Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Procedures for the Treatment of Symptomatic Varicose Veins

Effective: July 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the Fax numbers below.	Yes ☒ No ☐
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☒ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☒ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

For Harvard Pilgrim Health Care Members:

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at www.harvardpilgrim.org/providerportal. In some cases, clinical documentation may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation – via HPHConnect Clinical Upload or secure fax (800-232-0816)

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Researched and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the instructions here). Members may access materials by logging into their online account (visit www.harvardpilgrim.org, click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742

For Tufts Health Plan Members:

To obtain InterQual® SmartSheets™"

- **Tufts Health Plan Commercial 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

Tufts Health Plan requires the use of current InterQual® Smartsheet(s) to obtain prior authorization.

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

Clinical Guideline Coverage Criteria

The Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) and MassHealth for coverage determinations for its Dual Product Eligible plan Members. MassHealth Medical Necessity Determinations and CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations where available. For **Tuft's Health One Care** plan Members the following criteria is used: LCD - Treatment of Varicose Veins of the Lower Extremities (L34536) (cms.gov), LCD - Varicose Veins of the Lower Extremity, Treatment of (L33575) (cms.gov), Article - Billing and Coding: Treatment of Varicose Veins of the Lower Extremities (A56914), and Article - Billing and Coding: Treatment of Varicose Veins of the Lower Extremity (A52870).

The Plan requires the use of InterQual® Subsets or SmartSheets for the following procedures:

- Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein
- Ligation and Division +/- Stripping or Excision, Lower Extremity Superficial Vein
- Phlebectomy, Lower Extremity Superficial Tributary Varicose Vein
- Sclerotherapy, Lower Extremity Superficial Tributary Varicose Vein
- Subfascial Endoscopic Perforator Surgery (SEPS)

Modification to InterQual Criteria:

1. Sclerotherapy requires documentation of varicosities greater than 3mm in diameter

Limitations

Sclerotherapy after Endovenous Laser Treatment (EVLT), for the treatment of varicose veins, is limited up to three sessions

In addition, The Plan will not cover:

1. Treatment of varicose veins 3mm or less as this is considered cosmetic (e.g., telangiectasia, spider veins, reticular veins)
2. Clarivein Mechanochemical Ablation (MOCA) as this is considered investigational
3. The Plan will not cover any treatment of varicose veins for cosmetic purposes

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes – Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein

Code	Description
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 veins 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; second and subsequent veins treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)
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; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Table 2: CPT/HCPCS Codes – Phlebectomy, Lower Extremity Superficial Tributary 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):

Code	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

Table 3: CPT/HCPCS Codes – Ligation and Division +/- Stripping or Excision, Lower Extremity Superficial Vein

Code	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 elbow
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	Ligation and division and/or excision of varicose vein cluster(s), one leg

Table 4: CPT/HCPCS Codes – Subfascial Endoscopic Perforator Surgery (SEPS

Code	Description
Note: For the following two CPT codes use the InterQual SmartSheet for Ligation, Subfascial, Endoscopic, Perforating Vein	
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 (Linton type), including skin graft, when performed, open,1 leg

Table 5: CPT/HCPCS Codes – Sclerotherapy, Lower Extremity Superficial Tributary Varicose Vein

*Codes are applicable to THP Commercial and THP Public Plans only

Code	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 (e.g., great saphenous vein, accessory saphenous vein) (e.g., Varithena)
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 (e.g., great saphenous vein, accessory saphenous vein), same leg (e.g., Varithena)
36470	Injection of sclerosing solution; single vein
36471	Injection of sclerosing solution; multiple veins, same leg
Note: For the following CPT codes use the InterQual SmartSheet for Sclerotherapy, Varicose Vein	
S2202*	Echosclerotherapy
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (e.g., 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 (e.g., 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)
Note: Sclerotherapy after endovenous laser treatment (EVLT), for the treatment of varicose veins, is limited up to three sessions	

References:

