

# VENOUS STENTING CODING AND REIMBURSEMENT GUIDE

The procedure codes listed below are applicable to peripheral venous stenting cases involving the VICI Venous Stent® System and Venous Wallstent®:

Claims must contain the appropriate CPT/HCPCS/ICD-10-PCS 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/HCPCS/ICD-10-PCS codes that may be used to bill for venous stents. 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 SERVICES

CPT®	Description	Payment	
		(Facility)	(Non-Facility)
37238	Venous stent, open or perc, incl RS&I, incl angioplasty, initial vein	\$312	\$3,977
37239	Venous stent, open or perc, incl RS&I, incl angioplasty, each additional vein [add to primary procedure]	\$154	\$1,990

## HOSPITAL OUTPATIENT

CPT®	Description	SI	APC	Payment
37238	Venous stent, open or perc, incl RS&I, incl angioplasty, initial vein	J1	5193	\$10,043
37239	Venous stent, open or perc, incl RS&I, incl angioplasty, each additional vein [add to primary procedure]	N	N/A	\$0.00
37238 + 37239	Venous stent, open or perc, incl RS&I, incl angioplasty, two veins	J1	5194	\$16,064

## AMBULATORY SURGERY CENTER (ASC)

CPT®	Description	SI	MPPR	Payment
37238	Venous stent, open or perc, incl RS&I, incl angioplasty, initial vein	J8	Y	\$6,268
37239	Venous stent, open or perc, incl RS&I, incl angioplasty, each additional vein [add to primary procedure]	N1	N/A	\$0.00

C-Codes are used to report devices used in combination with device-related procedures for hospital outpatient and ASC services. HCPCS C1876 - Stent, noncoated/noncovered, with delivery system.

CPT codes 37238 and 37239 do not include catheter placement, ultrasound guidance, or diagnostic intravascular ultrasound (IVUS). If performed, these services must be separately reported.

According to the AMA CPT® Codebook, multiple stents placed in a single vessel may only be reported with a single code. If a lesion extends across the margins of one vessel into another, but can be treated with a single therapy, the intervention should only be reported once.

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See important notes on the uses and limitations of this information on page 3.



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## HOSPITAL INPATIENT

ICD-10-PCS	Description
<b>067C3DZ</b>	Dilation of Right Common Iliac Vein with Intraluminal Device, Percutaneous Approach
<b>067D3DZ</b>	Dilation of Left Common Iliac Vein with Intraluminal Device, Percutaneous Approach
<b>067F3DZ</b>	Dilation of Right External Iliac Vein with Intraluminal Device, Percutaneous Approach
<b>067G3DZ</b>	Dilation of Left External Iliac Vein with Intraluminal Device, Percutaneous Approach
<b>067M3DZ</b>	Dilation of Right Femoral Vein with Intraluminal Device, Percutaneous Approach
<b>067N3DZ</b>	Dilation of Left Femoral Vein with Intraluminal Device, Percutaneous Approach

MS-DRG	Description	Payment
<b>252</b>	Other vascular procedures w/ MCC (Major Complications or Comorbidities)	\$21,344
<b>253</b>	Other vascular procedures w/ CC (Complications or Comorbidities)	\$17,056
<b>254</b>	Other vascular procedures w/o MCC/CC	\$11,630

The Medicare Reimbursement values for each MS-DRG, while specific to your hospital, do not include pass-thru payments or NTAPs as these are calculated on a case-by-case basis.

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.

See important notes on the uses and limitations of this information on page 3.

**Boston Scientific PI Reimbursement Support** [PIReimbursement@bsci.com](mailto:PIReimbursement@bsci.com)

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1. 2021 Physician Fee Schedule. CMS-1734-F. <https://www.cms.gov/medicare/fee-service-payment/physician-fees/2021-physician-fee-schedule> 2021 Conversion Factor of \$34.8931.
2. 2021 OPPS Payment. CMS-1736-FC. <https://www.cms.gov/medicare/fee-service-payment/hospital/outpatient-ppshospital-outpatient-regulations-and-notices/2021-ppshospital-outpatient-regulations-and-notices>
3. 2021 ASC Payment. CMS-1736-FC ASC. <https://www.cms.gov/medicare/fee-service-payment/asc-2021-asc-payment>
4. MS-DRG V38.1  
<https://www.cms.gov/Medicare/Fee-for-Service-Payment/InpatientPPS/MS-DRG-Classifications-and-Software>

FY 2021 (10/1/2020-09/30/2021)

CMS ICD-10-CM/PCS

<https://www.cms.gov/medicare/icd-10/2021-icd-10-cm>

<https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs>