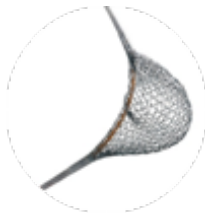


SmartClaw™

Thrombectomy Catheter

2025 CODING AND REIMBURSEMENT

GUIDE



The procedure codes listed below are applicable to Venous/Arterial Thrombectomy cases.

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 Non-coronary Thrombectomies. 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 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

HOSPITAL OUTPATIENT

CY 2025 (01/01/2025-12/31/2025)

Service Provided		Hospital Outpatient		Physician Fee Schedule		
CPT® Code	CPT® Description	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	\$17,957	8.41	\$408	\$1,577
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	3.28	\$154	\$441
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	4.92	\$232	\$1,095
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	5193	\$11,341	7.78	\$373	\$1,549
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	\$3,148	5.46	\$268	\$1,330

AMBULATORY SURGICAL CENTER (ASC) CY 2025 (01/01/2025-12/31/2025)

CPT® Code	Service Provided	ASC	Physician Fee Schedule
	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	\$11,943	\$408
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	\$154
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	\$232
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$7,800	\$373
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	\$2,666	\$268

HOSPITAL INPATIENT FY 2025 (10/01/2024-09/30/2025)

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	\$408	03C_3ZZ	270	\$36,632
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)	\$154		271	\$24,581
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	04C_3ZZ	272	\$17,857
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$373	05C_3ZZ	252	\$24,481
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	\$268	06C_3ZZ	253	\$18,220
				254	\$12,485

- 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 SmartClaw 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. 2025 Physician Fee Schedule. CMS--1807-F. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f>
2025 Conversion Factor of \$32.3465
2. 2025 ASC Payment. CMS-1809-FC ASC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1809-fc>
3. 2025 OPPS Payment. CMS-1809-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc>
4. MS-DRG V42.0 <https://www.cms.gov/files/zip/definition-medicare-code-edits-version-42.zip>
5. FY 2025 IPPS Payment. CMS-1808-IFC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ippa-final-rule-home-page>

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One Scimed Place

Maple Grove, MN 55311-1566

<https://www.bostonscientific.com/reimbursement>

Medical Professionals:

PI.Reimbursement@bsci.com

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