

Medtronic

Engineering the extraordinary

Health Economics Policy & Reimbursement

Peripheral Embolization

Reimbursement Guide

2025



About this document

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

The purpose of this interactive PDF is to provide reimbursement information related to Medtronic’s Peripheral Embolization products.

For further information please see the links to the Inpatient, Outpatient and ASC rules as well as the Physician Fee Schedule in the references section on slide 13.

Alternatively, please contact the Health Economics Policy and Payment Team at:

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Navigating the document:

The buttons found in the top righthand corner can be used to help navigate the document.

Inpatient reimbursement:



Outpatient reimbursement:



ASC reimbursement:



Physician* reimbursement:



Coding† information:



Previous slide:



*Physician reimbursement includes OBL data

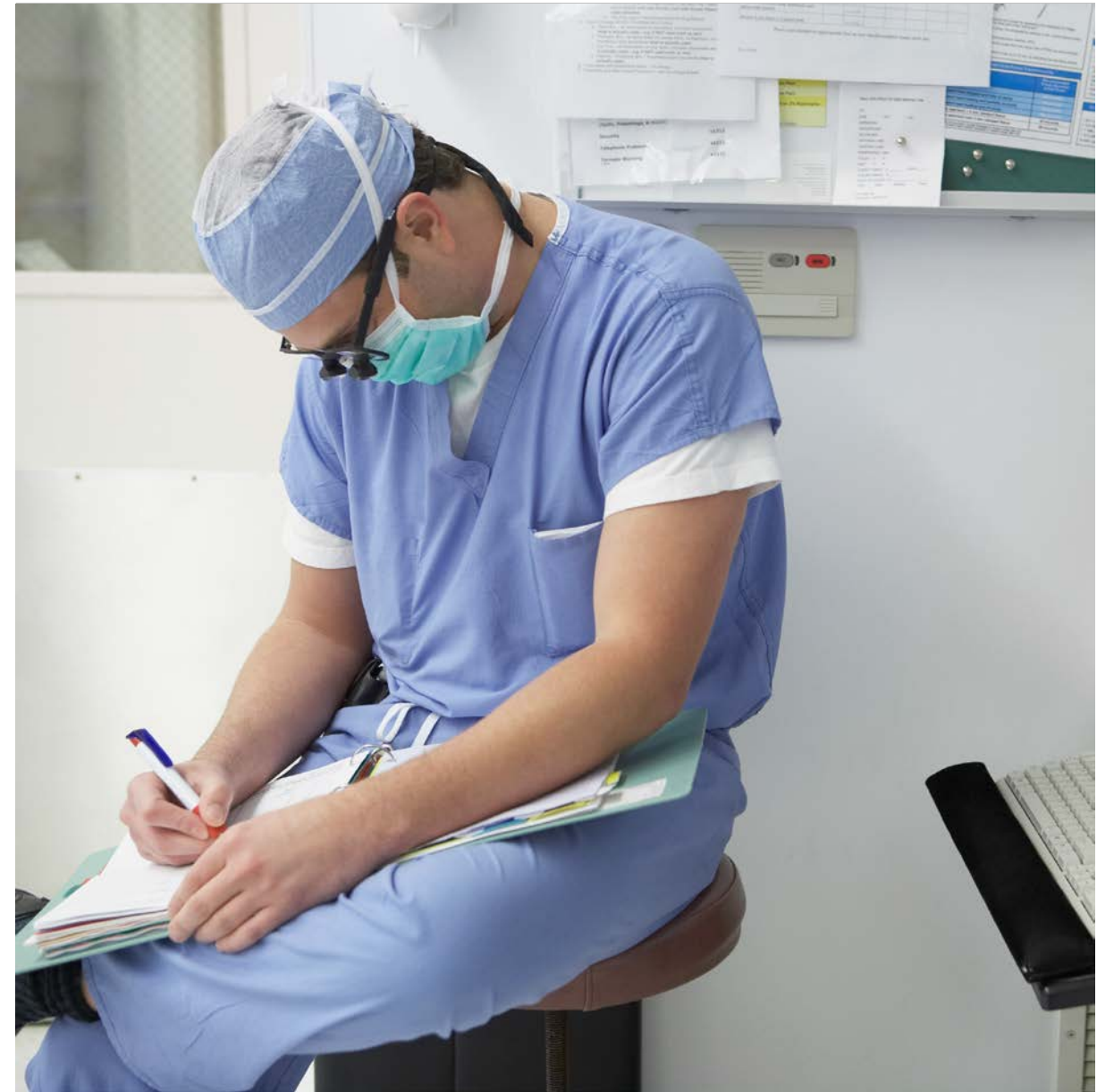
†Coding information includes examples of:

- diagnosis codes (ICD-10-CM)
- inpatient procedure codes (ICD-10-PCS)
- place of service codes (POS)
- HCPCS C-Codes
- Modifiers

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About this document

- National Unadjusted Reimbursement Rates:
 - Please note that all Medicare rates displayed in this table reflect the “national unadjusted” amounts inclusive of beneficiary cost-sharing and do not reflect any additional payment adjustments.
- “+” represents an add-on code
- MS-DRG average payment is a weighted average based upon historical volumes for the MS-DRG group highlighted
- In the ASC section, “MPD” represents the “Multi-Procedure Discount”
- Under physician reimbursement:
 - Facility (“Fac”) reimbursement represents reimbursement to the physician in settings such as a hospital or Ambulatory Surgical Center (ASC)
 - Non-Facility (“NF”) includes office-based-labs (OBLs)
 - -TC represents the Technical Component modifier; -26 represents the Professional Component modifier
- Medtronic doesn’t offer products with approved indications for all procedures listed.



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CMS FY 2025 Inpatient National Unadjusted Reimbursement Rates (effective October 1st, 2024, to September 30th, 2025)

Therapy Examples	MS-DRG	MS-DRG Description	Payment
Embolization of pulmonary arteriovenous malformation	252	Other Vascular Procedures w/ MCC	\$24,413
	253	Other Vascular Procedures w/ CC	\$18,168
	254	Other Vascular Procedures w/o CC/ MCC	\$12,450
	Average Payment		\$20,245
Embolization of collateral vessel(s) in conjunction with placement of AAA endograft	268	Aortic & Heart Assist Procedures (except Pulsation Balloon) w/ MCC	\$47,451
	269	Aortic & Heart Assist Procedures (except Pulsation Balloon) w/o MCC	\$29,610
	Average Payment		\$33,083
Embolization procedures including: <ul style="list-style-type: none">• Embolization of renal arteriovenous malformation• Embolization to exclude unruptured peripheral aneurysms from circulation (e.g., unruptured aneurysm of other peripheral arteries)• Embolization to occlude ruptured peripheral aneurysms (e.g., ruptured aneurysm of other peripheral arteries)	270	Other Major Cardiovascular Procedures w/ MCC	\$36,530
	271	Other Major Cardiovascular Procedures w/ CC	\$24,514
	272	Other Major Cardiovascular Procedures w/o CC/ MCC	\$17,087
	Average Payment		\$29,789
Embolization of portal vein to increase the size of the remaining left lobe of liver (prior to resection of the right lobe of the liver for liver cancer)	423	Other Hepatobiliary or Pancreas OR Procedures w/ MCC	\$28,946
	424	Other Hepatobiliary or Pancreas OR Procedures w/ CC	\$16,249
	425	Other Hepatobiliary or Pancreas OR Procedures w/o CC/ MCC	\$11,001
	Average Payment		\$18,732

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

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CMS FY 2025 Inpatient National Unadjusted Reimbursement Rates (effective October 1st, 2024, to September 30th, 2025)

