Percutaneous Mechanical Thrombectomy

2024 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 percutaneous mechanical thrombectomy procedures. If you have any questions, please contact our reimbursement team at 833.585.2688 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/medicare-coverage-database/search.aspx) 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

Mechanical Thrombectomy Coding Tips

- Code(s) for catheter placement(s), diagnostic studies, and other percutaneous interventions (eg, transluminal balloon angioplasty, stent placement) provided are separately reportable, unless for lower extremity revascularization.[1]
- Codes 37184-37188 specifically include intraprocedural fluoroscopic radiological supervision and interpretation services for guidance of the procedure.[1]
- Intraprocedural injection(s) of a thrombolytic agent is an included service and not separately reportable in conjunction with mechanical thrombectomy. However, subsequent or prior continuous infusion of a thrombolytic is not an included service and is separately reportable (see 37211-37214).[1]
- For coronary mechanical thrombectomy, use 92973[1]

Arterial Mechanical Thrombectomy Codes	
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel (Do not report 37184 in conjunction with 61645,76000, 96374)
+37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure) (Do not report 37185 in conjunction with 76000, 96375)
+37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure) (Do not report 37186 in conjunction with 76000, 96375)

(+) in front of a procedure code denotes an add-on code. Add-on codes allow reporting of additional work associated with a primary procedure(s) and must never be reported alone. In addition, physician add-on codes are exempt from multiple procedure reduction.

Do not report 37185 or 37186 in conjunction with 61645 for treatment of the same vascular territory[1].

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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.

Helpful Arterial Mechanical Thrombectomy Coding Tips

- Primary mechanical thrombectomy is reported per vascular family using 37184 for the initial vessel treated and 37185 for second or all subsequent vessel(s) within the same vascular family. To report mechanical thrombectomy of an additional vascular family treated through a separate access site, use modifier -59 in conjunction with 37184-37185.[1]
- **Do NOT** report 37184-37185 for mechanical thrombectomy performed for the retrieval of short segments of thrombus or embolus evident during other percutaneous interventional procedures. See 37186 for these procedures.[1]
- Secondary mechanical thrombectomy is reported using 37186. **Do NOT** report 37186 in conjunction with 37184-37185.[1]

Venous Mechanical Thrombectomy Codes	
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.[1]
- To report bilateral venous mechanical thrombectomy performed through a separate access site(s), use modifier -50 in conjunction with 37187.[1]
- For repeat treatment on a subsequent day during a course of thrombolytic therapy, use 37188.[1]

[1]American Medical Association. Transcatheter Procedures. In: CPT 2024 Professional Edition. Chicago, IL: American Medical Association; 2023: 316-317.

Payment

2024 Medicare Reimbursement for Arterial Percutaneous Mechanical Thrombectomy

		Ambulatory Surgery Center	*Outpatient Hospital*		*Physician Services*	
CPT® Code	Procedure Description	Facility Payment (National Medicare Avg[2])	APC	Facility Payment (National Medicare Avg[3])	Fee When Service Is Performed in the Hospital or ASC (National Medicare Avg[4])	Fee When Service Is Performed in the Office (National Medicare Avg[4])
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	$10,115.56	5194	$16,724.70	$417.76	$1,672.70
+37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	Packaged service/item No separate payment		Items and services packaged into APC rate	$157.78	$464.36
+37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	Packaged service/item No separate payment		Items and services packaged into APC rate	$236.34	$1,159.40

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Payment

2024 Medicare Reimbursement for Venous Percutaneous Mechanical Thrombectomy

		Ambulatory Surgery Center	*Outpatient Hospital*		*Physician Services*	
CPT Code	Procedure Description	Facility Payment (National Medicare Avg[2])	APC	Facility Payment (National Medicare Avg[3])	Fee When Service Is Performed in the Hospital or ASC (National Medicare Avg[4])	Fee When Service Is Performed in the Office (National Medicare Avg[4])
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	$7,269.31	5193	$10,492.72	$381.14	$1,653.39
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	$2,568.06	5183	$3,040.18	$272.62	$1,416.38

[2]2024 Medicare Ambulatory Surgery Center Fee Schedule
[3]2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule
[4]2024 Medicare Physician Fee Schedule

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2024 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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