1. Cyanoacrylate Embolization With the VenaSeal Closure System (Medtronic Inc.) for the Treatment of Varicose Veins. Hayesinc.com/login [via subscription only]. Published September 2, 2022. Updated September 29, 2025. Accessed January 5, 2026.
2. Mechanochemical Endovenous Ablation (MOCA) with the ClariVein Infusion Catheter Nonthermal Vein Ablation System (Merit Medical Systems Inc.) for Treatment of Varicose Veins**.** Hayesinc.com/login [via subscription only]. Published February 25, 2022. Updated February 19, 2025. Accessed January 5, 2026.
3. Passman M, MD. Approach to treating symptomatic superficial venous insufficiency. UpToDate.com/login [via subscription only]. Published January 9, 2024. Accessed January 5, 2026.
4. Polidocanol Endovenous Microfoam (Varithena) 1% for Treatment of Varicose Veins. Hayesinc.com/login [via subscription only]. Published September 16, 2019. Updated November 10, 2022. Accessed January 1, 2026.
5. Scovell S, MD, FACS. Injection sclerotherapy techniques for the treatment of telangiectasias, reticular veins, and small varicose veins. UpToDate.com/login [via subscription only]. Published January 3, 2024. Accessed January 5, 2026.

Approval And Revision History

October 21, 2020: Reviewed by the IMPAC, renewed without changes

Subsequent endorsement date(s) and changes made:

- February 17, 2021: Reviewed by IMPAC, renewed without changes
- August 30, 2021: Administrative update.
- December 21, 2021: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- February 16, 2022: Reviewed by MPAC, renewed without changes
- April 20, 2022: Reviewed by MPAC for integration purposes between Harvard Pilgrim Health Care and Tufts Health Plan for an effective date of September 1, 2022; renewed without changes
- October 26, 2022: Under the MODIFICATION TO INTERQUAL CRITERIA, removed “Endovenous Ablation of the greater and/or lesser saphenous vein requires duplex ultrasound documentation of sapheno-femoral junction reflux”
- November 16, 2022: Reviewed by MPAC criteria language clarified, effective January 1, 2023
- December 1, 2022: Reviewed by MPAC, renewed without changes
- August 16, 2023: Reviewed by MPAC, Under the Modification to InterQual criteria, removed Requests for Polidocanol Endovenous Microfoam (Varithena) require additional documentation; under Limitations, removed Vena-Seal closure system from non-covered to coverage with prior authorization for codes 36482, 36483, effective November 1, 2023.
- November 2023: Rebranded Unify to One Care and updated One Care criteria effective January 1, 2024
- December 1, 2023: Reviewed and approved by UM Committee effective January 1, 2024
- February 21, 2024: Reviewed by MPAC, renewed without changes effective April 1, 2024, for HPHC Commercial, THP Commercial, and THP One Care. Codes 36475, 36476, 36478, 36479, 37765, 37766, 37700, 37718, 37722, 37780, 37785, 37500, 37735, 37760, 36465, 36466, 36470, 36471, S2202 added to prior authorization for THP RITogether. Codes 37765 and 37766 added to require prior authorization for THP MA Together, and Direct effective July 1, 2024
- May 15, 2024: Reviewed by MPAC for 2024 InterQual Upgrade, all InterQual Smartsheet names updated and codes 36473 and 36474 added to PA effective September 1, 2024
- June 13, 2024: Reviewed by UM Committee, LCA links updated, effective September 1, 2024
- February 19, 2025: Reviewed by MPAC, renewed without changes, effective April 1, 2025
- May 21, 2025: Reviewed by MPAC for 2025 InterQual Update effective July 1, 2025
- August 20, 2025: Reviewed by MPAC for annual review, renewed without changes effective October 1, 2025
- September 17, 2025: Reviewed by the UM Committee, renewed without changes effective October 1, 2025
- September 15, 2025: Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; language for Carelink removed
- January 1, 2026: annual CPT code update; removed end-dated CPT code 37500, effective January 1, 2026
- May 20, 2026: Reviewed by MPAC for 2026 InterQual Update and annual review, effective July 1, 2026

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. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

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.