

2025 Coding and Reimbursement 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 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

PHYSICIAN OFFICE POSSIBLE CPT CODES AND 2023 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)	36.58	\$1,183	3.54	\$115
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	38.39	\$1,242	4.47	\$145
36470*	Injection of sclerosant; single incompetent vein (other than telangiectasia)	3.46	\$112	1.14	\$37
36471*	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	5.93	\$192	2.23	\$72

*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 2024 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™

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

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 2025 MEDICARE NATIONAL AVERAGE PAYMENT (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		
CPT® Code	CPT® Description – Varithena Endovenous Ablation	Payment	APC ²	Status Indicator ³
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)	\$1,829	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	\$1,829	5054	T
36470*	Injection of sclerosant; single incompetent vein (other than telangiectasia)	\$400	5052	T
36471*	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	\$400	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 2024 CPT Professional, Page 293.

SOURCES

1. 2025 CMS Physician Fee Schedule. CMS-1807-F. Effective through December 31, 2025. Conversion factor \$32.3465
<https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f>
2. 2025 OPPS Payment. CMS-1809-FC. Effective through December 31, 2025.
<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc>
3. Status Indicators: T - Procedure or Service, Multiple Procedure Reduction Applies Paid under OPPS; separate APC payment. N - Packaged Items and Services Packaged into APC Rates Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.
4. Current Procedural Terminology (CPT®) Professional Edition 2025. Copyright 2024 American Medical Association. All rights reserved

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One Scimed Place
Maple Grove, MN 55311-1566
<https://www.bostonscientific.com/reimbursement>

Medical Professionals:

PI.Reimbursement@bsci.com

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