

Superficial Venous

Coding & Reimbursement Guide 2025



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The tables contain possible ICD-10 code(s) and CPT® code(s) 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) rendered.

Procedure

CPT® Codes	Description	Non-Facility Payment	Facility Payment	
36465	Injection of Non-Compounded Foam	Single vein, truncal	\$1,183	\$115
36466		Multiple veins, truncal	\$1,242	\$145
36468	Sclerotherapy	Spider veins	\$0	\$0
36470		Single incompetent vein	\$112	\$37
36471		Multiple incompetent veins	\$192	\$72
36473	Mechanochemical Ablation	1st vein	\$1,097	\$172
+36474		Each additional vein	\$237	\$85
36475	Radiofrequency Ablation	1st vein	\$990	\$264
+36476		Each additional vein	\$266	\$127
36478	Endovenous Laser Ablation	1st vein	\$912	\$265
+36479		Each additional vein	\$288	\$129
36482	Chemical Adhesive Ablation	1st vein	\$1,531	\$171
+36483		Each additional vein	\$133	\$84
37765	Phlebectomy	10-20 incisions	\$398	\$257
37766		More than 20 incisions	\$472	\$318
37799	Unlisted Vascular Surgery		\$0	\$0
76942	Ultrasound	Needle placement	\$57	N/A
93970		Bilateral Duplex	\$179	N/A
93971		Unilateral Duplex	\$115	N/A

+ Add-on codes are additional services carried out in addition to the primary procedure.

Codes **36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483** describe endovascular ablation therapy of incompetent extremity vein(s), including all necessary imaging guidance and monitoring.

Codes **36473, 36474, 36482, 36483** can be performed under local anesthesia without the need for tumescent (peri-saphenous) anesthesia. Codes **36475, 36476, 36478, 36479** are performed using adjunctive tumescent anesthesia.



Claims must contain appropriate ICD-10 code(s) and CPT code(s):

- For the specific site of service
- For the items and services provided

Diagnosis

ICD-10-CM Code	Description	Code Extension (ie 183.001 - 183.009)
I83.00x [1-9]	Varicose veins of unspecified lower extremity w/ ulcer of _____	1 - thigh 2 - calf 3 - ankle
I83.01x [1-9]	Varicose veins of right lower extremity w/ ulcer of _____	4 - heel and midfoot 5 - other part of foot
I83.02x [1-9]	Varicose veins of left lower extremity w/ ulcer of _____	8 - other part of lower leg 9 - unspecified site
I83.1x [0-3]	Varicose veins of _____ lower extremity w/ inflammation	0 - unspecified 1 - right 2 - left
I83.20x [1-9]	Varicose veins of unspecified lower extremity w/ both ulcer of _____ & inflammation	1 - thigh 2 - calf 3 - ankle
I83.21x [1-9]	Varicose veins of right lower extremity w/ both ulcer of _____ & inflammation	4 - heel and midfoot 5 - other part of foot
I83.22x [1-9]	Varicose veins of left lower extremity w/ both ulcer of _____ & inflammation	8 - other part of lower leg 9 - unspecified site

HCPCS level II

C1769	Guide wire
C1888	Endovascular non-cardiac ablation catheter
C1894	Introducer/sheath, non-laser

In cases of devices that are packaged in kits with other items used in a particular procedure, hospitals may consider all kit costs in their line-item charge for the associated device/device category HCPCS code. Hospitals may report the total charge for the whole kit with the associated device/device category HCPCS code.

Medicare rates reflect the national unadjusted amounts, inclusive of beneficiary cost-sharing, and do not reflect any additional payment adjustments.

Adjusted payment amounts reflect variation in practice costs based on locality. Please consult the Physician Fee Schedule look-up tool for the geographic practice cost index available at:

<https://www.cms.gov/medicare/physician-fee-schedule/search/overview>

The coding options are commonly used codes and are not intended to be all-inclusive. Consult your relevant manuals for appropriate coding options.



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For product inquiries or questions related to ordering, please contact
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