfascial, Endoscopic, Perforating Vein
<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>37735</td>
<td>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</td>
</tr>
<tr>
<td>37760</td>
<td>Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg</td>
</tr>
</tbody>
</table>

**SCLEROTHERAPY, VARICOSE VEIN**

The following CPT code(s) require prior authorization:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>36465</td>
<td>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) (e.g., Varithena)</td>
</tr>
<tr>
<td>36466</td>
<td>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 (e.g., Varithena)</td>
</tr>
<tr>
<td>36470</td>
<td>Injection of sclerosing solution; single vein</td>
</tr>
<tr>
<td>36471</td>
<td>Injection of sclerosing solution; multiple veins, same leg</td>
</tr>
</tbody>
</table>

**Note:** For the following CPT code use the InterQual SmartSheet for Sclerotherapy, Varicose Vein

**S2202** Echosclerotherapy

**Note:** Sclerotherapy after endovenous laser treatment (EVLT), for the treatment of varicose veins, is limited up to three sessions.

**LIMITATIONS**

- Sclerotherapy after Endovenous Laser Treatment (EVLT), for the treatment of varicose veins, is limited up to three sessions.
- Varicose veins 3mm or less are considered cosmetic (e.g., telangiectasia, spider veins, reticular veins).
- Clarivein Mechanochemical Ablation (MOCA) is considered investigational.
- Tufts Health Plan will not cover any treatment of varicose veins for cosmetic purposes.

**REFERENCES**

1. Milliman Care Guidelines, Saphenous Vein Ablation, Radiofrequency

**APPROVAL HISTORY**

May 7, 2007: Reviewed by the Clinical Coverage Criteria Committee

Subsequent endorsement date(s) and changes made:

- July 25, 2007: Coverage of sclerotherapy clarified
- March 11, 2008: Changes to formatting only
- July 7, 2008: Conservative management clarified
- June 1, 2009: Changes made to when more than one type of vein treatment will be authorized
- September 2010: Reviewed by Medical Affairs-Medical Policy, no changes.
- April 11, 2012: Reviewed at IMPAC (Integrated Medical Policy Advisory Committee), changes made to criteria; conservative management clarified.
Procedures for the Treatment of Symptomatic Varicose Veins

October 10, 2012: Reviewed by IMPAC. A completed InterQual® SmartSheet™ for the listed procedure codes will be required effective January 1, 2013. Note: Procedures for the Treatment of Symptomatic Varicose Veins Not Available from InterQual®: Stab Phlebectomy will have separate Medical Necessity Guidelines.

December 11, 2013: Reviewed by IMPAC, renewed without changes.

January 8, 2014: Reviewed at IMPAC. Added sclerotherapy after EVLT is limited to three sessions effective April 1, 2014.

December 10, 2014: Reviewed by IMPAC, renewed without changes.

January 1, 2015: Instructions for Tufts Health Plan – Network Health products included in this document.

July 23, 2015: Reviewed by IMPAC. Coverage Guidelines, in addition to Interqual®, for Endovenous Ablation and Schlerotherapy added. Treatment of varicose veins three millimeters or less included under Limitations. These changes are effective January 1, 2016.

September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.

April 13, 2016: Reviewed by IMPAC, Clarivein Mechanochemical Ablation (MOCA) procedure added to Limitation section of this document because it is considered investigational.

July 20, 2016: Reviewed by IMPAC, renewed without changes.

April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017

July 20, 2017: Reviewed by IMPAC; renewed without changes.

December 31, 2017: Coding updated. Per AMA CPT, effective January 1, 2018 the following code(s) added: 36465, 36466, 36482, 36483.

October 10, 2018: Reviewed by IMPAC; renewed without changes

October, 2018: Template and disclaimer updated


December 12, 2018: Reviewed at IMPAC. Polidocanol Endovenous Microfoam (Varithena) for Treatment of Varicose Veins added to limitations section. Link to Medical Necessity Guidelines: Noncovered Investigational Services added. Effective April 1, 2019, new Interqual subset Ambulatory Phlebectomy, Varicose Vein criteria will be used for prior authorization of CPT 37765 and 37766 and MNG: Procedures for the Treatment of Symptomatic Varicose Veins Not Available from InterQual®: Stab Phlebectomy is retired. Treatment of varicose veins for cosmetic purposes added to limitations section.

September 18, 2019: Reviewed by IMPAC, renewed without changes

February 19, 2020: Reviewed at IMPAC. Varithena removed from limitations section and is covered with prior authorization for treatment of tortuous varicose vein(s). THP Modification to InterQual criteria, sclerotherapy varicose vein, added for Varithena coverage

June 17, 2020: Reviewed at IMPAC. Language added to clarify types of procedures which can be included under ambulatory phlebectomy subset.

June 19, 2020: Fax number for Unify updated

July 22, 2020: References updated.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.
For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.