

CPT ADVISOR

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A randomized clinical trial of endovenous laser ablation versus conventional surgery for small saphenous varicose veins

CPT coding for endovenous ablation therapy was previously reviewed in a 2010 *Journal of Vascular Surgery* article.¹ At that time, the two treatment technologies involved catheter-based venous access under ultrasound guidance and thermal injury to the vein using radiofrequency or laser energy. CPT code 36475 states “*endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated,*” whereas CPT code 36478 denotes “*endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated.*” If two or more veins in the lower extremity are ablated in the same setting, add-on codes were created to describe the additional work. CPT code 36476 depicts “*endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure),*” and CPT code 36479 states “*endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure).*” Of note, “second and subsequent” means that the code is reported only once per session, regardless of the number of veins treated.

Because the words “radiofrequency” and “laser” are specifically included in the code descriptions, it is inappropriate to report codes 36475-36479 to describe newer alternative ablation techniques in the saphenous veins of the lower extremity that do not specifically use these two forms of vein injury. One example is an ablation therapy that involves catheter-directed injection of a foam sclerosant solution into the saphenous vein. Another option

combines the mechanical induction of vasospasm and endothelial injury with catheter-based injection of a sclerosant solution into the injured vein.

These new lower extremity ablation techniques are not considered venous embolization procedures from a reporting perspective and therefore do not qualify for use of the venous embolization CPT code 37241 (*Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)*). At the present time, CPT code 37799 (*Unlisted procedure, vascular surgery*) is the most appropriate CPT code to report nonlaser, nonradiofrequency ablations with a direct reference to either 36475 or 36478 as a comparable procedure for reimbursement purposes, unless directed otherwise in writing by an insurance carrier.

The radiology, cardiology, and vascular surgery societies are working on Category I CPT codes for these non-tumescent, nonthermal procedures, which will hopefully be published and effective in 2017.

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REFERENCE

1. Roddy SP. A randomized, controlled trial of endovenous thermal ablation using the 810-nm wavelength laser and the ClosurePLUS radiofrequency ablation methods for superficial venous insufficiency of the great saphenous vein. *J Vasc Surg* 2010;52:796.

J Vasc Surg 2015;61:834

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