Uterine Fibroid Embolization (UFE)

2019 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. 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 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 carriers' medical directors (www.cms.hhs.gov/apps/contacts) or commercial insurers to determine if a procedure is covered.

Coding

The following Current Procedural Terminology (CPT®) code is a bundled code, which includes all radiological supervision and interpretation; intra- procedural guidance and roadmapping; and imaging to document the completion of the procedure.

The CPT® code used to describe uterine fibroid embolization is:

37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction

37243 does not include vessel selection and catheter placement(s); ultrasound guidance for vascular access; diagnostic studies (eg, diagnostic angiography or venography); chemotherapy administration (eg, 96420); or injection of a radioisotope (eg, 79445).[1]

Do not report 37243 in conjunction with 75894, 75898 in the same surgical field.

For embolization procedures of the central nervous system or head and neck, see 61624, 61626, 61710.[1]

[1.] American Medical Association. Vascular Embolization and Occlusion. In: CPT 2019 Professional Edition. Chicago, IL: American Medical Association; 2018:286-287

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Payment

2019 Medicare Reimbursement for Uterine Fibroid Embolization

		Ambulatory Surgery Center	*Outpatient Hospital*		*Physician Services*	
Code	Procedure Description	Facility Payment (National Medicare Avg[2])	APC	Facility Payment (National Medicare Avg[3])	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg[4])	Fee When Procedure Is Performed in Office (National Medicare Avg[4])
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	$4,056.12	5193	$9,669.04	$588.52	$9,860.66

[2] 2019 Medicare Ambulatory Surgery Center Fee Schedule

[3] 2019 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

[4] 2019 Medicare Physician Fee Schedule

2019 physician fees for your local area can be found at the following CMS links:

https://www.cms.gov/apps/physician-fee-schedule/overview.aspx

or

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

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