Subject: Varicose Vein and Venous Stasis Disease of Lower Extremity Procedures

Medical Policy #: 22.1 **Original Effective Date:** 10/27/2004

Status: Reviewed **Last Annual Review Date:** 05-20-2026

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

For Medicare, Medicaid and Commercial.

Coverage Indications:

PHP follows Novitas LCD (L34924) and the related policy article LCA (A55229) for **T**reatment of Chronic Venous Insufficiency of the Lower Extremities**.**

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

Note: Providers should not bill separately for the sclerosant or chemical adhesive. For CPT codes 36465, 36466, 36470, 36471, 36473, and 36474 includes sclerosant; and CPT 36482 and 36483 includes chemical adhesive.

When performed in the office setting, all required supplies and equipment (e.g., sclerosant, catheters, tumescent anesthesia, "kits") are included in codes 36473-36476, 36478, 36479, 36482, 36483 and may **not** be reported separately. In addition, application of compression dressing(s) (e.g., compression bandages/stockings) is also included in codes 36473-36476, 36478, 36479, 36482, 36483, when performed.

When reporting sclerotherapy procedures (36465, 36466, 36470, and 36471) performed on opposite legs, report CPT code 36465, 36470 (one vein) and 36466, 36471(multiple veins) on separate lines using the RT and LT modifiers. For bilateral services use the 50 modifier. Only one service should be reported for each leg regardless of how many veins are treated. When the procedure is performed for cosmetic purpose, use code Z41.1.

CPT Codes	**Billing and Coding**: Select the appropriate LCA, depending on the condition (and/or chronicity of vessels): • **Treatment of Chronic Venous Insufficiency** of the Lower Extremities see the related policy article LCA (A55229)
76937	US guide vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real-time ultrasound visualization of vascular needle entry**, with permanent recording and reporting.**
93970	Extremity study. Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971	Extremity study. Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
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
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, same leg
36468	Injection(s) of sclerosant for spider veins, limb or trunk (***The treatment of spider vein/telangiectasia (36468) will be considered only if there is associated hemorrhage). Includes dressings including multi-layer compression wrap(s), medications, sclerosing agents and solutions, catheters, introducers, or devices to facilitate preparation or delivery of sclerosing agents.***

CPT Codes	**Billing and Coding**: Select the appropriate LCA, depending on the condition (and/or chronicity of vessels): • **Treatment of Chronic Venous Insufficiency** of the Lower Extremities see the related policy article LCA (A55229)
36470	Injection of sclerosant; single incompetent vein. ***Includes dressings including multi-layer compression wrap(s), medications, sclerosing agents and solutions, catheters, introducers, or devices to facilitate preparation or delivery of sclerosing agents.***
36471	Injection of sclerosant; multiple incompetent veins, same leg. ***Includes dressings including multi-layer compression wrap(s), medications, sclerosing agents and solutions, catheters, introducers, or devices to facilitate preparation or delivery of sclerosing agents.***
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
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
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
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive 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 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
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 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, 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 & division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	Ligation, division and/or excision of varicose vein cluster(s), one leg
37799	Stab phlebectomy of varicose veins, 1 extremity; LESS THAN 10 INCISIONS

For a list of covered diagnosis select the appropriate LCA, depending on the condition (and/or chronicity of vessels):

- For Treatment of **Chronic Venous Insufficiency** of the Lower Extremities (L34924), see LCA (A55229) for ICD-10 listings.
- For Treatment of **Varicose Veins** of the Lower Extremities (L34536), see LCA (A56914) for ICD-10 listing.

HCPCS code	Non-covered
J3490	Sclerosing agents (Varithena, ClariVein, Asclera, Sclerodex, Sclermo, etc.). These agents are bundled into procedure.

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee (PHCQC): Clinton White MD

Senior Medical Director: Jim Romero MD

Medical Director: Kresta Antillon, MD

Date Approved: 05-20-2026

References

1. CMS, Local Coverage Determination (LCD) by Novitas, Treatment of Chronic Venous Insufficiency of the Lower Extremities (L34924), Revision Date12/27/2020, R#15. [Cited 03-25-2026]
2. CMS, Local Coverage Article by Novitas, (A55229) – Billing and Coding: Treatment of Chronic Venous Insufficiency of the Lower Extremities Revision date: 01/01/2026, R8 [Cited 03-25-2026]
3. CMS, Local Coverage Determination (LCD), by Wisconsin Physicians Service Insurance Corporation, Treatment of Varicose Veins of the Lower Extremities, LCD (L34536), Revision history date: 08/28/2025, R15. Related article LCA (A56914), Revision history date: 01/01/2026, R6. [Assessed 03-25-2026]

Publication History

Original Internal Criteria Effective Date: October 27, 2004
Review Date: December 2005, October/November 2006, December 2007
Revision Date: December 2005, November 2006, December 2007

