

2024

Procedural Coding & Billing Guide



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**If you have additional questions, please reach out to our
Health Economics and Market Access Team at
reimbursement@inarimedical.com**

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Coding & Billing: Thrombectomy



2024 PROCEDURE CODING ¹		PHYSICIAN SERVICES ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ^{5,6}			
CPT® Code	Descriptions	In Hospital	In Office	In-Facility RVUs Work/Total ⁷	2024 ASC Payment ³	APC Category ⁴	2024 APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG	2024 MS-DRG Payment ⁶	
Pulmonary Embolism (PE)						Major Chest Procedures					
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel ¹⁰	\$411	\$1,645	8.41 / 12.55	\$10,116	APC 5194	\$16,725				
+37185	; second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure) ¹⁰	\$155	\$457	3.28 / 4.74	Pkgd	Comprehensive APC pkgd single payment for the primary procedure		02CP3ZZ - Extirpation of matter from pulmonary trunk, perc approach	163 w/ MCC 164 w/ CC 165 w/o MCC/CC	\$33,003 \$17,857 \$13,138	
+37186	Secondary percutaneous transluminal thrombectomy (e.g., nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure) ¹⁰	\$232	\$1,140	4.92 / 7.10				02CQ3ZZ - Extirpation of matter from R pulmonary artery, perc approach			02CR3ZZ - Extirpation of matter from L pulmonary artery, perc approach
Right Atrial Clot in Transit						Other Cardiothoracic Procedures					
33999	Unlisted procedure, cardiac surgery: Right heart thrombectomy/embolectomy.	Carrier Priced	N/A	Carrier Priced	N/A	N/A		02C63ZZ - Extirpation of RA 02CK3ZZ - Extirpation of RV	228 w/ MCC 229 w/o MCC	\$35,279 \$22,262	
Deep Vein Thrombosis (DVT)						Other Major Cardiovascular Procedures					
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance ¹⁰	\$375	\$1,626	7.78 / 11.45	\$7,269	APC 5193	\$10,493	06C03ZZ - Extirpation of matter, inferior vena cava, perc approach 06CC3ZZ - Extirpation of matter, R common iliac vein, perc approach 06CD3ZZ - Extirpation of matter, L common iliac vein, perc approach			
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy ¹⁰	\$268	\$1,393	5.46 / 8.19	\$2,568	APC 5183	\$3,040	06CF3ZZ - Extirpation of matter, R external iliac vein, perc approach 06CG3ZZ - Extirpation of matter, L external iliac vein, perc approach	270 w/ MCC 271 w/CC 272 w/o MCC/CC	\$35,406 \$24,199 \$17,080	
Level II HCPCS Code ⁸ (Outpatient)	C1757 - Catheter, thrombectomy/embolectomy C1894 - Introducer/Sheath G0269 - Placement of occlusive device into either a venous or arterial access site	No separate payment C-Codes used to capture utilization for procedures ⁸							06CM3ZZ - Extirpation of matter, R femoral vein, perc approach 06CN3ZZ - Extirpation of matter, L femoral vein, perc approach		

Coding & Billing: Thrombectomy



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Peripheral Venous								Other Major Vascular Procedures (252-254) Other Major Cardiovascular Procedures (270-272)			
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$375	\$1,626	7.78 / 11.45	\$7,269	APC 5193	\$10,493	05C_3ZZ: Extirpation of Matter from _____ Upper Vein (e.g., Basilic Vein, Cephalic Vein, etc.) Percutaneous Approach	252 w/MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148	
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit , any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	\$351	\$1,740	7.50 / 10.72	\$3,223	APC 5192	\$5,452	05WY3JZ: Revision of Synthetic Tissue Substitute in Upper Vein Percutaneous Approach			
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit , any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty , peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$421	\$2,189	9.0 / 12.87	\$6,106	APC 5193	\$10,493	05C53ZZ: Extirpation of Matter from Right Subclavian Vein, Percutaneous Approach 05C63ZZ: Extirpation of Matter from Left Subclavian Vein, Percutaneous Approach	270 w/ MCC 271 w/ CC 272 w/o MCC/CC	\$35,406 \$24,199 \$17,080	
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit , any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s) , peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	\$487	\$5,189	10.42 / 14.86	\$11,288	APC 5194	\$16,725	06C_ ZZ: Extirpation of Matter from _____ Vein (e.g., Lower Vein, Femoral Vein) Percutaneous Approach			
Peripheral Arterial								Other Major Vascular Procedures (252-254) Other Major Cardiovascular Procedures (270-272)			
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$411	\$1,645	8.41 / 12.55	\$10,116	APC 5194	\$16,725	03C_ 3ZZ: Extirpation of Matter from Upper Extremity Arteries (Except Subclavian), Percutaneous Approach	252 w/MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148	
+37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	\$155	\$457	3.28 / 4.74	Pckgd	N/A	Pckgd	04WY37Z: Revision of Autologous Tissue Substitute in Lower Artery, Percutaneous Approach			
+37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	\$232	\$1,140	4.92 / 7.10	Pckgd	N/A	Pckgd	03C33ZZ: Extirpation of Matter from Right Subclavian Artery, Percutaneous Approach 03C43ZZ: Extirpation of Matter from Left Subclavian Artery, Percutaneous Approach 04C_ _ Z: Extirpation of Matter from specify which lower extremity arteries, Percutaneous Approach	270 w/ MCC 271 w/ CC 272 w/o MCC/CC	\$35,406 \$24,199 \$17,080	

Mechanical Thrombectomy

- Code(s) for catheter placement(s), diagnostic studies, and other percutaneous interventions (e.g., transluminal balloon angioplasty, stent placement) provided are separately reportable, unless for lower extremity revascularization.
- Current Procedural Terminology (CPT®) codes 37184–37188 specifically include intraprocedural fluoroscopic radiological supervision and interpretation services for guidance of the procedure.
- Intraprocedural injection(s) of a thrombolytic agent is an included service and not separately reportable in conjunction with mechanical thrombectomy. However, subsequent, or prior continuous infusion of a thrombolytic is not an included service.
- Effective January 1, 2017, providers performing moderate sedation for mechanical thrombectomy (CPT 37184–37188) can now separately report new moderate sedation codes (CPT 99152–99157) with proper medical documentation.

Arterial Mechanical Thrombectomy (non-coronary/non-intracranial)

- CPT® code 37184 describes primary mechanical thrombectomy for the initial vessel treated within a vascular family. CPT® 37185 is used for second or all subsequent vessel(s) within the same vascular family. For a mechanical thrombectomy of an additional vascular family treated through a separate access site, modifier 59 along with CPT® 37184, 37185 is most appropriate.
- DO NOT report CPT® 37184–37185 for mechanical thrombectomy performed for the retrieval of short segments of thrombus or embolus evident during other percutaneous interventional procedures (see CPT® 37186)
- Secondary mechanical thrombectomy is reported using CPT® 37186. DO NOT report CPT® 37186 in conjunction with CPT® 37184, 37185.

Venous Mechanical Thrombectomy

- CPT® 37187 is used to report venous mechanical thrombectomy, either by itself or in conjunction with other percutaneous interventions. In certain circumstances, it may be necessary to repeat venous mechanical thrombectomy during the course of thrombolytic therapy. CPT® code 37188 is used to report “repeat” venous mechanical thrombectomy on a subsequent day during the course of pharmacological thrombolysis. Any additional percutaneous interventions can be separately reported.
- Fluoroscopy is considered an inclusive service in arterial & venous thrombectomy, therefore, DO NOT report CPT® 37187, 37188 in conjunction with CPT® 76000, 76001, or 96375.
- Report CPT® 37212-37214 once per date of treatment DO NOT report CPT® 37212-37214 with 75898.

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- If there is no NCCI edit for a code pair, then modifier 51 is appended to the additional procedure code(s) with a global period of 000, 010, or 090 when multiple procedures are performed by the same surgeon in the same operative session. Do not append modifier 51 to add-on codes that have a “ZZZ” global assignment. Surgeons can expect to get reimbursed 100 percent for the first procedure and 50 percent for the second through fifth procedures per Medicare’s Multiple Procedure Payment Reduction (MPPR) policy. If more than five different procedures are performed, an operative report will need to be submitted for payment of all the procedures. This situation occurs most frequently when billing for trauma care.

