TREATMENT OF LOWER EXTREMITY INCOMPETENT VEINS

The introduction of new embolization codes in 2014 led to much confusion concerning procedures related to lower extremity veins. Subsequent guidance in CPT Assistant, October 2014, indicated that procedures to treat lower extremity incompetent veins/venous insufficiency would not be reported as venous embolization code 37241. There are several codes that describe various types of treatment, including injection of a sclerosing solution, laser or radiofrequency ablation, or phlebectomy (removal). For procedures in the same operating field, do not assign both 37241 and one of the following codes.

36468  Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk

A sclerosing solution is a chemical irritant that is injected into a vein that will eventually cause the vein to collapse and disappear. This treatment may be called “sclerotherapy.”

Code 36468 is specific to spider veins and may not be assigned for sclerosis of other types of venous conditions. Assign this code once, regardless of the number of injections performed. This is a complete code that includes accessing the vein, local anesthesia, contrast injection, fluoroscopy and/or ultrasound guidance, as well as injection of the sclerosing material.

Previously available CPT code 36469 for injection of sclerosing solutions into spider veins on the face was deleted for 2015 because of low usage.

36470  Injection of sclerosing solution; single vein

36471  Injection of sclerosing solution; multiple veins, same leg

Codes 36470 and 36471 are intended for injection of a sclerosant into one or more veins (typically in the lower extremity) other than spider veins. Guidance is not included and may be separately coded.

If veins in both legs are injected, add modifier -50 to 36470 or 36471.

36475  Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

+36476  Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478  Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated

+36479  Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Both RFA (36475 and 36476) and endovenous laser therapy (EVLT) (36478 and 36479) are performed through a catheter placed into the vein to be treated, then either radiofrequency or laser energy is applied to destroy the vein. Local anesthesia, venous access, catheterization, all imaging guidance, and closure are included in 36475–36479. Parenthetical notes in the CPT book include a long list of codes that may not be assigned with 36475–36479.

Assign primary code 36475 for the first vein treated by RFA or primary code 36478 for the first vein treated by laser ablation. These codes are unilateral; add modifier -50 if bilateral veins are treated. Codes 36476 and 36479 are add-on codes and should not be assigned without a primary code. They may only be coded once per extremity regardless of the number of additional veins treated and only when the additional veins are treated through separate access sites.

RFA and EVLT codes do not include stab phlebectomy when performed at the same session.

37765  Stab phlebectomy of varicose veins, 1 extremity; 10–20 stab incisions

37766  Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions

37799  Unlisted procedure, vascular surgery

Stab phlebectomy is performed by making a tiny incision over a varicose vein and then snapping the varicosed section out using a hooked tool.

Codes 37765 and 37766 are not assigned per stab. If 10–20 stab incisions are made in a single extremity, assign 37765 once. If more than 20 stab incisions are made in a single extremity, assign 37766 once. If fewer than 10 stab incisions are made, assign unlisted code 37799 once.

36473  Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, mechanochemical; first vein treated

+36474  Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Codes 36473 and 36474 are reported for mechanochemical ablation (MOCA) performed using local anesthesia. These procedures involve placement of a catheter-based device into the vein that infuses medication as well as mechanically disrupts the venous intima (lining of the wall of a vein).

Catheterization, contrast injection, and imaging guidance are included in these codes and should not be reported separately. Code 36474 may only be reported once per extremity.
SAMPLE CASE: INCOMPETENT VEINS

History: Symptomatic right lower extremity varicosities that do not respond to conservative management.

Technique: After obtaining signed informed consent and confirming that the patient had taken her preprocedural anxiolytic and antibiotic, she was placed in a standing position. The great saphenous vein on the right and the microphlebectomy site were marked sonographically on the patient’s skin. She was then placed in a supine position with the leg elevated and the leg was prepared in sterile fashion. Cap, mask, sterile gown, sterile gloves, a large sterile sheet, hand hygiene and 2% chlorhexidine for cutaneous antisepsis, or acceptable alternative antiseptics per current guideline after antisepsis, were utilized.

Access was gained to the great saphenous vein after local anesthesia was applied, and a laser sheath was placed to the level of the saphenofemoral junction using sonographic guidance. A fiber was placed within the sheath and tumescent anesthesia applied along the course of the saphenous vein. The 980 laser fiber was activated at 12 watt continuous mode for a total of 372 seconds to deliver for 470 joules over approximately 62 cm. Hemostasis was achieved at the access site.

Attention was turned to the microphlebectomy site. Tumescent anesthesia with lidocaine/epinephrine solution was then applied along the course of the microphlebectomy site.

Neuromuscular testing was performed where necessary. This area was treated with ambulatory microphlebectomy using a stab-avulsion technique. A total of 10 stab incisions were performed and approximately 10 cm of varicosity were removed. Hemostasis was achieved with pressure, a compression dressing was applied, and the patient walked in good condition before leaving the department.

Next, attention was turned to multiple incompetent perforating and tributary veins.

Endochemical foam ablation was performed in multiple sites using direct US guidance. There was an appropriate immediate vasospastic response, good distribution of sclerosant and no evidence of deep penetration. There were no immediate complications.

A total of 1 cc of 3% liquid Polidocanol was converted into foam using the Tessari method and used for treatment. The patient tolerated the entire procedure with no complications.

Impression and Plan: The patient underwent an uncomplicated ultrasound-guided endovenous laser ablation of the right great saphenous vein. She also underwent a second procedure, adjunctive ambulatory microphlebectomy using stab-avulsion technique with a total of 10 stab incisions. Adjunctive endovenous foam sclerotherapy of two incompetent perforating veins at the right calf and ankle were also performed. Compression over all areas was applied, and the patient tolerated the procedure in good condition.

CODE ASSIGNMENTS AND RATIONALE

36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated

37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions

36471 Injection of sclerosing solution; multiple veins, same leg
Three separate procedures were performed: laser ablation, stab phlebectomy, and sclerotherapy (foam ablation). Each procedure is separate and should be separately coded. Since 10 stab incisions were performed during the microphlebectomy, code 37765 is assigned, but it is assigned only once, not per stab. Since two veins were treated by foam ablation/sclerotherapy, code 36471 is assigned to include both veins.