

# **Reimbursement Alert**

# 2023 MEDICARE PHYSICIAN FEE SCHEDULE (PFS) FINAL RULE

This Alert includes the late December 2022 update partially reducing the initial Medicare final rule 2023 Conversion Factor cut and associated payment rates for venous insufficiency vein ablation modalities. The effective date remains January 1, 2023.

## **HIGHLIGHTS OF THE Final 2023 PFS Final Rule**

- The Medicare Physician Fee Schedule Final Rule includes a 2.08% reduction to the Conversion Factor, from \$34.6062 to \$33.8872, a portion of the formula determining physician payment rates.
- Medicare moved forward with the second year of the 4-year phase in of the labor pricing update portion of the non-facility practice expense inputs resulting in further reductions for some procedures (see below).

COMPARISON OF MEDICARE 2023 PFS FINAL RULE NATIONAL UNADJUSTED FEE SCHEDULE RATES VS MEDICARE 2022 FINAL PFS NATIONAL UNADJUSTED FEE SCHEDULE RATES

Table 3: Physician Fee Schedule (PFS) CY2023 Final Rule Payment Rates											
Final 2023 PFS Rates Compared to Final 2022											
CPT® Code	Description	2022 Work RVU	2022 Total Office RVU	2022 Total Facility RVU	2022 Final Total Office Payment	2023 Work RVU	2023 Total Office RVU	2023 Total Facility RVU	2023 Final Total Office Payment	2023 vs 2022 Final \$\$ Change Total Payment	2023 vs 2022 Final % Change Office Total Payment
36465	Varithena: 1 vein	2.35	40.70	3.46	\$1,408	2.35	39.49	3.48	\$1,338	-\$70	-5%
36466	Varithena: >1 vein	3.00	44.99	4.50	\$1,557	3.00	42.63	4.49	\$1,445	-\$112	-7%
36470	Sclerotherapy: 1 vein	0.75	3.44	1.11	\$119	0.75	3.46	1.14	\$117	-\$2	-2%
36471	Sclerotherapy: >1 vein	1.50	5.98	2.21	\$207	1.50	5.98	2.23	\$203	-\$4	-2%
36473	ClariVein: 1st vein	3.50	37.95	5.24	\$1,313	3.50	36.63	5.29	\$1,241	-\$72	-5%
36474	ClariVein: Each add'l vein	1.75	7.85	2.61	\$272	1.75	7.71	2.63	\$261	-\$10	-4%
36475	RF: 1st vein	5.30	33.38	8.13	\$1,155	5.30	32.47	8.13	\$1,100	-\$55	-5%
36476	RF: Each add'l vein	2.65	8.69	3.94	\$301	2.65	8.51	3.92	\$288	-\$12	-4%
36478	Laser: 1st vein	5.30	30.44	8.11	\$1,053	5.30	29.47	8.12	\$999	-\$55	-5%
36479	Laser: Each add'l vein	2.65	9.11	3.98	\$315	2.65	8.98	3.96	\$304	-\$11	-3%
36482	Venaseal: 1st vein	3.50	51.84	5.26	\$1,794	3.50	50.38	5.22	\$1,707	-\$87	-5%
36483	Venaseal: Each add'l vein	1.75	4.08	2.62	\$141	1.75	4.07	2.59	\$138	-\$3	-2%
37765	Stab phleb Veins Extr 10-20	4.80	12.89	7.97	\$446	4.80	12.64	7.94	\$428	-\$18	-4%
37766	Stab phleb veins extr 20+	6.00	15.01	9.76	\$519	6.00	14.85	9.74	\$503	-\$16	-3%

#### **SOURCES**

2022 CMS Final Rule Notices and Relative Value Files: CMS-1751-F | CMS 2023 CMS Final Rule Notices and Relative Value Files: CMS-1770-F | CMS

2023 CMS Relative Value Files RVU23A

Please see page 2 for important information about this Reimbursement Alert.





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### **INDICATIONS**

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 (GSV) system above and below the knee. Varithena improves the symptoms of superficial venous incompetence and the 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 thrombos 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.

For Full Prescribing Information visit Varithena.com

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