ICD-10-CM Diagnosis Codes: Thrombectomy

Disease Category	ICD-10 CM Diagnosis Code Category (*Not an all-inclusive list)	ICD-10 CM Code Description	Notes
Pulmonary Embolism (PE) Thrombectomy	*I26.XX	Pulmonary Embolism	*Specify type of pulmonary embolism with acuity
Right Atrial Thrombectomy	I51.3	Intracardiac thrombosis, not elsewhere classified	Intracardiac thrombosis, not elsewhere classified
Deep Vein Thrombosis (DVT) Thrombectomy	*I82.XXX	Other venous embolism and thrombosis	*Specify acute/chronic, laterality along with the specific location of the clot
Peripheral Venous Thrombectomy	*I82.XXX	Other venous embolism and thrombosis	*Specify acute/chronic, laterality along with the specific location of the clot
	*T82.XXXX	Complications of cardiac and vascular prosthetic devices, implants and grafts	*Specify type of complication along with the location of the clot
Peripheral Arterial Thrombectomy	I73.9	Peripheral vascular disease, unspecified	Peripheral vascular disease, unspecified
	*I74.X	Arterial embolism and thrombosis	*Specify Location of clot/embolism - Laterality & Vessel
	*I75.XXX	Atheroembolism	*Specify Location of clot/embolism - Laterality & Vessel

Coding & Billing: Additional Procedures Performed



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Angiography/Venography										
75710	Angiography, extremity, unilateral, radiological supervision, and interpretation	\$80	\$147	1.75 / 2.43	Pkgd	APC 5183	\$3,040	B31__ZZ B41__ZZ	Varies by Diagnosis	Varies by DRG
75716	Angiography, extremity, bilateral, radiological supervision, and interpretation	\$89	\$160	1.97 / 2.72	Pkgd					
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	\$90	\$167	2.05 / 2.76	Pkgd	APC 5184	\$5,241	B31__ZZ B41__ZZ		
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	\$50	\$141	1.14 / 1.53	Pkgd					
75741	Angiography, pulmonary, unilateral, selective, radiological supervision, and interpretation	\$58	\$127	1.31 / 1.77	Pkgd	APC 5183	\$3,040	B32T_ZZ BB24_ZZ		
75743	Angiography, pulmonary, bilateral, selective, radiological supervision, and interpretation	\$74	\$145	1.66 / 2.26	Pkgd					
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision, and interpretation	\$51	\$132	1.14 / 1.55	\$81	APC 5183	\$3,040	B32S_ZZ B32T_ZZ		
+75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision, and interpretation (List separately in addition to code for primary procedure)	\$45	\$95	1.01 / 1.36	Pkgd	Comprehensive APC pkgd single payment for the primary procedure		B31__ZZ B41__ZZ		
75820	Venography, extremity, unilateral, radiological supervision, and interpretation	\$47	\$106	1.05 / 1.45	Pkgd	APC 5182	\$1,528	B51B___ B51C___		
75822	Venography, extremity, bilateral, radiological supervision, and interpretation	\$66	\$131	1.48 / 2.03	\$64	APC 5182	\$1,528	B51D___		
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	\$51	\$112	1.14 / 1.57	Pkgd	APC 5183	\$3,040	B519___		
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	\$52	\$117	1.14 / 1.58	Pkgd	APC 5182	\$1,528	B518___		
Non-Coronary IVUS										
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, incl radiological S&I; initial non-coronary vessel (list separately in addition to code for primary procedure)	\$85	\$912	1.8 / 2.59	Pkgd	Comprehensive APC pkgd single payment for the primary procedure		B54_ZZ3	Varies by Diagnosis	Varies by DRG
+37253	Each additional non-coronary vessel (list separately in addition to code for primary procedure)	\$67	\$168	1.44 / 2.06						
Ultrasound Guidance										
+76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real time ultrasound visualization of vascular needle entry, with permanent recording and reporting	\$13	\$38	0.30 / 0.41	Pkgd	Comprehensive APC pkgd single payment for the primary procedure		B54_ZZA	Varies by Diagnosis	Varies by DRG

Coding & Billing: Additional Procedures Performed



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Venous Duplex Scans										
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	\$32	\$184	0.70 / 0.97	N/A	APC 5523	\$234	B54DZZ3 B54PZZ3	Varies by Diagnosis	Varies by DRG
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	\$20	\$171	0.45 / 0.62		APC 5522	\$105	B54BZZ3 B54CZZ3 B54MZZ# B54NZZ3		
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	\$37	\$177	0.80 / 1.12		APC 5523	\$234	B240ZZ3 B241ZZ3 B340ZZ3 B549ZZ3		
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	\$23	\$116	0.50 / 0.70		APC 5522	\$105	B240ZZ3 B241ZZ3 B340ZZ3 B549ZZ3		
Arterial Duplex Scans										
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	\$36	\$236	0.80 / 1.11	N/A	APC 5523	\$234	B44FZZ3 B44GZZ3 B44HZZ3	Varies by Diagnosis	Varies by DRG
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	\$22	\$141	0.50 / 0.68		APC 5522	\$105	B44FZZ3 B44GZZ3 B44HZZ3		
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$37	\$194	0.80 / 1.12		APC 5523	\$234	B34HZZ3 B34JZZ3 B34KZZ3		
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$23	\$121	0.50 / 0.69		APC 5522	\$105	B34HZZ3 B34JZZ3 B34KZZ3		
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	\$23	\$144	0.50 / 0.69		APC 5522	\$105	B34HZZ3 B34JZZ3 B44FZZ3 B44GZZ3 B54BZZ3 B54CZZ3 B54MZZ3 B54NZZ3		
Diagnostic Catheterization										
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$125	\$835	2.47 / 3.81	\$1,633	APC 5191	\$3,108	B214_ZZ	Varies by Diagnosis	Varies by DRG
+93566	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	\$25	\$25	0.50 / 0.76	Pkgd	Comprehensive APC pkgd single payment for the primary procedure		3E073KZ		

Coding & Billing: Additional Procedures Performed



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Diagnostic Catheterization Continued										
+93568	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	\$45	\$45	0.88 / 1.36	Pkgd	Comprehensive APC pkgd single payment for the primary procedure		3E083KZ	Varies by Diagnosis	Varies by DRG
+93569	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for pulmonary arterial angiography, unilateral selective	\$36	\$36	0.78 / 1.11				3E083KZ		
+93573	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for pulmonary arterial angiography, bilateral selective	\$60	\$60	1.30 / 1.84				3E083KZ		
Selective Catheter Placement										
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	\$46	\$245	0.95 / 1.41	Pkgd	Comprehensive APC pkgd single payment for the primary procedure		06H__Z	Varies by Diagnosis	Varies by DRG
36010	Introduction of catheter, superior or inferior vena cava	\$104	\$521	2.18 / 3.16				06H00DZ		
36011	Selective catheter placement, venous system; first order branch (e.g., renal vein, jugular vein)	\$149	\$770	3.14 / 4.56				05H__Z		
36012	Second order, or more selective, branch (e.g., left adrenal vein, petrosal sinus)	\$166	\$804	3.51 / 5.07				05H__Z		
36013	Introduction of catheter, right heart or main pulmonary artery	\$120	\$753	2.52 / 3.67				02H_3_Z		
36014	Selective catheter placement, left or right pulmonary artery	\$144	\$756	3.02 / 4.41				02H_3_Z		
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	\$163	\$812	3.51 / 4.99				0BH__Z		
36140	Introduction of needle or intracatheter, upper or lower extremity artery.	\$85	\$494	1.76 / 2.60				03H_3_Z 04H_3_Z		
36200	Introduction of catheter, aorta	\$133	\$572	2.77 / 4.07				02H_3_Z		
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$203	\$1,000	4.17 / 6.21				03H233Z		
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$261	\$1,030	5.27 / 7.97				03H333Z		
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$320	\$1,751	6.29 / 9.78				03H733Z		
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic, or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	\$50	\$204	1.01 / 1.54				03H333Z		
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$225	\$1,195	4.65 / 6.88				03H333Z		
36246	initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family.	\$242	\$805	5.02 / 7.38				04H_3_Z		
36481	Percutaneous portal vein catheterization by any method	\$310	\$1,662	6.73 / 9.47	06H8__Z					
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	\$82	\$208	1.75 / 2.49	\$1,548	APC 5183	\$3,040	06H0__Z		
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	\$250	\$769	4.59 / 7.63				06H0__Z		

