2021 Embolization Coding and Reimbursement Guide

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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

SOURCES

2. CMS website. 2021 Physician Fee Schedule. CMS-1734-F. https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-federal-regulation-notices/cms-1734-f 2021 Conversion Factor of $34.8931.
3. CMS website. 2021 OPPS Payment. CMS-1736-FC. https://www.cms.gov/medicaremedicare-fee-service-paymenthospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc
4. CMS ICD-10-CM/PCS MS-DRG v38.0 R1 Definitions Manual. https://www.cms.gov/files/zip/icd-10-ms-drg-definitions-manual-files-v380-r1-text-version.zip FY 2021 (10/1/2020-09/30/2021)
5. Not intended as an all-inclusive list of MS-DRGs.
6. CMS 2021 ICD-10 Procedure Coding System (ICD-10-PCS). https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs
7. CMS website. FY 2021 (10/1/2020-09/30/2021) IPPS Final Rule CMS-1735-F and Addenda. https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipps-final-rule-home-page

* This document is for illustrative purposes only. The descriptions displayed above are not official descriptions. Official descriptions are listed on page 4 of this document. This document should never be used in place of official coding resources and should never have any influence on clinical decisions.

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.

See important notes on the uses and limitations of this information on page 1.

CPT®[1]	Illustrative Description*	Physician[2]		Hospital Outpatient[3]		Hospital Inpatient		
		In-Hospital	In-Office	APC	Payment[7]	ICD-10-PCS[4,6]	MS-DRG	Payment[5,7]
Liver Tumor Embolization								
37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	$563	$9,933	5193	$10,043	04L_3D_	987 988 989	$20,967 $10,803 $7,172
36245	1st order selective abdominal or lower	$239	$1,400	NA		NA	NA	
36246	2nd order selective abdominal or lower	$257	$912					
36247	3rd order selective abdominal or lower	$304	$1,589					
36248	Additional 2nd or 3rd order abdominal or lower	$50	$134					
75726	Visceral diagnostic angiogram	$96	$181	5184	$4,770	B402_ZZ B404_ZZ B405_ZZ	NA	
75774	Selective, each additional vessel	$48	$106	NA				
G0269	Closure Device	NA		NA		NA	NA	
Chemoembolization - Add-on to above codes, when applicable								
+96420 ^	Chemotherapy administration, intra-arterial	$116	$116	5694	$311	3E05305	NA	
+79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	$112	NA	5661	$250	3E05305	NA	
Uterine Fibroid Embolization								
37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	$563	$9,933	5193	$10,043	04LF3DU 04LE3DT	749 750	$17,402 $9,422
36247	3rd order selective abdominal or lower	$304	$1,589	NA		NA	NA	
G0269	Closure Device	NA		NA		NA	NA	
Other Embolization or Occlusion								
37241	Venous, other than hemorrhage	$438	$5,159	5193	$10,043	Varies by intent of procedure, anatomy, and other factors	Varies by intent of procedure, anatomy, and other factors	
37242	Arterial, other than hemorrhage	$481	$8,070					
37244	Arterial or Venous hemorrhage or lymphatic extravasation	$669	$7,444					

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

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See sources (footnotes) and device code information on page 2.

CPT®[1]	Description
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	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)
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)
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
G0269	Placement of occlusive device into either a venous or arterial access site, postsurgical or interventional procedure (e.g., angioseal plug, vascular plug)
96420 ^	Chemotherapy administration, intra-arterial; push technique
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration

^ Commercial payers may require HCPCS Q0083 instead of CPT code 96420. Verify in your payer policy.

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