

## CODING AND REIMBURSEMENT GUIDE

# Interventional Radiology

### CONTACT

If you have any questions, please contact our reimbursement team at **833.585.2688** or by e-mail at [reimbursement@cookmedical.com](mailto:reimbursement@cookmedical.com)

### 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 use of its products outside of their respective FDA-approved labels.



[cookmedical.com](http://cookmedical.com)

Interventional Radiology

		Ambulatory Surgery Center		Hospital Outpatient			Physician Services		
CPT Code	Procedure Description	Payment Indicator <sup>1</sup>	Facility Payment <sup>1</sup>	Status Indicator <sup>2</sup>	APC <sup>2</sup>	Facility Payment <sup>2</sup>	Work RVUs <sup>3</sup>	Physician (Facility) <sup>3</sup>	Physician (Non- Facility) <sup>3</sup>
Thoracentesis									
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	G2	\$344.58	T	5181	\$640.89	1.77	\$79.55	\$261.83
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	G2	\$344.58	T	5181	\$640.89	2.21	\$94.32	\$312.51
Pleural drainage									
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	G2	\$894.33	J1	5302	\$1,960.47	2.44	\$112.45	\$845.90
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	G2	\$649.99	J1	5182	\$1,608.25	3.04	\$129.91	\$651.55
Pericardiocentesis									
33016	Pericardiocentesis, including imaging guidance, when performed	G2	\$649.99	J1	5182	\$1,608.25	4.29	\$205.10	NA
Gastrostomy Procedures									
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	G2	\$894.33	J1	5302	\$1,960.47	3.83	\$179.25	\$792.86
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	G2	\$137.79	T	5371	\$255.26	0.73	\$34.57	\$273.91
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	G2	\$137.79	T	5371	\$255.26	1.37	\$83.58	\$374.61
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	G2	\$497.85	T	5301	\$926.63	1.33	\$56.73	\$567.29
Transcatheter Peripheral Embolization or Occlusion Services									
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	J8	\$6,866.49	J1	5193	\$11,794.23	8.53	\$372.93	\$4,418.49
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	J8	\$11,449.32	J1	5194	\$18,728.69	9.56	\$415.23	\$6,714.51
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	G2	\$5,419.44	J1	5193	\$11,794.23	11.45	\$484.71	\$8,041.77
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	J8	\$6,866.49	J1	5193	\$11,794.23	13.41	\$568.97	\$6,142.52

Interventional Radiology

		Ambulatory Surgery Center		Hospital Outpatient			Physician Services		
CPT Code	Procedure Description	Payment Indicator <sup>1</sup>	Facility Payment <sup>1</sup>	Status Indicator <sup>2</sup>	APC <sup>2</sup>	Facility Payment <sup>2</sup>	Work RVUs <sup>3</sup>	Physician (Facility) <sup>3</sup>	Physician (Non- Facility) <sup>3</sup>
Uterine Fibroid Embolization (UFE)									
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	G2	\$5,419.44	J1	5193	\$11,794.23	11.45	\$484.71	\$8,041.77
Transjugular Liver and Kidney Biopsy									
Transcatheter Biopsy									
37200	Transcatheter biopsy	G2	\$3,187.37	J1	5184	\$5,685.01	4.44	\$185.96	NA
75970	Transcatheter biopsy, radiological supervision and interpretation	NA	NA	N	NA	NA	0.81	\$36.92	NA
Catheter Placement									
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	N1	NA	N	NA	NA	3.06	\$137.29	\$786.49
Venography									
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	NA	NA	Q2	5183	\$3,225.87	1.11	\$50.35	\$119.50
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	NA	NA	Q2	5183	\$3,225.87	1.11	\$50.35	\$122.86
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	NA	NA	Q2	5183	\$3,225.87	1.11	\$50.69	\$123.53

1. 2026 Medicare Ambulatory Surgery Center Fee Schedule  
2. 2026 Medicare Hopsital Outpatient Prospective Payment System  
3. 2026 Medicare Physician Fee Schedule. The rates shown in this guide reflect the CY 2026 qualifying APM conversion factor of \$33.57. For reference, the CY 2026 nonqualifying APM conversion factor is \$33.40.  
CPT © 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association