Coding & Billing: Additional Procedures Performed



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CPT® Code	Descriptions	In Hospital	In Office	In-Facility RVUs Work/Total ⁷	2024 ASC Payment ³	APC Category ⁴	2024 APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG	2024 MS-DRG Payment ⁶
Selective Catheter Placement Continued										
36247	Initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family.	\$285	\$1,367	6.04 / 8.69	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	\$5,452	04H_3_Z	Varies by Diagnosis	Varies by DRG
+36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	\$46	\$112	1.01 / 1.40						
Lower Extremity Revascularization										
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$381	\$2,411	7.90 / 11.64	\$3,275	APC 5192	\$5,452	047_3D1 047_0D1	252 w/ MCC 253 w/ CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	\$176	\$595	3.73 / 5.38	Pkgd	Comprehensive APC pkgd single payment for the primary procedure				
37221	With transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$469	\$2,960	9.75 / 14.34	\$6,772	APC 5193	\$10,493	047_3D1 047_0D1	252 w/ MCC 253 w/ CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+37223	With transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$202	\$1,221	4.25 / 6.16	Pkgd	Comprehensive APC pkgd single payment for the primary procedure		047_3DZ 047_0DZ	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	\$424	\$2,804	8.75 / 12.94	\$3,452	APC 5192	\$5,452	047_3D1 047_0D1	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
37225	With atherectomy, includes angioplasty within the same vessel, when performed	\$570	\$8,405	11.75 / 17.41	\$11,695	APC 5194	\$16,725	047_3DZ	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$494	\$7,785	10.24 / 15.09	\$7,029	APC 5193	\$10,493	047_3DZ 047_0DZ	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$682	\$10,732	10.25 / 20.83	\$11,873	APC 5194	\$16,725	047_3DZ 047_0DZ	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$515	\$3,973	10.75 / 15.73	\$6,333	APC 5193	\$10,493	047_3D1 047_0D1	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$660	\$8,552	13.80 / 20.15	\$11,096	APC 5194	\$16,725	047_3D1 047_0D1	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148

Coding & Billing: Additional Procedures Performed



2024 PROCEDURE CODING ¹		PHYSICIAN SERVICES ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ^{5,6}		
CPT® Code	Descriptions	In Hospital	In Office	In-Facility RVUs Work/Total ⁷	2024 ASC Payment ³	APC Category ⁴	2024 APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG	2024 MS-DRG Payment ⁶
Lower Extremity Revascularization Continued										
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$660	\$8,565	13.55 / 20.16	\$10,735	APC 5194	\$16,725	047_3DZ 047_0DZ	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$699	\$11,309	14.75 / 21.35	\$11,981	APC 5194	\$16,725	047_3DZ 047_0DZ	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	\$190	\$790	4.00 / 5.79	Pkgd	Comprehensive APC pkgd single payment for the primary procedure		047_3D1 047_0D1	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$306	\$1,015	6.50 / 9.36	Pkgd			047_3D1 047_0D1	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$268	\$3,493	5.50 / 8.18	Pkgd			047_3DZ 047_0DZ	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$350	\$3,794	7.80 / 10.69	Pkgd			047_3DZ 047_0DZ	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
0238T	Iliac artery, each vessel [Atherectomy]	Carrier Priced	Carrier Priced	N/A	\$9,910			APC 5194	\$16,725	04C___6 04C___Z
Arterial Stenting										
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	\$420	\$2,642	8.75 / 12.84	\$6,615	APC 5193	\$10,493	027_3_Z 027_3_6 037_3_Z 037_3_6 047_3_Z	252 w/ MCC 253 w/ CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+37237	; each additional artery (List separately in addition to code for primary procedure)	\$201	\$1,242	4.25 / 6.15	Pkgd	Comprehensive APC pkgd single payment for the primary procedure				

Coding & Billing: Additional Procedures Performed



2024 PROCEDURE CODING ¹		PHYSICIAN SERVICES ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ^{5,6}		
CPT® Code	Descriptions	In Hospital	In Office	In-Facility RVUs Work/Total ⁷	2024 ASC Payment ³	APC Category ⁴	2024 APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG	2024 MS-DRG Payment ⁶
Balloon Angioplasty (Arterial)										
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	\$332	\$1,746	7.00 / 10.14	\$3,280	APC 5192	\$5,452	037_3D1 047_3D1	252 w/ MCC 253 w/CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	\$165	\$568	3.50 / 5.05	Pkgd	Comprehensive APC pkgd single payment for the primary procedure				
Venous Stenting										
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed, initial vein	\$293	\$3,316	6.04 / 8.94	\$6,699	APC 5193	\$10,493	057_3D1 067_3D1	252 w/ MCC 253 w/ CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	\$143	\$1,657	2.97 / 4.38	Pkgd	Comprehensive APC pkgd single payment for the primary procedure		057_3DZ 067_3DZ	252 w/ MCC 253 w/ CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
Balloon Angioplasty (Vein)										
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	\$283	\$1,302	6.0 / 8.65	\$2,526	APC 5192	\$5,452	057_3D1 067_3D1	252 w/ MCC 253 w/ CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+37249	; each additional vein (List separately in addition to code for primary procedure)	\$139	\$426	2.97 / 4.24	Pkgd	Comprehensive APC pkgd single payment for the primary procedure				
IVC Filters										
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance (ultrasound and fluoroscopy), when performed	\$210	\$1,938	4.46 / 6.42	N/A	APC 5184	\$5,140	06H03DZ 02HV3DZ	Varies by Diagnosis	Varies by DRG
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation, intraprocedural roadmapping and imaging guidance (ultrasound and fluoroscopy), when performed. Do not report 37192 w/ 37191.	\$329	\$1,235	7.10 / 10.05	\$1,940	APC 5183	\$2,979			
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed.	\$330	\$1,441	7.10 / 10.09	\$1,548	APC 5183	\$2,979			

Coding & Billing: Additional Procedures Performed



2024 PROCEDURE CODING ¹		PHYSICIAN SERVICES ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ^{5,6}		
CPT® Code	Descriptions	In Hospital	In Office	In-Facility RVUs Work/Total ⁷	2024 ASC Payment ³	APC Category ⁴	2024 APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG	2024 MS-DRG Payment ⁶
Dialysis Circuit										
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report	\$160	\$681	3.36 / 4.90	\$554	APC 5182	\$1,528	Imaging Upper Arteries B30_ ZZ B31_ ZZ	Varies by Diagnosis	Varies by DRG
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$229	\$1,163	4.83 / 6.99	\$2,526	APC 5192	\$5,452	Dilation 037_3ZZ (Artery)	252 w/ MCC 253 w/ CC 254 w/o CC/MCC	\$23,482 \$17,862 \$12,148
								Dilation 067_3ZZ (Vein)	673 w/ MCC 674 w/ CC 675 w/o MCC/CC	\$25,892 \$16,679 \$11,108
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s) peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	\$301	\$4,076	6.39 / 9.19	\$6,931	APC 5193	\$10,493	Dilation 037_3_Z (Artery)	252 w/ MCC 253 w/ CC 254 w/o CC/MCC	\$23,482 \$17,862 \$12,148
								Dilation 067_3DZ (Vein)	673 w/ MCC 674 w/ CC 675 w/o MCC/CC	\$23,969 \$16,679 \$11,108
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	\$351	\$1,740	7.50 / 10.72	\$3,223	APC 5192	\$5,452	05WY3JZ (Revision) 03C_3ZZ (Extirpation)	252 w/ MCC 253 w/ CC 254 w/o CC/MCC	\$23,482 \$17,862 \$12,148
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$421	\$2,189	9.00 / 12.87	\$6,106	APC 5193	\$10,493	05WY3JZ (Revision) 03C_3ZZ (Extirpation)	252 w/ MCC 253 w/ CC 254 w/o CC/MCC	\$23,482 \$17,862 \$12,148

