

# Zilver<sup>®</sup> Vena<sup>™</sup> Venous Stent

## 2020 CODING AND REIMBURSEMENT GUIDE

Coverage, coding and reimbursement for medical procedures and devices can be confusing. This guide was developed to assist you in correctly reporting and obtaining appropriate Medicare reimbursement for venous stent placement and adjunct procedures. If you have any questions, please contact our reimbursement team at 800.468.1379 or by e-mail at [Reimbursement@cookmedical.com](mailto: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.hhs.gov/mcd/search.asp?>) and/or contact their local carrier medical directors (<http://www.cms.hhs.gov/apps/contacts/>) or commercial insurers to determine if a procedure is covered.

### Coding

#### Venous Stenting

37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein
+37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

For placement of a stent(s) within the peripheral segment of the dialysis circuit, see 36903, 36906

#### IVUS

+37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)
+37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

#### Venous Mechanical Thrombectomy

37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance (Do not report 37187 in conjunction with 76000, 96375)
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy (Do not report 37188 in conjunction with 76000, 96375)

#### Helpful Venous Mechanical Thrombectomy Coding Tips

- Use code 37187 to report the initial application of venous mechanical thrombectomy.<sup>1</sup>
- To report bilateral venous mechanical thrombectomy performed through a separate access site(s), use modifier -50 in conjunction with 37187.<sup>1</sup>
- For repeat treatment on a subsequent day during a course of thrombolytic therapy, use 37188.<sup>1</sup>



1. American Medical Association. Transcatheter Procedures. In: CPT 2020 Professional Edition. Chicago, IL: American Medical Association; 2019:281-282.

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*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

### 2020 Medicare Reimbursement for Venous Stenting and Adjunct Procedures

CPT® Code	Procedure Description	<i>Ambulatory Surgery Center</i>	<i>Outpatient Hospital</i>		<i>Physician Services</i>	
		Facility Payment <small>(National Medicare Avg<sup>2</sup>)</small>	APC	Facility Payment <small>(National Medicare Avg<sup>3</sup>)</small>	Fee When Service Is Performed in the Hospital or ASC <small>(National Medicare Avg<sup>4</sup>)</small>	Fee When Service Is Performed in the Office <small>(National Medicare Avg<sup>4</sup>)</small>
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	\$6,194.19	5193	\$9,908.48	\$320.48	\$3,260.01
+37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	Packaged service/item No separate payment		Items and services packaged into APC rate	\$159.88	\$1,510.37
+37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	Packaged service/item No separate payment		Items and services packaged into APC rate	\$94.92	\$1,201.44
+37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	Packaged service/item No separate payment		Items and services packaged into APC rate	\$76.15	\$194.16

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### 2020 Medicare Reimbursement for Venous Stenting and Adjunct Procedures

CPT Code	Procedure Description	Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		Facility Payment (National Medicare Avg <sup>2</sup> )	APC	Facility Payment (National Medicare Avg <sup>3</sup> )	Fee When Service Is Performed in the Hospital or ASC (National Medicare Avg <sup>4</sup> )	Fee When Service Is Performed in the Office (National Medicare Avg <sup>4</sup> )
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$3,102.97	5192	\$4,953.91	\$411.79	\$1,986.75
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	\$1,341.23	5183	\$2,771.28	\$292.33	\$1,671.69

2. 2020 Medicare Ambulatory Surgery Center Fee Schedule
3. 2020 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule
4. 2020 Medicare Physician Fee Schedule

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2020 physician fees for your local area can be found at the following CMS links:

<http://www.cms.hhs.gov/pfslookup>

or

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



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