

ClotHunter™, ZelanteDVT™, and AngioJet™

2024 CODING AND REIMBURSEMENT GUIDE

The procedure codes listed below are applicable to Venous/Arterial Mechanical Thrombectomy (PMT) cases.

Claims must contain the appropriate CPT/HCPCS/ICD-10-PCS code(s) for the specific site of service to indicate the furnished items and services. The tables below contain a list of possible CPT/HCPCS/ICD-10-PCS codes that may be used to bill for Non-coronary Thrombectomies using ClotHunter™, AngioJet™, WOLF™, and ZelanteDVT™. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered. CPT® Copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

HOSPITAL OUTPATIENT CY 2024 (01/01/2024-12/31/2024)

CPT® Code	Service Provided CPT® Description	Hospital Outpatient		Physician Fee Schedule		
		APC	Payment ³	RVUs	Facility ¹	Non Facility
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	5194	\$16,725	8.41	\$418	\$1,673
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)	0	\$0	3.28	\$158	\$464
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)	0	\$0	4.92	\$236	\$1,159
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	5193	\$10,493	7.78	\$381	\$1,653
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	5183	\$3,040	5.46	\$273	\$1,416

AMBULATORY SURGICAL CENTER (ASC) CY 2024 (01/01/2024-12/31/2024)

CPT® Code	CPT® Description	Payment ²	Facility
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	\$10,116	\$418
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)	\$0	\$158
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)	\$0	\$236
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$7,269	\$381
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	\$2,568	\$273

HOSPITAL INPATIENT FY 2024 (10/01/2023-09/30/2024)

CPT® Code	Service Provided CPT® Description	Physician Fee Schedule Facility	ICD-10-PCS Codes	Hospital Inpatient	
				MS DRG ⁴	Payment ⁵
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	\$418	05C-3ZZ	Other Vascular Procedures	
				252	\$23,482
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)	\$158		253	\$17,862
				254	\$12,148
				Other Major Cardiovascular Procedures	
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)	\$236	270	\$35,406	
			271	\$24,199	
			272	\$17,080	
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$381			
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	\$273			

- Denotes DRG assigned to patient w/ MCC (Major Complications or Comorbidities)
- Denotes DRG assigned to patient w/ CC (Complications or Comorbidities)
- Denotes DRG assigned to patient w/o MCC or CC

The Medicare Reimbursement values for each MS-DRG, while specific to your hospital, do not include pass-through payments or New Technology Add-On Payment (NTAP) as these are calculated on a case-by-case basis.

C CODES

C-codes are used to report devices used in combination with device-related procedures for hospital outpatient services.

The HCPCS for ClotHunter, AngioJet, and Zelante DVT is **C1757** – Catheter, thrombectomy/embolectomy. There is no C-code for the console.

The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

SOURCES:

1. 2024 Physician Fee Schedule. CMS-1784-F. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1784-f>

- 2024 Conversion Factor of \$33.2875
- 2024 ASC Payment. CMS-1786-FC ASC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1786-fc>
 - 2024 OPPOS Payment. CMS-1786-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1786-fc>
 - MS-DRG V41.0 <https://www.cms.gov/files/zip/icd-10-ms-drg-definitions-manual-files-v41.zip>
 - FY 2024 IPPS Payment. CMS-1785-F. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ipp-final-rule-home-page>

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