Coding & Billing: Additional Procedures Performed



2024 PROCEDURE CODING ¹		PHYSICIAN SERVICES ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ^{5,6}		
CPT® Code	Descriptions	In Hospital	In Office	In-Facility RVUs Work/Total ⁷	2024 ASC Payment ³	APC Category ⁴	2024 APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG	2024 MS-DRG Payment ⁶
Dialysis Circuit Cont.										
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	\$487	\$5,189	10.42 / 14.86	\$11,288	APC 5194	\$16,725	05WY3JZ (Revision) 03C_3ZZ (Extirpation)	252 w/ MCC 253 w/ CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	\$139	\$567	3.00 / 4.25	N/A	Comprehensive APC pkgd single payment for the primary procedure		037_3ZZ (Dilation) (Artery) 057_3ZZ (Dilation) (Vein)	252 w/ MCC 253 w/ CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	\$197	\$1,360	4.25 / 6.03	N/A			037_3_Z (Dilation) (Artery) 057_3_Z (Dilation) (Vein)	252 w/ MCC 253 w/ CC 254 w/o MCC/CC	\$23,482 \$17,862 \$12,148
+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 (List separately in addition to code for primary procedure)	\$192	\$1,818	4.12 / 5.85	N/A			05L_3_Z (Upper Vein) 06L_3_Z (Lower Vein)	Varies by diagnosis	Varies by DRG's

Coding & Billing: Additional Procedures Performed



2024 PROCEDURE CODING ¹		PHYSICIAN SERVICES ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ^{5,6}		
CPT® Code	Descriptions	In Hospital	In Office	In-Facility RVUs Work/Total ⁷	2024 ASC Payment ³	APC Category ⁴	2024 APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG	2024 MS-DRG Payment ⁶
TIPS Procedure (Transhepatic Shunts)										
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	\$774	N/A	16.97 / 23.63	N/A	Comprehensive APC pkgd single payment for the primary procedure		0618_06H83DZ 06H43DZ	Varies by Diagnosis	Varies by DRGs
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	\$355	\$5,572	7.74 / 10.85	N/A	APC 5192	\$5,452	0618_06H83DZ 06H43DZ 06WY3DZ 06PY3DZ		
Embolization										
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	\$407	\$4,442	8.75 / 12.43	\$6,108	APC 5193	\$10,493	Occlusion (Vein) 05L_3DZ 06L_3DZ	Varies by Diagnosis	Varies by DRGs
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (e.g., congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	\$453	\$6,789	9.80 / 13.85	\$11,286	APC 5194	\$16,725	Occlusion (Artery) 03L_3DZ 04L_3DZ		

Coding & Billing: Additional Procedures Performed



2024 PROCEDURE CODING ¹		PHYSICIAN SERVICES ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ^{5,6}		
CPT® Code	Descriptions	In Hospital	In Office	In-Facility RVUs Work/Total ⁷	2024 ASC Payment ³	APC Category ⁴	2024 APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG ^{5,6}	2024 MS-DRG Payment ⁶
Moderate Sedation										
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age >5 years	\$12	\$49	0.25 / 0.36	Pkgd	Comprehensive APC pkgd single payment for the primary procedure		3E033NZ	Varies by Diagnosis	Varies by DRGs
+99153	; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	N/A	\$11	N/A				3E033NZ		
Catheter Directed Thrombolysis – not to be used intraprocedurally with codes 37184-37188										
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	\$369	N/A	7.75 / 11.28	\$3,658	APC 5184	\$5,241	3E05317 3E06317 02F_3Z_		
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$322	N/A	6.81 / 9.83	\$1,964	APC 5183	\$3,040	3E04317 3E03317 06F_3Z_ 05F_3Z_	173 Ultrasound Accelerated And Other Thrombolysis w/Principal Dx Pulmonary Embolism	\$21,530
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed	\$220	N/A	4.75 / 6.72	N/A				278 Ultrasound Accelerated and Other Thrombolysis of Peripheral Vascular Structures w/MCC	\$31,230
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including cessation of thrombolysis including removal of catheter and vessel closure by any method	\$116	N/A	2.49 / 3.55	N/A				279 Ultrasound Accelerated and Other Thrombolysis of Peripheral Vascular Structures w/o MCC	\$22,409

Inpatient: FY2024 IPPS MS-DRG Payments For Inari Medical Mechanical Thrombectomy and Alternative Modalities ⁶



MS-DRG	MS-DRG Title	FY2024 Payment	FY2023 Payment	Type
163	MAJOR CHEST PROCEDURES WITH MCC	\$33,003	\$33,226	SURG
164	MAJOR CHEST PROCEDURES WITH CC	\$17,857	\$17,716	SURG
165	MAJOR CHEST PROCEDURES WITHOUT CC/MCC	\$13,138	\$13,218	SURG
173	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	\$21,530	N/A	SURG
175	PULMONARY EMBOLISM WITH MCC OR ACUTE COR PULMONALE	\$9,823	\$9,581	MED
176	PULMONARY EMBOLISM WITHOUT MCC	\$5,711	\$5,608	MED
228	OTHER CARDIOTHORACIC PROCEDURES WITH MCC	\$35,279	\$33,806	SURG
229	OTHER CARDIOTHORACIC PROCEDURES WITHOUT MCC	\$22,262	\$22,643	SURG
252	OTHER VASCULAR PROCEDURES WITH MCC	\$23,482	\$22,933	SURG
253	OTHER VASCULAR PROCEDURES WITH CC	\$17,862	\$18,342	SURG
254	OTHER VASCULAR PROCEDURES WITHOUT CC/MCC	\$12,148	\$12,543	SURG
270	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITH MCC	\$35,406	\$35,070	SURG
271	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITH CC	\$24,199	\$23,897	SURG
272	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITHOUT CC/MCC	\$17,080	\$17,810	SURG
278	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES W/MCC	\$31,230	N/A	SURG
279	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES W/O MCC	\$22,409	N/A	SURG
299	PERIPHERAL VASCULAR DISORDERS WITH MCC	\$11,036	\$10,550	MED
300	PERIPHERAL VASCULAR DISORDERS WITH CC	\$7,471	\$7,073	MED
301	PERIPHERAL VASCULAR DISORDERS WITHOUT CC/MCC	\$4,970	\$4,913	MED

