Question:
How many times can embolization of collateral vessels be reported at a single session? The documentation supports embolizing several.

Answer:
Embolization of side branches in the dialysis circuit is coded with the add-on code +36909, Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins)), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention. This code is reported once per therapeutic session, regardless of the number of side branches embolized.

*This response is based on the best information available as of 07/26/18.
July 12, 2018

Question:
The documentation indicates embolization of side branches/collateral vessels to help the dialysis graft mature. I’ve always coded it with the embolization code, 37241. Is this correct?

Answer:
In 2017, new codes for embolization of the side branches emptying into the dialysis circuit were established. Code 37241 is no longer appropriate for this procedure. Embolization of collateral vessels in the dialysis circuit is now coded with the add-on code +36909, Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins)), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention.

*This response is based on the best information available as of 07/12/18.

STAY UPDATED WITH KTALENTS

Coding Lower Extremity Venous Stenting

February 1, 2018

Question:
What codes are used for stenting of the lower extremity veins?
Can the 37220-37235 be used?

**Answer:**
No, the 3720-37235 series of codes are specifically for treatment of arterial occlusion. For venous stenting use 37238, transcatheter placement of an intravascular stent(s), open or percutaneous, including all supervision and interpretation and including all angioplasty within the same vessel, when performed; initial vein and 37239 for each additional vein.

*This response is based on the best information available as of 02/01/18.*

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**Defining Non-Compounded Sclerotherapy**

January 4, 2018

**Question:**
I’m not sure I understand the new vein surgery codes in the 2018 CPT manual. Can you explain what “non-compounded” means?

**Answer:**
The new 2018 coded, 36465, 36466 describe injection(s) of a non-compounded foam sclerosant into an extremity truncal vein (eg, great saphenous vein, accessory saphenous using ultrasound-guided compression of the junction of the central vein (saphenofemoral junction or saphenopopliteal junction). The sclerosant comes ready to use, it does not need to be compounded (prepared or mixed) by the provider. Note that
these new codes also include ultrasound–guided compression. Code 76942 for ultrasound guidance would not be separately reported.

The existing sclerotherapy codes, for example, 36470, **sclerotherapy injection of sclerosant, single incompetent vein (other than telangiectasia)**, describe a sclerosant solution that is mixed (compounded) by the provider prior to injection.

The codes for non-compounded (36465-36466) and compounded (36470-36471) sclerotherapy are shown below.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Global Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>36465</td>
<td>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 (eg, great saphenous vein, accessory saphenous vein) <strong>New in 2018</strong></td>
<td>10</td>
</tr>
<tr>
<td>36466</td>
<td>multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg <strong>New in 2018</strong></td>
<td>10</td>
</tr>
<tr>
<td>36470</td>
<td>Injection of sclerosing solution; single vein</td>
<td>10</td>
</tr>
<tr>
<td>36471</td>
<td>multiple veins, same leg</td>
<td>10</td>
</tr>
</tbody>
</table>

*This response is based on the best information available as of 01/04/18.*
Defining Non-Compounded Sclerotherapy

December 14, 2017

Question:
I’m not sure I understand the new vein surgery codes in the 2018 CPT manual. Can you explain what “non-compounded” means?

Answer:

The new 2018 coded, 36465, 36466 describe injection(s) of a non-compounded foam sclerosant into an extremity truncal vein (eg, great saphenous vein, accessory saphenous using ultrasound-guided compression of the junction of the central vein (saphenofemoral junction or saphenopopliteal junction). The sclerosant comes ready to use, it does not need to be compounded (prepared or mixed) by the provider. Note that these new codes also include ultrasound-guided compression. Code 76942 for ultrasound guidance would not be separately reported.

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</tbody>
</table>
**Global Days – 10**

*This response is based on the best information available as of 12/14/17.*

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**Coding Venous Thrombectomy**

March 3, 2016

**Question:**
If a percutaneous thrombectomy is performed in more than one vein, can each one be reported separately?

**Answer:**
As described by CPT, percutaneous transluminal mechanical thrombectomy (37187) is reported once per session, regardless
of the number of veins treated. The code specifies “vein(s)” which means any number of veins treated is reported as 37187.

*This response is based on the best information available as of 03/03/16.*