

2026 Coding and Billing Guide

Varithena™ (Polidocanol injectable foam) 1%

Varithena™ (polidocanol injectable foam) 1% is indicated for the treatment of incompetent great saphenous veins, accessory saphenous veins and visible varicosities of the great saphenous vein system above and below the knee. Varithena improves the symptoms of superficial venous incompetence and the appearance of visible varicosities.

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 HCPCS/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 HCPCS/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. CPT® Copyright 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Important Information

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. **It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered.** It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

Boston Scientific does not promote the use of its products outside its FDA-approved label. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. All trademarks are the property of their respective owners.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgment of the HCP.

CPT® Copyright 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. All trademarks are the property of their respective owners.

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

#: 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. Reference: AMA 2026 CPT Professional, Page 293.

CPT Codes are used to report medical services and procedures performed by or under the direction of physicians in the office or facility setting. The MPFS is based on Relative Value Units (RVUs) assigned to each CPT code. RVUs represent the physician’s work, practice expenses and malpractice costs associated with each procedure or service. Reimbursement for commercial payers may be based on the Medicare RVUs or by a contractually negotiated rate.

Possible ICD-10-CM Diagnoses Codes for Use of Varithena™

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
I83.12	VV of left lower extremity with inflammation	I83.813	VV of bilateral lower extremities with pain	I83.893	VV of bilateral lower extremity with other complications
		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.

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

[#]: 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. Reference: AMA 2026 CPT Professional, Page 293.

Sources

1. 2026 Physician Fee Schedule. CMS-CMS-1832-CN2. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/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-notice/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

**Boston
Scientific**

Advancing science for life[™]

Vascular Therapies

1 Boston Scientific Way

Maple Grove, MN 55369-4309

<https://www.bostonscientific.com/reimbursement>

Medical Professionals:

VT.Reimbursement@bsci.com

© 2026 Boston Scientific Corporation
or its affiliates. All rights reserved.

PI_2407404_AA | Jan 2026