Outpatient: CY2024 OPSS Ambulatory Payment Classification (APC) Categories⁴



C-APC	C-APC Payment Rate	CY2024 APC Group Title	HCPCS/CPT® Codes
5181	\$599	Level 1 Vascular Procedures	32552, 32554, 32555, 32560, 32561, 32562, 32960, 32999, 33999, 34471, 36002, 36572, 36575, 36589, 37501, 37799, 75801, 75872, 75880, 0415T
5182	\$1,528	Level 2 Vascular Procedures	32551, 32557, 33016, 35180, 36568, 36569, 36573, 36576, 36580, 36584, 36590, 36596, 36597, 36860, 36901, 75803, 75820, 75822, 75827, 93503
5183	\$3,040	Level 3 Vascular Procedures	30915, 30920, 33215, 33226, 33275, 34421, 34490, 34530, 35184, 35206, 35207, 35231, 35261, 35860, 35903, 36221, 36222, 36225, 36251, 36252, 36254, 36473, 36475, 36478, 36555, 36556, 36558, 36560, 36561, 36565, 36570, 36571, 36578, 36581, 36582, 36585, 36595, 36640, 36810, 36821, 36835, 37188, 37192, 37193, 37197, 37212, 37213, 37214, 37565, 37600, 37605, 37606, 37607, 37615, 37650, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 49422, 49429, 75600, 75625, 75630, 75710, 75716, 75731, 75733, 75741, 75743, 75746, 75756, 75805, 75807, 75810, 75825, 75831, 75833, 75840, 75860, 75870, 75885, 75887, 75889, 75891, 75898, 93505, 0524T
5184	\$5,241	Level 4 Vascular Procedures	34101, 34111, 34201, 34203, 34501, 34510, 34520, 35011, 35045, 35188, 35190, 35201, 35236, 35256, 35266, 35286, 35321, 35875, 35876, 35879, 35881, 35883, 35884, 36223, 36224, 36226, 36253, 36260, 36482, 36557, 36563, 36566, 36583, 36800, 36815, 36818, 36819, 36820, 36825, 36830, 36831, 36832, 36833, 36838, 36861, 37191, 37200, 37211, 37500, 37619, 49419, 75605, 75705, 75726, 75736, 75842, 75893
5191	\$3,108	Level 1 Endovascular Procedures	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533
5192	\$5,452	Level 2 Endovascular Procedures	36902, 36904, 37183, 37220, 37224, 37246, 37248, 92920, 92986, 0338T, 0339T, C9764, 0644T
5193	\$10,493	Level 3 Endovascular Procedures	36903, 36905, 37187 , 37221, 37225, 37226, 37228, 37236, 37238, 37241, 37242, 37243, 37244, 61623, 61626, 92924, 92928, 92937, 92943, 92987, 92990, 92997, 0234T, 0236T, 0237T, 0505T, C9600, C9604, C9765, C9766, G2170
5194	\$16,725	Level 4 Endovascular Procedures	33274, 36836, 36837, 36906, 37184, 37227, 37229, 37230, 37231, 92933, 93580, 93581, 93582, 93590, 93591, 0238T, 0620T, 0X22T, C9602, C9607, C9767, G2171
5231	\$22,482	Level 1 ICD and Similar Procedures	33230, 33240, 33262, 33263, 0408T, 0409T, 0414T, 0515T, 0520T, 0614T
5232	\$31,379	Level 2 ICD and Similar Procedures	33231, 33249, 33264, 33270, 0571T
5341	\$3,300	Abdominal/Peritoneal/Biliary and Related Procedures	32550, 44950, 47490, 47531, 47532, 47533, 47534, 47535, 47536, 47541, 47552, 47553, 47555, 49250, 49402, 49418, 49421, 49426, 49492, 49495, 49496, 49500, 49501, 49505, 49507, 49520, 49521, 49525, 49550, 49553, 49555, 49557, 49560, 49561, 49570, 49572, 49580, 49582, 49585, 49587, 49590, 49600, 54530, 54550, 54640, 54650, 55040, 55041, 55535, 55540

Comprehensive Ambulatory Payment Classifications (C-APCs)



(Calendar Year January 1, 2024 – December 31, 2024)

Beginning in Calendar Year 2015, Centers for Medicare & Medicaid Services (CMS) implemented the comprehensive APCs (C-APCs) payment packaging policy. The C-APC payments for covered services, drugs, and supplies under a primary service are designated by a “J1” status indicator. CMS utilizes C-APCs to provide a single all-inclusive payment for the primary service performed with no separate reimbursement for additional services and supplies used during the delivery of the primary service. CMS groups procedures within C-APCs based on clinical and resource utilization similarities. The table below displays the CY 2023 APC family for Endovascular Procedures.

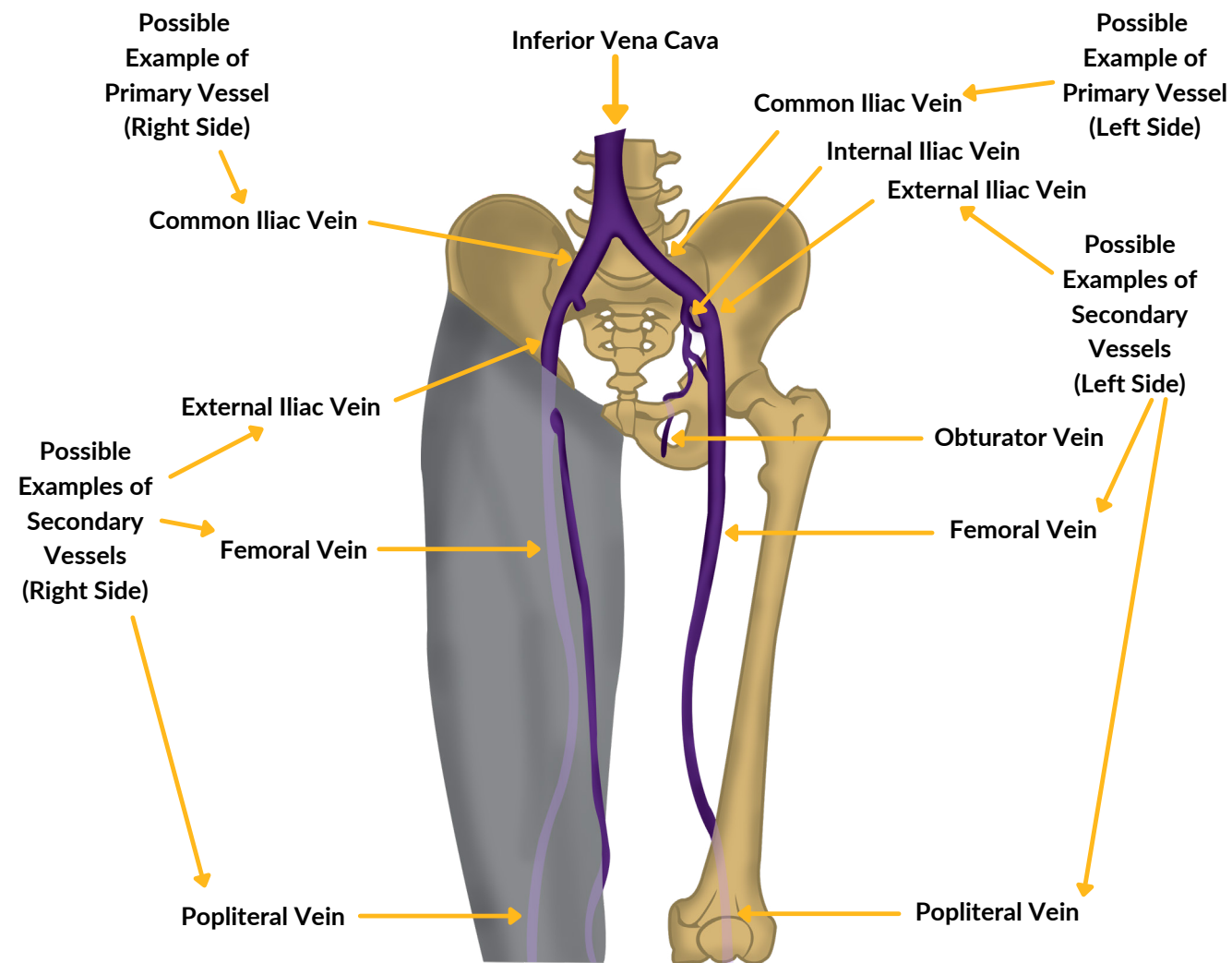
APC	Group Title	SI	Payment Rate
5193	Level 3 Endovascular Procedures	J1	\$10,493
5194	Level 4 Endovascular Procedures	J1	\$16,725

Qualifying Complexity Adjustments

As discussed in the CY 2024 Outpatient Prospective Payment System Final Rule, CMS provides increased payment for certain comprehensive services, which is called the “complexity adjustment”. CMS implements the complexity adjustment when a qualifying code combination represents a complex and costly form of the primary service that also meets certain frequency and cost criteria thresholds.¹¹ Under the CY2024 OPPTS Final Rule, CMS has identified certain code combinations related to venous mechanical thrombectomy that qualify for a complexity adjustment.¹²

