

Medtronic

Engineering the extraordinary

Health Economics Policy & Reimbursement

Superficial Venous

Reimbursement Guide

2025



About this document

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

The purpose of this interactive PDF is to provide reimbursement information related to Medtronic’s Superficial Venous products.

For further information please see the links to the Inpatient, Outpatient and ASC rules as well as the Physician Fee Schedule in the references section on slide 12.

Alternatively, please contact the Health Economics Policy and Payment Team at:

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Navigating the document:

The buttons found in the top righthand corner can be used to help navigate the document.

- Outpatient reimbursement: 
- ASC reimbursement: 
- Physician* reimbursement: 
- Coding† information: 
- Previous slide: 

*Physician reimbursement includes OBL data
†Coding information general coding information and includes examples of:

- diagnosis codes (ICD-10-CM)
- modifiers
- place of service codes (POS)
- HCPCS C-Codes

Note: Medtronic’s Superficial Venous products are rarely performed in an inpatient setting (unless due to certain co-morbidities) and therefore do not have a MS-DRG list displayed

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About this document

- National Unadjusted Reimbursement Rates:
 - Please note that all Medicare rates displayed in this table reflect the “national unadjusted” amounts inclusive of beneficiary cost-sharing and do not reflect any additional payment adjustments.
- “+” represents an add-on code
- MS-DRG average payment is a weighted average based upon historical volumes for the MS-DRG group highlighted
- In the ASC section, “MPD” represents the “Multi-Procedure Discount”
- Under physician reimbursement:
 - Facility (“Fac”) reimbursement represents reimbursement to the physician in settings such as a hospital or Ambulatory Surgical Center (ASC)
 - Non-Facility (“NF”) includes office-based-labs (OBLs)
 - -TC represents the Technical Component modifier; -26 represents the Professional Component modifier
- Medtronic doesn’t offer products with approved indications for all procedures listed.



Superficial Venous Reimbursement Guide



CMS CY 2025 Outpatient National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Status Indicator	APC	Payment
Endovenous Polidocanol Microfoam (PEM)	36465	Injection of non-compounded foam sclerosant, single vein	T	5054	\$1,829
	36466	Injection of non-compounded foam sclerosant multiple veins, same leg	T	5054	\$1,829
Sclerotherapy	36470	Injection of sclerosing solution, single vein	T	5052	\$400
	36471	Injection of sclerosing solution, multiple veins, same leg	T	5052	\$400
Endovenous Mechanochemical (MOCA)	36473	Endovenous ablation, mechanochemical, 1st vein	J1	5183	\$3,148
	+36474	Endovenous ablation, mechanochemical, subsequent vein(s)	N		\$0
Endovenous Radiofrequency (RF) Ablation	36475	Endovenous ablation, radiofrequency, 1st vein	J1	5183	\$3,148
	+36476	Endovenous ablation, radiofrequency, subsequent vein(s)	N		\$0
Endovenous Laser	36478	Endovenous ablation, laser, 1st vein	J1	5183	\$3,148
	+36479	Endovenous ablation, laser, subsequent vein(s)	N		\$0
Endovenous Cyanoacrylate Adhesive Ablation (CCA)	36482	Endovenous ablation, chemical adhesive, 1st vein	J1	5184	\$5,406
	+36483	Endovenous ablation, chemical adhesive, subsequent vein(s)	N		\$0
Stab Phlebectomy	37765	Stab phlebectomy, varicose veins, 1 extremity, 10-20 incisions	J1	5183	\$3,148
	37766	Stab phlebectomy, varicose veins, 1 extremity, > 20 incisions	J1	5183	\$3,148
Ultrasound Guidance	+76942	Ultrasound guidance for needle placement (eg, injection)	N		\$0
Duplex Scans	93970	Duplex scan of extremity, complete bilateral study	S	5523	\$242
	93971	Duplex scan of extremity, unilateral or limited study	S	5522	\$106

Superficial Venous Reimbursement Guide



CMS CY 2025 APC Complexity Adjustments

Comprehensive APC (C-APC) claims that contain: **two or more primary procedure codes** (J1 service units); **bilateral procedures** with modifier 50 (J1 bilateral service), or **certain add-on procedure codes** may be eligible for a **complexity adjustment**. This complexity adjustment **promotes the claim to the next higher cost APC within the primary procedure’s clinical family**. The complexity adjustments are developed for frequently occurring combinations that significantly increase the cost of the primary procedure claim.¹

Primary CPT®	Primary CPT® Description	Primary APC Assigned	Secondary or add-on CPT®	Secondary or add-on CPT® Description	Secondary APC Assigned	Complexity Adjusted APC Assignment
36475	Endovenous ablation, radiofrequency, 1st vein	5183	37766	Stab phlebectomy, varicose veins, 1 extremity, > 20 incisions	5183	5184
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	5183	36475	Endovenous ablation, radiofrequency, 1st vein	5183	5184

