



CVI

2026 Coding and Billing Guide

Varithena® (Polidocanol injectable foam) 1% Cedar™ RFA

System

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The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Claims must contain the appropriate CPT/ICD-10 code(s) for the specific site of service to indicate the items and services that are furnished. The tables below contain a list of possible CPT/ICD-10 codes that may be used to bill for venous insufficiency/varicose veins. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered.



Physician Office Possible CPT Codes and 2026 Medicare National Average Payment (Site of Service 11 Non-Facility/Facility)

As of January 1st, 2018, Varithena may be billed with one of the following CPT¹ codes listed below. Per CPT instructions, the code selected should accurately describe the service performed.

Service Provided		Physician Fee Schedule ¹			
CPT® Code	CPT® Description – Varithena Endovenous Ablation	Non Facility Total RVUs	Non Facility Total Payment*	Facility Total RVUs	Facility Total Payment*
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)	38.55	\$1,288	3.16	\$106
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	40.12	\$1,340	3.99	\$133
36470 [#]	Injection of sclerosant; single incompetent vein (other than telangiectasia)	3.62	\$121	1.01	\$34
36471 [#]	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	6.14	\$205	2.00	\$67
CPT® Code	CPT® Description – Endovenous Radiofrequency Ablation	Non Facility Total RVUs	Non Facility Total Payment*	Facility Total RVUs	Facility Total Payment*
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	31.64	\$1,057	7.38	\$246
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)	8.36	\$279	3.52	\$118

#: If the targeted vein is an extremity truncal vein and injection of non-compounded foam sclerosant with ultrasound guided compression maneuvers to guide dispersion of the injectate is performed, see 36465, 36466. The Revenue Code suggested by Medicare is 0360 – Operating room services. Reference: AMA 2026 CPT Professional, Page 293.



Hospital Outpatient Possible CPT Codes and 2026 Medicare National Average Payment Rate (Site of Service 22)

Hospitals use CPT codes to report outpatient services. Medicare assigns each CPT code to an Ambulatory Payment Classification (APC). Each APC is assigned a payment amount.

Service Provided		Hospital Outpatient ²		
CPT® Code	CPT® Description – Varithena Endovenous Ablation	Payment*	APC	Status Indicator
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)	\$2,108	5054	T
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	\$2,108	5054	T
36470 [#]	Injection of sclerosant; single incompetent vein (other than telangiectasia)	\$415	5052	T
36471 [#]	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	\$415	5052	T
CPT® Code	CPT® Description – Endovenous Radiofrequency Ablation	Payment*	APC	Status Indicator
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	\$3,226	5183	J1
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)	\$0		N

#: If the targeted vein is an extremity truncal vein and injection of non-compounded foam sclerosant with ultrasound guided compression maneuvers to guide dispersion of the injectate is performed, see 36465, 36466. The Revenue Code suggested by Medicare is 0360 – Operating room services. Reference: AMA 2026 CPT Professional, Page 293.



POSSIBLE ICD-10-CM³ DIAGNOSES CODES FOR USE OF VARITHENA & RF Ablation

Varicose Veins with Inflammation		Varicose Veins with Pain		Varicose Veins with Other Complications	
ICD-10-CM	Description	ICD-10-CM	Description	ICD-10-CM	Description
I83.10	VV of unspecified lower extremity with inflammation	I83.811	VV of right lower extremity with pain	I83.891	VV of right lower extremity with other complications
I83.11	VV of right lower extremity with inflammation	I83.812	VV of left lower extremity with pain	I83.892	VV of left lower extremity with other complications
		I83.813	VV of bilateral lower extremities with pain	I83.893	VV of bilateral lower extremity with other complications
I83.12	VV of left lower extremity with inflammation	I83.819	VV of unspecified lower extremity with pain	I83.899	VV of unspecified lower extremity with other complications

Providers are required to report diagnosis codes on claims submitted for payment using the International Classification of Disease, Clinical Modification (ICD-10-CM) codes that reflect the patient’s medical condition.

Sources

- 1. 2026 Physician Fee Schedule. CMS-CMS-1832-CN2. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-cn2>
2026 Conversion Factor of 33.40
- 2. 2026 OPPS Payment. CMS- CMS-1834-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>
- 3. FY 2026 ICD-10 Diagnosis Coding System (ICD-10-CM). <https://www.cms.gov/files/zip/2026-code-tables-tabular-and-index.zip>

Endnotes & Legend

* Payment refers to the Medicare Allowable Amount published by the Centers for Medicare & Medicaid

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