

# Coding and Reimbursement Guide

## Varithena Microfoam Ablation 2020

Varithena (polidocanol injectable foam) 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.

### POSSIBLE PHYSICIAN SERVICES CPT<sup>®</sup> CODES FOR USE OF VARITHENA AND 2020 MEDICARE NATIONAL AVERAGE PAYMENT (NON-FACILITY POS 11 / FACILITY POS 22 OR 24)

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

| CPT <sup>®</sup> Code | Description   | Physician (Non-facility) Total RVUs <sup>2</sup> | Physician (Non-facility) Total Payment <sup>2</sup> | Physician (Facility) Total RVUs <sup>2</sup> | Physician (Facility) Total Payment <sup>2</sup> |
|-----------------------|---|--|---|--|---|
| 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)    | 42.95  | \$1,550.05  | 3.48   | \$125.59  |
| 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 | 47.65  | \$1,719.67  | 4.46   | \$160.96  |
| 36470*                | Injection of sclerosant; single incompetent vein (other than telangiectasia)  | 3.10   | \$111.88  | 1.10   | \$39.70   |
| 36471*                | (other than telangiectasia), same leg   | 5.59   | \$201.74  | 2.22   | \$80.12   |

### POSSIBLE HOSPITAL OUTPATIENT CPT<sup>®</sup> CODES FOR USE OF VARITHENA AND 2020 MEDICARE NATIONAL AVERAGE PAYMENT (FACILITY POS 22)

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

| CPT <sup>®</sup> Code | Description   | Hospital   | APC <sup>4</sup> | Status Indicator <sup>5</sup> |
|-----------------------|---|------------|------------------|-------------------------------|
| 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)    | \$1,622.74 | 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 | \$1,622.74 | 5054             | T                             |
| 36470*                | Injection of sclerosant; single incompetent vein (other than telangiectasia)  | \$319.51   | 5052             | T                             |
| 36471*                | (other than telangiectasia), same leg   | \$319.51   | 5052             | T                             |

## POSSIBLE ICD-10-CM DIAGNOSES CODES FOR USE OF VARITHENA

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.

| ICD 10-CM <sup>3</sup> | Varicose Veins with Inflammation                    | ICD 10-CM <sup>3</sup> | Varicose Veins with Pain                    | ICD 10-CM <sup>3</sup> | Varicose Veins with Other Complications                    |
|------------------------|---|------------------------|---|------------------------|--|
| 183.10                 | VV of unspecified lower extremity with inflammation | 183.811                | VV of right lower extremity with pain       | 183.891                | VV of right lower extremity with other complications       |
| 183.11                 | VV of right lower extremity with inflammation       | 183.812                | VV of left lower extremity with pain        | 183.892                | VV of left lower extremity with other complications        |
| 183.12                 | VV of left lower extremity with inflammation        | 183.813                | VV of bilateral lower extremities with pain | 183.893                | VV of bilateral lower extremity with other complications   |
|                        |   | 183.819                | VV of unspecified lower extremity with pain | 183.899                | VV of unspecified lower extremity with other complications |

## CMS-1500 FORM

Below is an example of how Varithena could be billed on a CMS-1500 form. Confirm with your payer and contract. Coding 36465, 36466, 36470 or 36471 is a clinical decision dependent on the coder's interpretation of the physician's notes.

|  |  |                     |  |        |  |   |  |                      |  |                                |  |                             |  |
|--|--|---------------------|--|--------|--|---|--|----------------------|--|--------------------------------|--|-----------------------------|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 |  |                     |  |        |  |   |  |                      |  | 22. RESUBMISSION CODE          |  | ORIGINAL REF. NO.           |  |
| A. 183.XXX   |  | B.                  |  | C.     |  | D.  |  | E.                   |  | 23. PRIOR AUTHORIZATION NUMBER |  | 221A00432                   |  |
| E.   |  | F.                  |  | G.     |  | H.  |  | I.                   |  | J.                             |  | RENDERING PROVIDER ID. #    |  |
| I.   |  | J.                  |  | K.     |  | L.  |  | F. \$ CHARGES        |  | G. DAYS OR UNITS               |  | H. EPSDT Family Plan        |  |
| 24. A. DATE(S) OF SERVICE  |  | B. PLACE OF SERVICE |  | C. EMG |  | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER |  | E. DIAGNOSIS POINTER |  | I. ID. QUAL.                   |  | J. RENDERING PROVIDER ID. # |  |
| MM From DD YY  |  | MM To DD YY         |  |        |  | 36465 LT  |  | A                    |  | 1550 05                        |  | 1 123456789                 |  |

