

# Uterine Fibroid Embolization (UFE)

## 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](http://www.cms.hhs.gov/apps/contacts)) or commercial insurers to determine if a procedure is covered.

### Coding

**The Current Procedural Terminology (CPT®) code used to describe uterine fibroid embolization is:**

**37210** Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure

37210 includes all catheterizations and intraprocedural imaging required for a UFE procedure to confirm the presence of previously known fibroids and to roadmap vascular anatomy to enable appropriate therapy.

Do not report 37210 in conjunction with 36200, 36245-36248, 37204, 75894, 75898.

For all other non-central nervous system (CNS) or non-head and neck embolization procedures, use 37204.

In 2007, an all-inclusive code (37210) was developed for treatment of fibroid uterus with embolization. Code 37210 does not apply to pelvic embolization for other medical indications (e.g., trauma).<sup>1</sup>

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1. 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.



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.

## Inpatient Coding

Hospitals use ICD-9-PCS procedure codes to report services performed during inpatient admissions. Some discussion has occurred over the past several years regarding the correct ICD-9-PCS code to report for uterine fibroid embolization (UFE) performed in the inpatient setting. Although there is no ICD-9 procedure code specific to uterine fibroid embolization, coding experts suggest reporting 99.29 - *Injection or infusion of other therapeutic or prophylactic substance* for UFE. However, 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.

## Payment

### 2009 Medicare Reimbursement for Uterine Artery Embolization

Code	Procedure Description	Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		Facility Payment <sup>1</sup>	APC	Facility Payment (National Medicare Avg <sup>2</sup> )	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg <sup>3</sup> )	Fee When Procedure Is Performed in Office (National Medicare Avg <sup>3</sup> )
37210	<p>Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure</p> <p>(37210 includes all catheterizations and intraprocedural imaging required for a UFE procedure to confirm the presence of previously known fibroids and to roadmap vascular anatomy to enable appropriate therapy)</p> <p>(Do not report 37210 in conjunction with 36200, 36245-36248, 37204, 75894, 75898)</p> <p>(For all other non-central nervous system (CNS) or non-head and neck embolization procedures, use 37204)</p>	<p>This service is not included on Medicare's list of approved procedures in this setting</p>	0229	\$6,093.99	\$561.56	\$3,398.56

1. 2009 Medicare Ambulatory Surgery Center Fee Schedule
2. 2009 Medicare Hospital Outpatient Prospective Payment System (OPPS) 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](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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