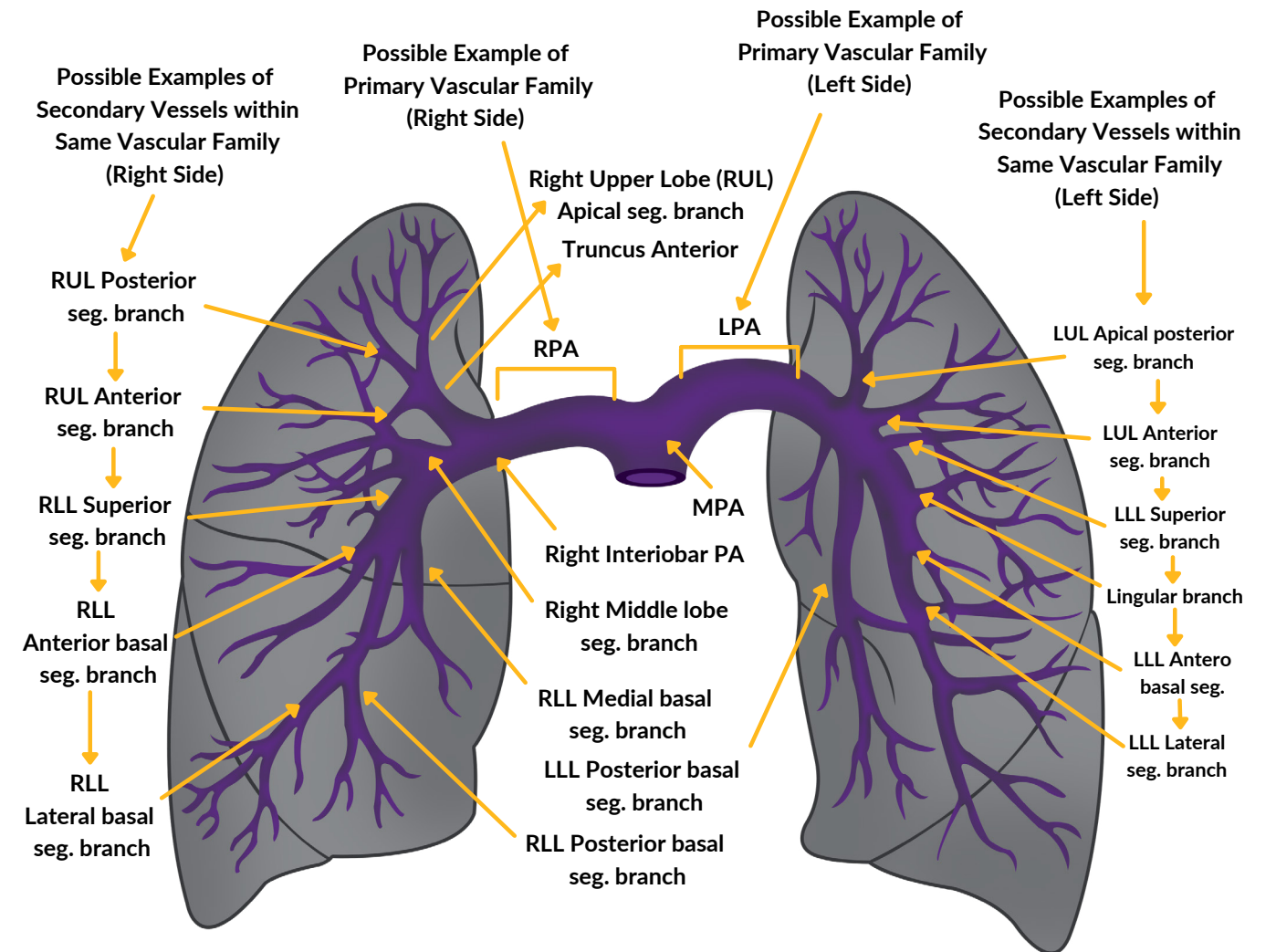
Primary HCPCS Code	Primary Short Descriptor	Primary SI	Primary APC Assignment	Secondary J1 or Add-on HCPCS Code	Secondary Short Descriptor	Secondary SI	Secondary APC Assignment	Complexity Adjusted APC Assignment
37187	Venous mech thrombectomy	J1	5193	37238	Open/perq place stent same	J1	5193	5194
37187	Venous mech thrombectomy	J1	5193	37248	Trluml balo angiop 1st vein	J1	5193	5194

Lower Venous Anatomy



*MS-DRG's 270 - 272
Other Major Cardiovascular Procedures

Pulmonary Arterial Anatomy



*MS-DRG's 163 - 165
Major Chest Procedures

Drawings for Illustrative Purposes Only - Not to be Used for Diagnosis or Treatment

Final DRG Mapping for inpatient Coding is based on principal admission diagnosis, primary procedure performed, and patient's secondary MCC's or CC's, as documented

Key Elements of Documentation & Procedure Checklist



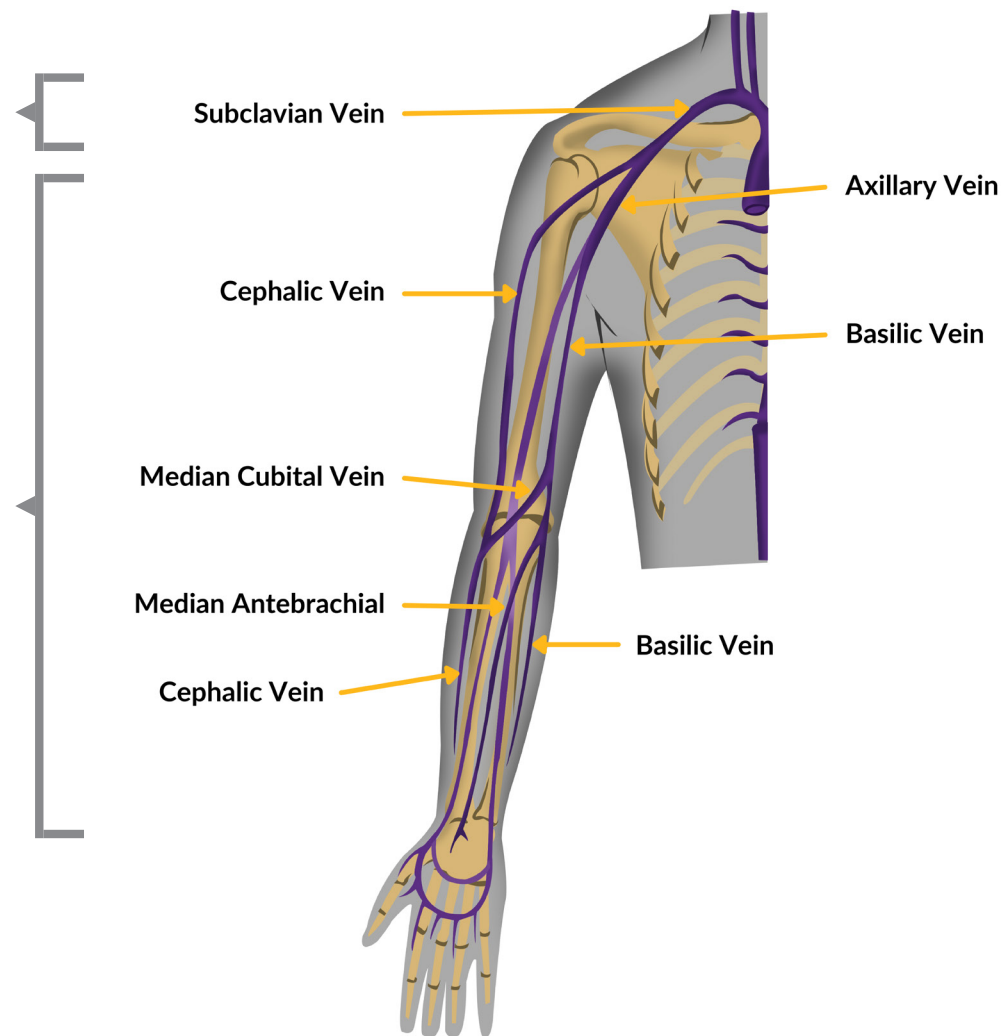
Admission Status 2 midnight & formal admission order required for inpatient		Procedure & Approach Percutaneous transluminal mechanical thrombectomy		Root Operation Extirpation of Matter (removal of thrombus) using FlowTrieve® or ClotTrieve®			
Anatomy & Sequence Sequential catheter placement with laterality & precise vessel		MCCs & CCs Comorbidities or complications of patient impacting your MDM		Additional Procedures Common ancillary services for consideration below			
Case considerations:	Notes:	CPT® Code	Work RVUs	Case considerations:	Notes:	CPT® Code	Work RVUs
<input type="checkbox"/> Will this patient be inpatient, outpatient or observation? Admission order?				<input type="checkbox"/> Initial catheter placement: laterality and specific vessel			
<input type="checkbox"/> Medical necessity & conditions or complications impacting your case planning or MDM:				<input type="checkbox"/> Was there intra-procedure or post procedure imaging and if so why/for what purpose?			
<input type="checkbox"/> Type of Procedure: (PE/DVT/ Clot in Transit)				<input type="checkbox"/> Subsequent catheter placement: laterality and specific vessel			
<input type="checkbox"/> Was pre-procedure imaging used and if so for what purpose?				<input type="checkbox"/> Subsequent catheter placement: laterality and specific vessel			
<input type="checkbox"/> Anesthesia and medications used, including technique and time if moderate sedation:				<input type="checkbox"/> Subsequent catheter placement: laterality and specific vessel			
<input type="checkbox"/> Was there US guidance or IVUS used and if so for what purpose?				<input type="checkbox"/> Was there ballooning & stenting of vessels with documented stenosis?			
<input type="checkbox"/> Was an IVC filter placed and/or removed?				<input type="checkbox"/> tPA? Embolization? TIPs procedure? Other?			