Therapy Examples	MS-DRG	MS-DRG Description	Payment
Embolization procedures including: <ul style="list-style-type: none">Embolization to exclude unruptured peripheral aneurysms from circulation (e.g., unruptured aneurysm of renal artery)Embolization to occlude ruptured peripheral aneurysms (e.g., ruptured aneurysm of renal artery)	673	Other Kidney & Urinary Tract Procedures w/ MCC	\$29,820
	674	Other Kidney & Urinary Tract Procedures w/ CC	\$16,428
	675	Other Kidney & Urinary Tract Procedures w/o CC/ MCC	\$11,140
	Average Payment		\$23,629
Embolization for Varicocele	717	Other Male Reproductive System O.R. Proc Exc Malignancy w/ CC/ MCC	\$13,205
	718	Other Male Reproductive System O.R. Proc Exc Malignancy w/o CC/ MCC	\$8,767
	Average Payment		\$12,371
Embolization for uterine fibroids	749	Other Female Reproductive System O.R. Procedures w/ CC/ MCC	\$18,422
Embolization for pelvic congestion syndrome (pelvic varices)	750	Other Female Reproductive System O.R. Procedures w/o CC/ MCC	\$ 9,177
	Average Payment		\$17,443
Embolization to occlude vessel with hemorrhage due to trauma or vessel injury (e.g., injuries in a single body system)	907	Other O.R. Procedures For Injuries Procedures w/ MCC	\$28,351
	908	Other O.R. Procedures For Injuries Procedures w/ CC	\$14,355
	909	Other O.R. Procedures For Injuries Procedures w/o CC/ MCC	\$ 9,026
	Average Payment		\$20,627

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

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CMS FY 2025 Inpatient National Unadjusted Reimbursement Rates (effective October 1st, 2024, to September 30th, 2025)

Therapy Examples	MS-DRG	MS-DRG Description	Payment
Embolization to occlude vessels with hemorrhage due to trauma or vessel injury (e.g., major injuries in two or more different body systems)	957	Other O.R. Procedures For Multiple Significant Trauma w/ MCC	\$53,119
	958	Other O.R. Procedures For Multiple Significant Trauma w/ CC	\$29,247
	959	Other O.R. Procedures For Multiple Significant Trauma w/o CC/ MCC	\$18,815
	Average Payment		\$42,613
Embolization procedures including: • Embolization of uterine arteriovenous malformation	981	Extensive O.R. Procedure Unrelated To Principal Diagnosis w/ MCC	\$33,836
	982	Extensive O.R. Procedure Unrelated To Principal Diagnosis w/ CC	\$17,426
	983	Extensive O.R. Procedure Unrelated To Principal Diagnosis w/o CC/ MCC	\$11,872
	Average Payment		\$27,490
Embolization of non-target vascular beds (prior to Yttrium-90 radioembolization of liver cancer)	987	Non-extensive O.R. Proc Unrelated To Principal Diagnosis w/ MCC	\$24,931
	988	Non-extensive O.R. Proc Unrelated To Principal Diagnosis w/ CC	\$12,213
	989	Non-extensive O.R. Proc Unrelated To Principal Diagnosis w/o CC/ MCC	\$ 8,223
	Average Payment		\$18,929

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

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CMS CY 2025 Outpatient National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Status Indicator	APC	Payment
Embolization	37241	Vascular embolization or occlusion, venous, other than hemorrhage	J1	5193	\$11,341
	37242	Vascular embolization or occlusion, arterial, other than hemorrhage or tumor	J1	5194	\$17,957
	37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	J1	5193	\$11,341
	37244	Vascular embolization or occlusion, for arterial or venous hemorrhage or lymphatic extravasation	J1	5193	\$11,341
Arterial Catheterization	36215	Selective catheter placement, arterial system; 1st order thoracic or brachiocephalic branch	N		\$0
	36216	Selective catheter placement, arterial system; 2nd order thoracic or brachiocephalic branch	N		\$0
	36217	Selective catheter placement, arterial system; 3rd order thoracic or brachiocephalic branch	N		\$0
	+36218	Selective catheter placement, arterial system; additional 2nd or 3rd order thoracic or brachiocephalic branch	N		\$0
	36245	Selective catheter placement, arterial system; 1st order abdominal, pelvic, or lower extremity artery branch	N		\$0
	36246	Selective catheter placement, arterial system; 2nd order abdominal, pelvic, or lower extremity artery branch	N		\$0
	36247	Selective catheter placement, arterial system; 3rd order abdominal, pelvic, or lower extremity artery branch	N		\$0
	+36248	Selective catheter placement, arterial system; additional 2nd or 3rd order abdominal, pelvic, or lower extremity artery branch	N		\$0
Venous Catheterization	36011	Selective catheter placement, venous system; 1st order branch (eg, renal vein, jugular vein)	N		\$0
	36012	Selective catheter placement, venous system; 2nd order or more selective (eg, left adrenal vein, petrosal sinus)	N		\$0
Pulmonary Artery Catheterization	36015	Selective catheter placement, segmental or subsegmental pulmonary artery	N		\$0
Portal Vein Catheterization	36481	Percutaneous portal vein catheterization by any method	N		\$0