\*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 CPT 2020 Professional Edition, Page 268.

1. Current Procedural Terminology (CPT®) Professional Edition 2018. Copyright 2017 American Medical Association. All rights reserved. 2. CMS website. 2020 Physician Fee Schedule. CMS-1715-F. 2020 conversion factor of \$36.0896. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F.html> 3. CMS ICD-10-CM/PCS MS-DRG v37 Definitions Manual. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY2020-CMS-1716-FR-MS-DRG-Definitions-Manual.zip> 4. Source: CMS website. 2020 OPPS Payment. CMS-1717-CN. <https://www.cms.gov/medicaremedicare-fee-for-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1717-cn> 5. Status Indicators: T - Procedure or Service, Multiple Procedure Reduction Applies Paid under OPPS; separate APC payment.

**DISCLAIMER** All information supplied is for informational purposes only. Boston Scientific does not provide advice or guidance with respect to reimbursement for specific charges in particular medical circumstances. The information provided is only intended to summarize a possible reading of certain payer policies. However, interpretation of the policies to inform reimbursement decisions is the obligation of the entity seeking reimbursement (e.g., physician, qualified healthcare professional, hospital or other facility). The information represents no statement of guarantee by Boston Scientific or its group companies. The decisions related to reimbursement must be made by the provider after considering the medical necessity of the services and supplies provided as well as considering any regulations and local, state, or federal laws that may apply. All reimbursement information is subject to change without notice, and specific payers may have their own reimbursement requirements and policies. Payers should be consulted for interpretation of local coverage reimbursement policies.

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### VARITHENA (polidocanol injectible foam) 1%

**CAUTION:** Federal (USA) law restricts this device to sale by or on the order of a physician. Prior to use, please see the complete "Prescribing Information" at [www.bostonscientific.com](http://www.bostonscientific.com) for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions. **INDICATIONS:** Varithena (polidocanol injectible foam) is indicated for the treatment of incompetent great saphenous veins, accessory saphenous veins and visible varicosities of the great saphenous vein (GSV) system above and below the knee. Varithena improves the symptoms of superficial venous incompetence and appearance of visible varicosities. **IMPORTANT SAFETY INFORMATION:** The use of Varithena is contraindicated in patients with known allergy to polidocanol and those with acute thromboembolic disease. Severe allergic reactions have been reported following administration of liquid polidocanol, including anaphylactic reactions, some of them fatal. Observe patients for at least 10 minutes following injection and be prepared to treat anaphylaxis appropriately. Intra-arterial injection or extravasation of polidocanol can cause severe necrosis, ischemia or gangrene. Patients with underlying arterial disease may be at increased risk for tissue ischemia. If intra-arterial injection of polidocanol occurs, consult a vascular surgeon immediately. Varithena can cause venous thrombosis. Follow administration instructions closely and monitor for signs of venous thrombosis after treatment. Patients with reduced mobility, history of deep vein thrombosis or pulmonary embolism, or recent (within 3 months) major surgery, prolonged hospitalization, or pregnancy are at increased risk for developing thrombosis. The most common adverse events observed were pain/discomfort in extremity, retained coagulum, injection site hematoma or pain, common femoral vein thrombus extension, superficial thrombophlebitis, and deep vein thrombosis. Physicians administering Varithena must be experienced with venous procedures, possess a detailed working knowledge of the use of the duplex ultrasound in venous disease and be trained in the administration of Varithena. See [www.varithena.com](http://www.varithena.com) for full prescribing information for Varithena.

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