01-28-09	Transitioned to Medical Policy, Annual Review and Revision
01-27-10	Annual Review and Revision
01-19-11	Annual Review and Revision
08-22-12	Annual Review and Revision
01-29-14	Presbyterian Policy Retired
01-29-14	Presbyterian now uses MCG Criteria A-0170, A-0171, A-0172, A-0174, and A-0425
01-28-15	Changed to LCD L32678
10-19-15	Changed to LCD L34924 due to ICD 10 conversion. No change in criteria. Effective 10/15/15.
07-27-16	Annual review. Accessed LCD L34924. Effective date 10-1-15. No change.
01-25-17	Annual Review. Accessed LCD L34924. Only changes are annual CPT/HCPCS updates.
05-22-19	Annual review. Combined two LCDs, L37924 and L34536.Composed criteria using these LCDs and provided CPTs and ICD-10 CM. **On 03/12/20** only the LCD links were updated. CMS LCD L37924 and LCD L34536 which have been updated with no coverage content change to both LCDs.
11-18-20	Annual review. Reviewed by PHP Medical Policy Committee on 11-04-20 & 11-20-20. Continue to follow LCD L34924 and L34536 for Medicare, Medicaid and Commercial members. Previous prior auth only applied to Medicaid, will now include Commercial and Medicare. No change for codes on the prior authorization grid. Novitas (L34924) has been revised on 11/14/2019: title, criteria and documentation requirements changed; utilization guideline on sclerotherapy and qualified physician who is appropriately trained were removed, but it does not mean it is not in effect.
03-24-21	Ad hoc review, to update the policy with the newly updated CMS LCD. Two relevant LCDs for New Mexico area were combined to update the policy. The LCD L34924 criteria changed to include CEAP & VCSS requirements and the weight reduction of BMI less than 35 has been removed. The qualified physician state was also removed from LCD L34924. We also verified with Novitas the Utilization guideline is still honored even though it is not specified in the LCD; and were instructed to refer to the Novitas website news publications. The policy also uses symptomatology guidance from LCD L34536 for sclerotherapy and thermal ablation as well as the limitation of doppler scan. The CPT codes remained the same.
05-26-21	Ad hoc review: Correction on previous update (03-24-01) where the two relevant LCDs criteria were merged/combined together. In this review a change was made to separate the criteria between the two relevant LCDs because they are different. It differentiates based on the condition and/or chronicity of the lower extremities' vessels. Novitas (LCD L34924) is for the treatment of Chronic Venous Insufficiency; the Wisconsin Physicians Service (LCD L34536) is for the treatment of varicose veins. During this update, Novitas removed the publication regarding the Utilization guideline.
05-25-22	Annual review. Reviewed by PHP Medical Policy Committee on 04/15/2022. Change to follow only one LCD.

	Removed Wisconsin, Treatment of Varicose Veins of the Lower Extremities, LCD (L34536) related LCA (A56914). Will only follow Novitas, Treatment of Chronic Venous Insufficiency, (LCD L34924) related LCAs (A55229). The coverage determination guideline language removed from policy and reformatted to only include Hyperlinks to find LCD/LCA. Continue PA requirement for: 36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799 and S2202. Note codes 76937, 93970, 93971 and 37799 are not listed on LCA A55229, but LCD L34924 mentions duplex scan and ultrasound. Correction to remove Footnote numbers on 11/10/2022
05-24-23	Annual review. Reviewed by PHP Medical Policy Committee on 04/05/2022. Continue to follow Novitas, Treatment of Chronic Venous Insufficiency, (LCD L34924) related LCAs (A55229). Continue PA requirement. Updated policy to remove the Coverage Guidance section, as it is included in the LCD.
05-22-24	Annual review. Reviewed by PHP Medical Policy Committee on 03-29-2024. Continue to follow Novitas, Treatment of Chronic Venous Insufficiency, (LCD L34924) related LCAs (A55229). Continue PA requirement. Updated the title of LCA (L34924) throughout the policy.
05-28-25	Annual review. Reviewed by PHP Medical Policy Committee on 04-16-2025. No change. ALOB will continue to follow Novitas, Treatment of Chronic Venous Insufficiency, (LCD L34924) related LCAs (A55229). No change in PA requirement for: 36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799. Prior Auth for HCPCS code S2202 will be removed, since there has been no utilization for this code in the last three years.
05-20-26	Annual review. Reviewed by PHP Medical Policy Committee on 03-25-2026. All lines of business (ALOB) will continue to follow the Novitas Local Coverage Determination (LCD) L34924 and Local Coverage Article (LCA) A55229. The prior authorization requirement for CPT® code 37500 has been removed for all lines of business. This change aligns with the most recent update to LCA A55229, which no longer includes CPT® 37500. The removal is appropriate because CPT® 37500 is primarily associated with procedures involving the deep venous system, whereas the remaining CPT® codes referenced in the LCA (36471–36483) address superficial venous disease, including treatment of varicose veins. As such, these services differ in clinical intent, anatomical focus, and procedural application. Additionally, claims data review identified no utilization of CPT® 37500 during calendar years 2024 through 2026, further supporting removal of the prior authorization requirement.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: ***Click here for Medical Policies***

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.