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.

Ablation of Perforators: What Codes Do I Use?

Question:
I am a vascular surgeon. I was hoping that you could help me with a problem. My employer is saying that I cannot use 36478 to code for EVLT of a perforating vein and that this should only be used for saphenous vein. That is the only code that I have for endovenous laser therapy. Is that not the correct code for EVLT of a perforating vein?

Answer:
There is no code specifically for ablation, either RFA or laser, of the perforator veins. Some payors allow the use of
the existing ablation codes, 36475 or 36478 to report these procedures. To determine if your payors allow this, you need to check each payors coverage policies; local coverage determinations (LCDs) for Medicare or medical policies for private payors. These are available on their websites. Some payors do not specifically prohibit billing for perforators, however their written coverage policy states that ablation is covered for the saphenous vein, with the implication that these are the only veins covered. To ensure that you are billing these procedures correctly you need to check each payor’s written policy to determine if perforators are covered.

Endoscopic Vein Surgery

Question:

How is endoscopic ligation of perforator veins, subfascial, reported?

Answer:

This is reported as 37500, vascular endoscopy, surgical, with ligation of perforator veins, subfascial. Remember, surgical endoscopy always includes diagnostic endoscopy.