Peripheral Venous Anatomy Diagrams

Peripheral Upper Anatomy

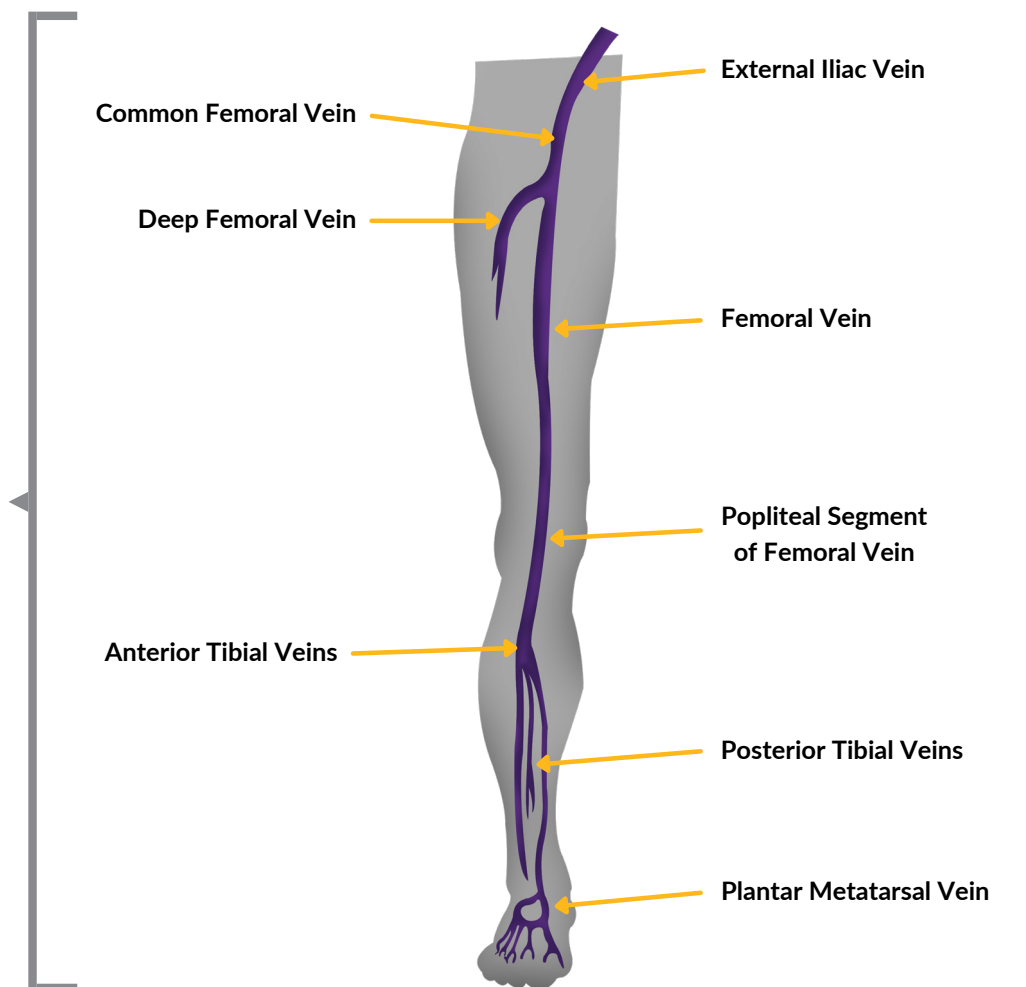
MS-DRGs 270-272
Other Major
Cardiovascular Procedures

MS-DRGs 252-254
Other Vascular
Procedures



Peripheral Lower Anatomy

MS-DRGs 270-272
Other Major
Cardiovascular Procedures

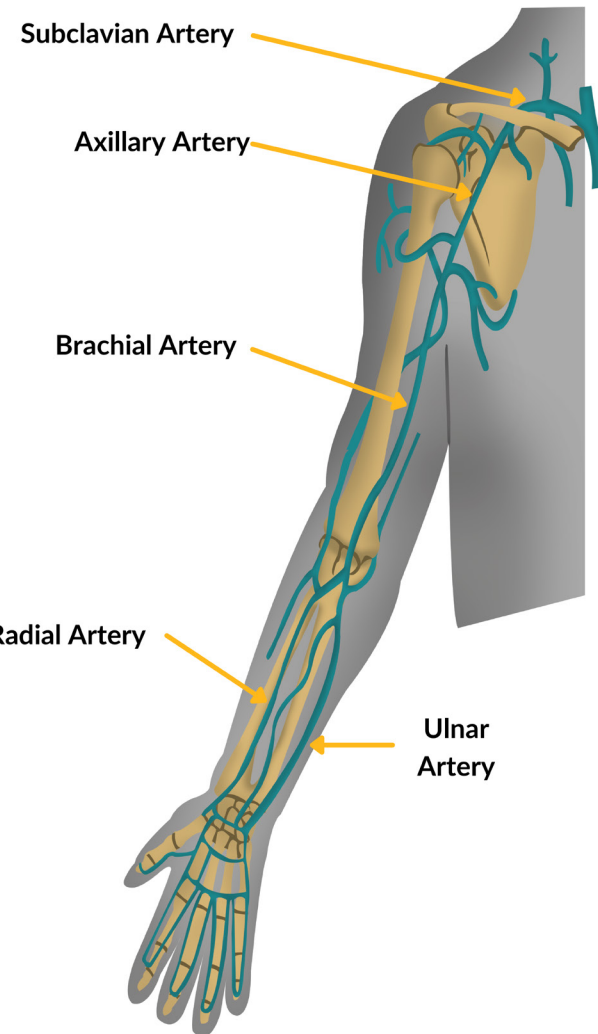


Drawings for Illustrative Purposes Only - Not to be Used for Diagnosis or Treatment
Final DRG Mapping for inpatient Coding is based on principal admission diagnosis, primary procedure performed, and patient's secondary MCC's or CC's, as documented