Note: This may not be an exhaustive list for all coding combinations and complexity adjustments. Please refer to Addendum J for the complete list <https://www.cms.gov/files/document/2025-nfrm-ops-claims-accounting.pdf>

Superficial Venous Reimbursement Guide



CMS CY 2025 ASC National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Payment Indicator	MPD	Payment
Endovenous Polidocanol Microfoam (PEM)	36465	Injection of non-compounded foam sclerosant, single vein	P2	Y	\$981
	36466	Injection of non-compounded foam sclerosant multiple veins, same leg	P2	Y	\$981
Sclerotherapy	36470	Injection of sclerosing solution, single vein	P3	Y	\$82
	36471	Injection of sclerosing solution, multiple veins, same leg	P3	Y	\$134
Endovenous Mechanochemical (MOCA)	36473	Endovenous ablation, mechanochemical, 1st vein	P3	Y	\$960
	+36474	Endovenous ablation, mechanochemical, subsequent vein(s)	N1	N	\$0
Endovenous Radiofrequency (RF) Ablation	36475	Endovenous ablation, radiofrequency, 1st vein	A2	Y	\$1,589
	+36476	Endovenous ablation, radiofrequency, subsequent vein(s)	N1	N	\$0
Endovenous Laser	36478	Endovenous ablation, laser, 1st vein	A2	Y	\$1,589
	+36479	Endovenous ablation, laser, subsequent vein(s)	N1	N	\$0
Endovenous Cyanoacrylate Adhesive Ablation (CAA)	36482	Endovenous ablation, chemical adhesive, 1st vein	P3	Y	\$1,395
	+36483	Endovenous ablation, chemical adhesive, subsequent vein(s)	N1	N	\$0
Stab Phlebectomy	37765	Stab phlebectomy, varicose veins, 1 extremity, 10-20 incisions	P3	Y	\$208
	37766	Stab phlebectomy, varicose veins, 1 extremity, > 20 incisions	P3	Y	\$233
Ultrasound Guidance	+76942	Ultrasound guidance for needle placement (eg, injection)	N/A	N/A	N/A
Duplex Scans	93970	Duplex scan of extremity, complete bilateral study	N/A	N/A	N/A
	93971	Duplex scan of extremity, unilateral or limited study	N/A	N/A	N/A

Superficial Venous Reimbursement Guide



CMS CY 2025 Physician National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Work RVUs	NF Payment	Fac Payment
Endovenous Polidocanol Microfoam (PEM)	36465	Injection of non-compounded foam sclerosant, single vein	2.35	\$1,183	\$115
	36466	Injection of non-compounded foam sclerosant multiple veins, same leg	3.00	\$1,242	\$145
Sclerotherapy	36470	Injection of sclerosing solution, single vein	0.75	\$112	\$37
	36471	Injection of sclerosing solution, multiple veins, same leg	1.50	\$192	\$72
Endovenous Mechanochemical (MOCA)	36473	Endovenous ablation, mechanochemical, 1st vein	3.50	\$1,097	\$172
	+36474	Endovenous ablation, mechanochemical, subsequent vein(s)	1.75	\$237	\$85
Endovenous Radiofrequency (RF) Ablation	36475	Endovenous ablation, radiofrequency, 1st vein	5.30	\$990	\$264
	+36476	Endovenous ablation, radiofrequency, subsequent vein(s)	2.65	\$266	\$127
Endovenous Laser	36478	Endovenous ablation, laser, 1st vein	5.30	\$912	\$265
	+36479	Endovenous ablation, laser, subsequent vein(s)	2.65	\$288	\$129
Endovenous Cyanoacrylate Adhesive Ablation (CAA)	36482	Endovenous ablation, chemical adhesive, 1st vein	3.50	\$1,531	\$171
	+36483	Endovenous ablation, chemical adhesive, subsequent vein(s)	1.75	\$133	\$84

Superficial Venous Reimbursement Guide



CMS CY 2025 Physician National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Work RVUs	NF Payment	Fac Payment
Stab Phlebectomy	37765	Stab phlebectomy varicose veins, 1 extremity, 10-20 incisions	4.80	\$398	\$257
	37766	Stab phlebectomy varicose veins, 1 extremity, > 20 incisions	6.00	\$472	\$318
Ultrasound Guidance	+76942	Ultrasound guidance for needle placement (eg, injection)	0.67	\$57	N/A
	+76942-TC	Ultrasound guidance for needle placement (eg, injection) (technical component)	0.00	\$28	N/A
	+76942-26	Ultrasound guidance for needle placement (eg, injection) (professional component)	0.67	\$29	\$29
Duplex Scans	93970	Duplex scan of extremity, complete bilateral study	0.70	\$179	N/A
	93970-TC	Duplex scan of extremity, complete bilateral study (technical component)	0.00	\$148	N/A
	93970-26	Duplex scan of extremity, complete bilateral study (professional component)	0.70	\$31	\$31
	93971	Duplex scan of extremity, unilateral or limited study	0.45	\$115	N/A
	93971-TC	Duplex scan of extremity, unilateral or limited study (technical component)	0.00	\$94	N/A
	93971-26	Duplex scan of extremity, unilateral or limited study (professional component)	0.45	\$20	\$20

