

# 2024 Deep Venous Stenting Coding Guide

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Therapy	CPT®	Description
Venous Stenting	37238	Intravascular stent, initial vein
	+37239	Intravascular stent, each additional vein
Venous Catheter Placement	36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
	36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
IVUS	+37252	IVUS, noncoronary vessel; initial vessel
	+37253	IVUS, noncoronary vessel; each additional vessel
Venography	75820	Venography, extremity, unilateral
	75822	Venography, extremity, bilateral
	75825	Venography, caval, inferior, with serialography
Ultrasound Guidance & Duplex Ultrasound	+76937	Ultrasound guidance for vascular access
	93970	Duplex scan of extremity, complete bilateral study
	93971	Duplex scan of extremity, limited or unilateral study

## General Coding Notes for Venous Stenting

- The venous stenting codes are defined by vessel, not by stent. A single code is assigned when multiple stents are placed in the same vessel.
- When a single lesion extends across two vessels but is treated with “a single therapy”, only one code is used.
- When additional, different vessels are treated in the same session, add-on code +37239 should be used as appropriate.
- Angioplasty in the same vessel, before and after stent deployment, is included and not coded separately. However, angioplasty in a separate and distinct vessel may be reported separately.
- Catheterization is not included with the venous stenting codes and is coded separately.
- The venous stenting codes include all radiological S&I, completion imaging, and closure.
- Diagnostic venography can be coded separately with venous stent placement only when the venography is truly diagnostic.
- Intravascular ultrasound (IVUS) can be coded separately when performed.
- For further coding information, please contact the [Medtronic’s Cardiovascular Health Economics, Policy & Reimbursement](#) team.

## Example Diagnosis Codes

Therapy	ICD-10-CM	Description
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Notes: Payers may not approve claims that include unspecified codes.

Codes shown with dashes have additional digits to identify the anatomic site or complications. The complete code must be assigned for specificity and to pass edits.

Deep Vein Thrombosis	I82.4--	Acute embolism and thrombosis of deep veins of lower extremity
	I82.5--	Chronic embolism and thrombosis of deep veins of lower extremity
Post-thrombotic Syndrome *	I87.01-	Post-thrombotic syndrome with ulcer
	I87.02-	Post-thrombotic syndrome with inflammation
	I87.03-	Post-thrombotic syndrome with ulcer and inflammation
Venous Stenosis **	I87.1	Compression of vein
Severity of Ulcer	L97.--	Non-pressure chronic ulcer of lower limb

\*An additional code for site and severity of ulcer (L97.--) is assigned with I87.01- and I87.03-.

\*\*I87.1 is a complete code and is assigned for venous stenosis or stricture as well as May-Thurner syndrome.

## Example Place of Service Codes

11	Physician Office	22	On-Campus Outpatient Hospital
19	Off-Campus Outpatient Hospital	24	Ambulatory Surgical Center
21	Inpatient Hospital		

## Example HCPCS Codes and Modifiers

C1725	Catheter, transluminal angioplasty, non-laser (may include infusion/perfusion capability)	C1876	Stent, non-coated/non-covered, with delivery system
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26	Professional component	TC	Technical component
50	Bilateral procedure	51	Multiple procedures (50% reduction)
52	Reduced procedure	53	Discontinued procedure
59	Distinct procedural service		
XE	Distinct service - separate encounter	XP	Distinct service - different practitioner
XS	Distinct service - separate organ/structure	XU	Distinct service - unusual (eg, non-overlapping)

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Code descriptions have been abbreviated in this document. For specific AMA descriptions of current CPT® coding, please refer to the most recent version of the CPT® Coding Book.

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