Arterial Upper Anatomy

MS-DRGs 270-272

Other Major Cardiovascular Procedures



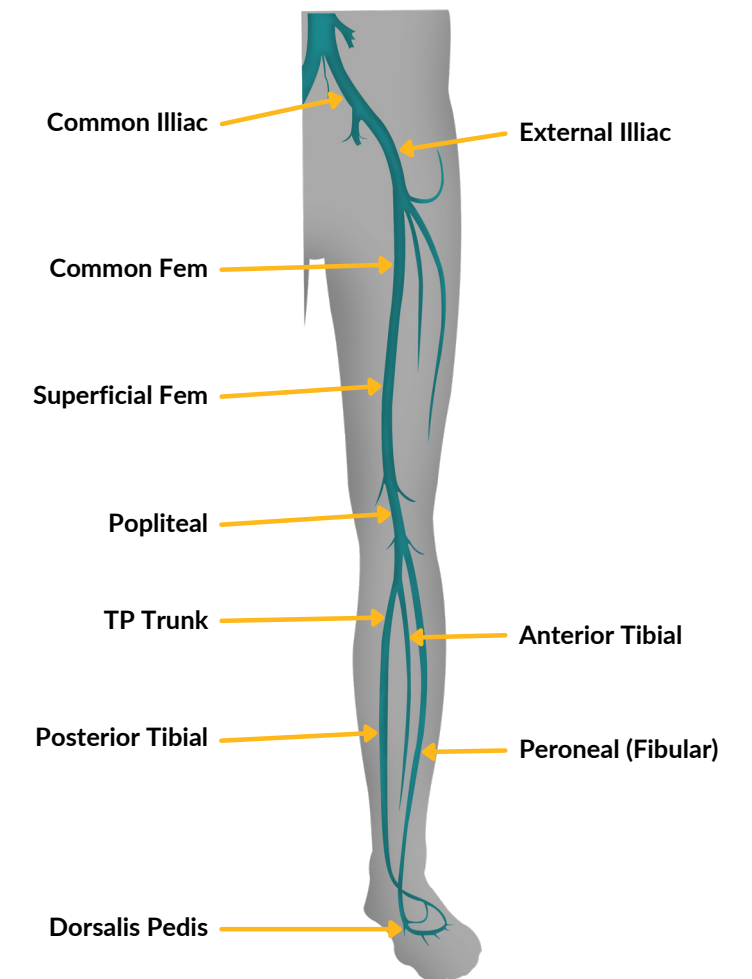
MS-DRGs 252-254

Other Vascular Procedures

Arterial Lower Anatomy

MS-DRGs 270-272

Other Major Cardiovascular Procedures



Drawings for Illustrative Purposes Only - Not to be Used for Diagnosis or Treatment

Final DRG Mapping for inpatient Coding is based on principal admission diagnosis, primary procedure performed, and patient's secondary MCC's or CC's, as documented

Hospital (Inpatient & Outpatient) Chargemaster Set Up:



Thrombectomy

- If your hospital is set up with a **Price Per Procedure (PPP) Model**, the **Cost** is based on **One Price** for the entire system and includes all individual components, regardless of how many are used during a case
- When adding the PPP (Price Per Procedure) to the Chargemaster (CDM), we have seen facilities create an inventory code “**XX-PPP**” (XX Price Per Procedure) and assign **HCPCS Code C1757 to establish a charge for the entire system, on one line item**
- A possible Revenue Code that describes the PPP (Price Per Procedure) is 027X, although this is determined based on **internal organizational policies**

Level II HCPCS Code	Description	Possible Use With
C1757	Catheter, thrombectomy/embolectomy	FlowTrieve[®], ClotTrieve[®], Artix[™], InThrill[™], RevCore[™]
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non laser	ClotTrieve[®], Protrieve[™], InThrill[™]
G0269	Placement of occlusive device into either a venous or arterial access site, postsurgical or interventional procedure (e.g., angioseal plug, vascular plug)	FlowStasis[™] Suture Retention Device

*For Illustration Purposes Only: **FlowTrieve[®]** Thrombectomy System (FT-PPP)

Charge Type	Example Department	Model#	Example CDM Description	Possible HCPCS/CPT	Possible Modifier	Possible Revenue Code	Example CDM#	Example Cost	Example Charge
Device	1234	FT-PPP	FlowTrieve[®] Thrombectomy System - PE Price Per Procedure	C1757	-	027X	123456	FT-PPP Cost	Cost + standard mark up
Procedure	1234	-	Operating room -- general	37184 (primary vessel) +37185 (add-on for additional vessels)	50	0360	-	Cost	Cost per minute

*Adding products to the Chargemaster can vary depending on your facility's purchase price, standard device mark-ups, revenue code choice and billing/charging protocols

*The hospital Chargemaster should be consulted to appropriately set up the charges for the thrombectomy procedure and the device

References:

- ¹ Not an all-inclusive list, including examples of CPT® codes, ICD10-CM & ICD-10-PCS codes, or Medicare Severity Diagnosis Related Groups (MS-DRGs) for procedures described above <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ICD9-10CM-ICD10PCS-CPT-HCPCS-Code-Sets-Educational-Tool-ICN900943.pdf>
- ² CY2024 Physician Fee Schedule: <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1784-f>
The CY2024 Medicare Physician In Hospital and In Office Payments were calculated using the Conversion Factor of \$32.74, which were released in the Final Rule on November 2, 2023.
- ³ CY2024 ASC Addenda Updates: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1786-fc>
- ⁴ CY2024 OPPOS Addendum B: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1786-fc>
- ⁵ FY2024 ICD-10-CM, ICD-10-PCS, & MS-DRG v40 https://www.cms.gov/icd10m/version39-fullcode-cms/fullcode_cms/P0033.html
- ⁶ FY2024 IPPS Final Rule: <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2024-ipp-final-rule-home-page>
- ⁷ Facility Total RVUs for physician procedures or services performed during inpatient hospital stay
- ⁸ Level II HCPCS codes (c-codes) may be used by CMS & some payers to capture utilization for outpatient procedures or devices not identified by Level I HCPCS (CPT®) codes https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCS_Coding_Questions
- ⁹ CPT® 2024 Professional Edition- Transcatheter Procedures. Pages 320-321. <https://commerce.ama-assn.org/store/ui>
- ¹⁰ <https://public-inspection.federalregister.gov/2023-24293.pdf>
- ¹¹ <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1786-fc>

Indications For Use:

The FlowTriever System® is indicated for (1) the non-surgical removal of emboli and thrombi from blood vessels (2) injection, infusion and/or aspiration of contrast media and other fluids into or from a blood vessel. The FlowTriever System is intended for use in the peripheral vasculature and for the treatment of pulmonary embolism. Triever Catheters are intended for use in peripheral vasculature and for the treatment of pulmonary embolism. The Triever Catheters are also intended for use in treating clot in transit in the right atrium. The FlowTriever2® Catheter is indicated for the non-surgical removal of emboli and thrombi from peripheral blood vessels. Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The FlowTriever2 Catheter is intended for use in the peripheral vasculature. The FlowSaver® Blood Return is used with Triever Catheters for autologous blood transfusion. The Intri24 introducer sheath is indicated to provide a conduit for the insertion of endovascular devices into the vasculature while minimizing blood loss associated with such insertions. The ClotTriever Thrombectomy System is indicated for: (1) the non-surgical removal of thrombi and emboli from blood vessels. (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The ClotTriever Thrombectomy System is intended for use in the peripheral vasculature including deep vein thrombosis (DVT). The RevCore Thrombectomy Catheter is indicated for (1) The non-surgical removal of thrombi and emboli from blood vessels (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The RevCore Thrombectomy Catheter is intended for use in the peripheral vasculature system. The Triever16 Curve is indicated for (1) the non-surgical removal of emboli and thrombi from blood vessels (2) injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The Triever16 Curve is intended for use in the peripheral vasculature and for the treatment of pulmonary embolism. The Triever16 Curve is not indicated for use with FlowTriever Catheters. The Triever16 Curve is also intended for use in treating clot in transit in the right atrium but not in conjunction with FlowTriever Catheters. The FlowStasis® Suture Retention Device is indicated for temporary suture retention following a percutaneous venous procedure. See Instructions for Use for complete Indications for Use, contraindications, warnings, and precautions

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician

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