

Transcatheter Peripheral Embolization or Occlusion Services

2009 CODING AND REIMBURSEMENT GUIDE

Coverage, coding and payment for medical procedures and devices can be confusing. This guide was developed to assist with Medicare reporting and reimbursement when performing transcatheter peripheral embolization or occlusion procedures.

Coverage

Medicare carriers may issue local coverage decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies (<http://www.cms.hhs.gov/mcd/search.asp?>), and contact their carrier's medical director (www.cms.hhs.gov/apps/contacts) or commercial insurers to determine if a procedure is covered.

Coding

- Codes for catheter placement and the radiologic supervision and interpretation should be reported in addition to the code(s) for the therapeutic aspect of the procedure.¹
- These services do not include concomitant patient care. Evaluation and management services during infusion and embolotherapy may be separately coded.²

Embolization or Occlusion

37204	Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck
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Imaging/Radiological S&I

75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
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75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion
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- Follow-up angiography is separately reportable using code 75898.²
- Separate CPT codes exist for central nervous system (61624), non-central nervous system or neck (61626), and uterine fibroid embolization (37210).

1. American Medical Association. Transcatheter procedures. In: *CPT 2009 Professional Edition*. Chicago, IL: American Medical Association; 2009:178.

2. Zielske D, Dunn D. Transcatheter embolization. In: *Dr. Z's Medical Coding Series Interventional Radiology Coding Reference, 2008 Edition*. Brentwood, TN: ZHealth Publishing; 2008:177-178.

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Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources which may include, but are not limited to, the CPT, ICD-9 and MS-DRG coding systems; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When making coding decisions, we encourage you to seek input from the AMA, AHA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.

Payment

2009 Medicare Reimbursement for Transcatheter Embolization or Occlusion Services

Code	Procedure Description	Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		Facility Payment ¹	APC	Facility Payment (National Medicare Avg ²)	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg ³)	Fee When Procedure Is Performed in Office (National Medicare Avg ³)
37204	Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	This service is not included on Medicare's list of approved procedures in this setting	0082	\$5,962.23	\$947.47	\$947.47
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	This service is not included on Medicare's list of approved procedures in this setting		Imaging is included in allowance for embolization procedure	\$67.81	\$67.81
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	This service is not included on Medicare's list of approved procedures in this setting		Imaging is included in allowance for embolization procedure	\$67.81	\$67.81

1. 2009 Medicare Ambulatory Surgery Center Fee Schedule
2. 2009 Medicare Outpatient Hospital Prospective Payment System Fee Schedule
3. 2009 Medicare Physician Fee Schedule

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2009 physician fees for your local area can be found at the following CMS links:

http://www.cms.hhs.gov/PFSlookup/02_PFSsearch.asp#TopOfPage

or

<http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/list.asp#TopOfPage>



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