

Percutaneous Placement, Repositioning or Removal of Inferior Vena Cava (IVC) Filters

2018 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 placing, repositioning or retrieving inferior vena cava (IVC) filters. If you have any questions, please contact our reimbursement team at 800.468.1379 or by e-mail at Reimbursement@cookmedical.com.

Coverage

Medicare carriers issue local coverage decisions (LCDs) listing coverage criteria for certain procedures. Physicians are urged to review their local carrier coverage policies (<http://www.cms.gov/mcd/search.asp?>) and contact their local carrier medical directors (<http://www.cms.gov/apps/contacts/>) or commercial insurers to determine if a procedure is covered.

Coding

Inferior Vena Cava (IVC) Filter Codes

Placement

37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed
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Repositioning

37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed (Do not report 37192 in conjunction with 37191)
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Retrieval

37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed (Do not report 37193 in conjunction with 37197)
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In the event filter repositioning or retrieval is abandoned because the initial venography reveals a thrombus in the filter, we suggest you contact your carrier(s) to determine appropriate codes.

Medicare requires hospitals to report, if applicable, device(s) used in the hospital outpatient setting by using Level II HCPCS codes, or "C-codes." When reporting use of a Cook percutaneous IVC filter in a hospital outpatient setting, we recommend the following C-code:

C1880 Vena Cava Filter

Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT coding system; 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 you are making coding decisions, we encourage you to seek input from the AMA, 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

2018 Medicare Reimbursement for IVC Filter Placement, Repositioning and Retrieval

CPT Code	Procedure Description	Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		Facility Payment (National Medicare Avg ¹)	APC	Facility Payment (National Medicare Avg ²)	Fee When Service Is Performed in the Hospital or ASC (National Medicare Avg ³)	Fee When Service Is Performed in the Office (National Medicare Avg ³)
Placement						
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	This service is not included on Medicare's list of approved procedures	5184	\$4,264.67	\$235.08	\$2,617.89
Repositioning						
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	This service is not included on Medicare's list of approved procedures	5183	\$2,492.57	\$367.56	\$1,380.94
Retrieval						
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	This service is not included on Medicare's list of approved procedures	5183	\$2,492.57	\$366.84	\$1,562.38

1. 2018 Medicare Ambulatory Surgery Center Fee Schedule
2. 2018 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule
3. 2018 Medicare Physician Fee Schedule

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2018 physician fees for your local area can be found at the following CMS links:

<http://www.cms.gov/apps/physician-fee-schedule/>

or

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>



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