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Embolization
2026 Coding and Billing Guide

Claims must contain the appropriate HCPCS/CPT/ICD-10 code(s) for the specific site of service to indicate the items and services that are furnished. The tables below contain a list of possible HCPCS/CPT/ICD-10 codes that may be used to bill for embolization. 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 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Important Information

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Device Coding

There are no HCPCS device C codes for embolization beads. Reimbursement is included in the procedural payment. Coding for the procedure is specific to the vascular group (arterial, venous) or purpose (tumor, organ ischemia, infarction, hemorrhage).

The Revenue Code suggested by Medicare is 0278 – Other Implants.

Department of Health and Human Services, CMS 42 CFR Parts 410, 416, and 419 [CMS-1414-FC] RIN 0938-AP41

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CPT Codes are used to report medical services and procedures performed by or under the direction of physicians in the office or facility setting. The MPFS is based on Relative Value Units (RVUs) assigned to each CPT code. RVUs represent the physician's work, practice expenses and malpractice costs associated with each procedure or service. Reimbursement for commercial payers may be based on the Medicare RVUs or by a contractually negotiated rate.

Physician, OPPS, and **ASC** Procedural Services CY 2026 (01/01/2026-12/31/2026)

Service Provided		Physician Fee Schedule[1]			Hospital Outpatient[2]		Hospital Inpatient		
CPT® Code	CPT® Description	RVUs	Facility	Non-Facility	APC	Payment*	ICD-10-PCS[3]	MS-DRG	Payment*[4,5]
Liver Tumor Embolization									
37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	11.45	$482	$8,002	5193	$11,794	04L_3D_	252 253 254	$25,384 $18,888 $12,965
36245	1st order selective abdominal or lower	4.53	$207	$1,199		$0.00	NA	NA	
36246	2nd order selective abdominal or lower	4.89	$221	$798		$0.00			
36247	3rd order selective abdominal or lower	5.89	$259	$1,357		$0.00			
36248	Additional 2nd or 3rd order abdominal or lower	0.98	$41	$112		$0.00			
75726	Visceral diagnostic angiogram	2.00	$91	$168	5184	$5,685	B4___ZZ B404_ZZ B405_ZZ	NA	
75774	Selective, each additional vessel	0.98	$44	$95		$0			
G0269	Closure Device	NA	$0	$0		$0	NA	NA	
Chemoembolization - Add-on to above codes, when applicable									
+96420	Chemotherapy administration, intra-arterial	0.17	NA	$105	5694	NA	3E05305	NA	
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	2.34	$106	$0	5661	$238	3E05305		
Uterine Fibroid Embolization									
37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	11.5	$482	$8,002	5193	$11,794	04LF3DU 04LE3DT	749 750	$18,684 $10,739
36247	3rd order selective abdominal or lower	5.89	$259	$1,357		$0	NA	NA	
G0269	Closure Device	0	$0	$0		$0	NA	NA	
Other Embolization or Occlusion									
37241	Venous, other than hemorrhage	8.53	$371	$4,396	5193	$11,794	Varies by intent of procedure, anatomy, and other factors		
37242	Arterial, other than hemorrhage	9.56	$413	$6,681	5194	$18,729			
37244	Arterial or Venous hemorrhage or lymphatic extravasation	13.4	$566	$6,112	5193	$11,794			

- Transcatheter embolization or occlusion
- Catheter placement, dependent upon anatomical location
- Angiography, dependent upon anatomical location
- Use as part of embolization procedure as applicable

See important notes on the uses and limitations of this information on page 2.

Sources

1. 2026 Physician Fee Schedule. CMS-CMS-1832-CN2. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-cn2
   2026 *Conversion Factor of 33.40*
2. 2026 OPPS Payment. CMS- CMS-1834-FC. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc
3. FY 2026 ICD-10 Procedure Coding System (ICD-10-PCS). https://www.cms.gov/medicare/coding-billing/icd-10-codes
4. FY 2026 IPPS Payment. CMS-CMS-1833-F. https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipps-final-rule-home-page#CMS-1833-F
5. FY 2026 MS-DRG V43.0 Definitions Manual. https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/ms-drg-classifications-and-software
   Not intended as an all-inclusive list of MS-DRGs

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. This document is for illustrative purposes only. The descriptions displayed above are not official descriptions. This document should never be used in place of official coding resources and should never have any influence on clinical decisions.

Endnotes & Legend

* Payment refers to the Medicare Allowable Amount published by the Centers for Medicare & Medicaid Services (CMS) for the calendar or fiscal year.

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