

Part B Insider (Multispecialty) Coding Alert

Coding: Code Confusion Hits Endovenous Ablation Therapy

Some payors accept S2130, others require unlisted code

An increasingly popular treatment for varicose veins has run into confusion because payors won't agree on which code to use for it.

According to the **Society for Interventional Radiology**, payors are split between three different codes when it comes to endovenous ablation therapy. This is a minimally invasive outpatient procedure in use for the past five years. The physician inserts a catheter using ultrasound imaging, and guides the ablation probe into the great saphenous vein. The physician applies anesthetic around the vein, then applies ultrasound, radiofrequency or laser energy to the inside of the vein, heating it and sealing it.

No two payors seem to agree on how to reimburse this procedure. Some Medicare carriers have issued local coverage determinations instructing providers to use unlisted code 37799. But many private insurers are accepting S2130 (radiofrequency ablation of refluxing saphenous vein) for radiofrequency ablation, and [CPT 37799 for](#) laser ablation. Some payors are reimbursing 37204 (transcatheter occlusion or embolization), but at least one carrier has started recouping

SIR anticipates the CPT editorial panel will take up this issue, and may issue new codes for CPT 2005.

"It's basically depending on the insurance company," says **Carolyn Artis**, coder with **Eastern Radiologists Inc.** in Greenville, NC. Her local Blue Cross plan prefers S2130, but some payors are also accepting 37204, which can be billed once per leg.

Cindy Wilkins, biller with **Valley Radiology and San Diego Endovascular Associates** in San Diego, says her clinic bills 37204, 75894, for radiological supervision and interpretation and 36011 for selective catheter placement, plus any codes that describe other services they've provided. But she says mostly younger patients seek out this service, so her clinic hasn't yet billed Medicare for it.

Part B carrier **HGS Administrators** recommends coding 37799 and says it'll cover laser ablation if a patient has already had a three month trial of "supportive therapy" including hose, leg elevation and weight reduction. HGSA also says the patient must be symptomatic and the varicosities must result in pain or burning, bulging veins, recurrent superficial phlebitis, bleeding or other symptoms.

Noridian also will cover the service under 37799 and consider it to have a 90-day global period.