



2024 Embolization Coding Guide and Medicare Allowable Reimbursement

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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

Service Provided		Physician Fee Schedule ²			Hospital Outpatient ³		Hospital Inpatient		
CPT® Code	CPT® Description	RVUs	Facility	Non-Facility	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	11.74	\$541	\$8,364	5193	\$10,493	04L_3D_	252	\$23,482
								253	\$17,862
								254	\$12,148
36245	1st order selective abdominal or lower	4.65	\$229	\$1,215	NA	\$0.00	NA	NA	
36246	2nd order selective abdominal or lower	5.02	\$246	\$818	NA	\$0.00			
36247	3rd order selective abdominal or lower	6.04	\$289	\$1,390	NA	\$0.00			
36248	Additional 2nd or 3rd order abdominal or lower	1.01	\$47	\$114	NA	\$0.00			
75726	Visceral diagnostic angiogram	2.05	\$92	\$169	5184	\$5,241	B4__ZZ	NA	
75774	Selective, each additional vessel	1.01	\$45	\$96	NA	\$0	B404_ZZ		
							B405_ZZ		
G0269	Closure Device	NA	\$0	\$0	NA	\$0	NA	NA	
Chemoembolization - Add-on to above codes, when applicable									
+96420 ^	Chemotherapy administration, intra-arterial	0.17	NA	\$102	5694	NA	3E05305	NA	
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	2.40	\$107	\$0	5661	\$237	3E05305		
Uterine Fibroid Embolization									
37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	11.74	\$541	\$8,364	5193	\$10,493	04LF3DU	749	\$17,624
							04LE3DT	750	\$9,522
36247	3rd order selective abdominal or lower	6.04	\$289	\$1,390	NA	\$0	NA	NA	
G0269	Closure Device	0	\$0	\$0	NA	\$0	NA	NA	
Other Embolization or Occlusion									
37241	Venous, other than hemorrhage	8.75	\$414	\$4,516	5193	\$10,493	Varies by intent of procedure, anatomy, and other factors		
37242	Arterial, other than hemorrhage	9.8	\$461	\$6,902	5194	\$16,725			
37244	Arterial or Venous hemorrhage or lymphatic extravasation	13.75	\$638	\$6,390	5193	\$10,493			

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

SOURCES:

1. FY 2024 IPPS Payment. CMS-1785-F. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ippa-final-rule-home-page>
2. CMS 2024 ICD-10 Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-pcs>
3. CMS ICD-10-CM/PCS MS-DRG V41.0 Definitions Manual. <https://www.cms.gov/files/zip/icd-10-ms-drg-definitions-manual-files-v41.zip>
Not intended as an all-inclusive list of MS-DRGs
4. 2024 Physician Fee Schedule. CMS-1784-F. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1784-f>
2024 Conversion Factor of \$33.2875
5. 2024 ASC Payment. CMS-1786-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1786-fc>
6. 2024 OPSS Payment. CMS-1786-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc>

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.

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