Superficial Venous Reimbursement Guide



Coding Information - Example Diagnosis Codes

Varicose Veins: With Ulcer

ICD-10-CM		
I83.00-	Varicose veins of unspecified lower extremity with ulcer	1-thigh 2-calf 3-ankle
I83.01-	Varicose veins of right lower extremity with ulcer	4-heel and midfoot 5-other part of foot
I83.02-	Varicose veins of left lower extremity with ulcer	8-other part of lower leg 9-unspecified site

Varicose Veins: With Inflammation

ICD-10-CM	
I83.10	Varicose veins of unspecified lower extremity with inflammation
I83.11	Varicose veins of right lower extremity with inflammation
I83.12	Varicose veins of left lower extremity with inflammation

Varicose Veins: With Ulcer and Inflammation

ICD-10-CM		
I83.20-	Varicose veins of unspecified lower extremity with both ulcer and inflammation	1-thigh 2-calf 3-ankle
I83.21-	Varicose veins of right lower extremity with both ulcer and inflammation	4-heel and midfoot 5-other part of foot 8-other part of lower leg
I83.22-	Varicose veins of left lower extremity with both ulcer and inflammation	9-unspecified site

Varicose Veins: With Other Complications

ICD-10-CM	
I83.811	Varicose veins of right lower extremities with pain
I83.812	Varicose veins of left lower extremities with pain
I83.813	Varicose veins of bilateral lower extremities with pain
I83.819	Varicose veins of unspecified lower extremities with pain
I83.891	Varicose veins of right lower extremities with other complications
I83.892	Varicose veins of left lower extremities with other complications
I83.893	Varicose veins of bilateral lower extremities with other complications
I83.899	Varicose veins of unspecified lower extremities with other complications

An additional code for severity of ulcer **L97.--** is assigned with I83.0-- and I83.2--

Note: Payers may not approve claims that include the unspecified codes

Superficial Venous Reimbursement Guide



Coding Information

Example Place of Service Codes

POS Code	POS Description	POS Code	POS Description
11	Physician Office	22	On-Campus Outpatient Hospital
19	Off-Campus Outpatient Hospital	24	Ambulatory Surgical Center

Example Modifiers

Modifier	Description	Modifier	Description
26	Professional component	TC	Technical component
50	Bilateral procedure	51	Multiple procedures (50% reduction)
52	Reduced procedure	53	Discontinued procedure
59	Distinct procedural service		
-XE	Distinct service - separate encounter		
-XS	Distinct service - separate organ/structure		
-XP	Distinct service - different practitioner		
-XU	Distinct service - unusual (eg, non-overlapping)		

Superficial Venous Reimbursement Guide



Coding Information

Commonly Used HCPCS Device Codes & Descriptions

POS Code	POS Description
C1888	Endovascular non-cardiac ablative catheter
C1769	Guide wire
C1889	Implantable / insertable device, not otherwise classified
C1894	Introducer/sheath, non-laser

NOTES:

- This is not a complete list of devices and HCPCS (C-Codes). When billing for Inpatient procedures, or for devices used for diagnostic purposes, do not report C codes.
- Some components of superficial venous therapies do not have separate HCPCS codes. Please verify the cost is assigned to the proper device revenue code, even in situations where there is no associated HCPCS code
 - For example, the device used in the cyanoacrylate adhesive ablation procedure, CPT® 36482, is considered an implanted device. While there is no separate C-code for the cyanoacrylate adhesive used in this ablation procedure, the entire cost of the device should be captured in the device revenue code cost center. This is a common issue we see at hospitals – the reporting of costs and revenue centers do not identify the procedure as a device-intensive procedure.

Both the ASC and hospital outpatient should bill relevant device (HCPCS) C-codes & assign appropriate charges. Please see the relevant lists within each therapy section.

NOTE: This is not a complete list of devices and HCPCS (C-Codes). When billing for Inpatient procedures, or for devices used for diagnostic devices.

References

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

- The Inpatient rules can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html>
- Outpatient rules can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html>
- ASC rules (including an explanation of Payment Indicators) can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/index.html>
- Physician Fee Schedules can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/>

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Code descriptions have been abbreviated in this document. For specific AMA descriptions of current CPT® coding, please refer to the most recent version of the CPT® Coding Book.

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