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CMS CY 2025 APC Complexity Adjustments & Reimbursement Rates

Comprehensive APC (C-APC) claims that contain: **two or more primary procedure codes** (J1 service units); **bilateral procedures** with modifier 50 (J1 bilateral service), or **certain add-on procedure codes** may be eligible for a **complexity adjustment**. This complexity adjustment **promotes the claim to the next higher cost APC within the primary procedure’s clinical family**. The complexity adjustments are developed for frequently occurring combinations that significantly increase the cost of the primary procedure claim.¹

Primary CPT®	Primary CPT® Description	Primary APC Assigned	Secondary or add-on CPT®	Secondary or add-on CPT® Description	Secondary APC Assigned	Complexity Adjusted APC Assignment
37241	Vascular embolization or occlusion, venous, other than hemorrhage	5193	75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	5183	5194
37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	5193	37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	5193	5194
37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	5193	47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	5361	5194
37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	5193	50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	5362	5194
37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	5193	75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	5183	5194

Note: This may not be an exhaustive list for all coding combinations and complexity adjustments. Please refer to Addendum J for the complete list

¹ <https://www.cms.gov/files/document/2025-nfrm-opps-claims-accounting.pdf>

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CMS CY 2025 ASC National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Payment Indicator	MPD	Payment
Embolization	37241	Vascular embolization or occlusion, venous, other than hemorrhage	J8	Y	\$6,454
	37242	Vascular embolization or occlusion, arterial, other than hemorrhage or tumor	J8	Y	\$11,861
	37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	J8	Y	\$6,530
	37244	Vascular embolization or occlusion, for arterial or venous hemorrhage or lymphatic extravasation	N/A	N/A	N/A
Arterial Catheterization	36215	Selective catheter placement, arterial system; 1st order thoracic or brachiocephalic branch	N1	N	\$0
	36216	Selective catheter placement, arterial system; 2nd order thoracic or brachiocephalic branch	N1	N	\$0
	36217	Selective catheter placement, arterial system; 3rd order thoracic or brachiocephalic branch	N1	N	\$0
	+36218	Selective catheter placement, arterial system; additional 2nd or 3rd order thoracic or brachiocephalic branch	N1	N	\$0
	36245	Selective catheter placement, arterial system; 1st order abdominal, pelvic, or lower extremity artery branch	N1	N	\$0
	36246	Selective catheter placement, arterial system; 2nd order abdominal, pelvic, or lower extremity artery branch	N1	N	\$0
	36247	Selective catheter placement, arterial system; 3rd order abdominal, pelvic, or lower extremity artery branch	N1	N	\$0
	+36248	Selective catheter placement, arterial system; additional 2nd or 3rd order abdominal, pelvic, or lower extremity artery branch	N1	N	\$0
Venous Catheterization	36011	Selective catheter placement, venous system; 1st order branch (eg, renal vein, jugular vein)	N1	N	\$0
	36012	Selective catheter placement, venous system; 2nd order or more selective (eg, left adrenal vein, petrosal sinus)	N1	N	\$0
Pulmonary Artery Catheterization	36015	Selective catheter placement, segmental or subsegmental pulmonary artery	N1	N	\$0
Portal Vein Catheterization	36481	Percutaneous portal vein catheterization by any method	N1	N	\$0

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CMS CY 2025 Physician National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Work RVUs	NF Payment	Fac Payment
Embolization	37241	Vascular embolization or occlusion, venous, other than hemorrhage	8.75	\$4,198	\$404
	37242	Vascular embolization or occlusion, arterial, other than hemorrhage or tumor	9.8	\$6,466	\$449
	37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	11.74	\$7,841	\$530
	37244	Vascular embolization or occlusion, for arterial or venous hemorrhage or lymphatic extravasation	13.75	\$5,993	\$624
Arterial Catheterization	36215	Selective catheter placement, arterial system; 1st order thoracic or brachiocephalic branch	4.17	\$964	\$203
	36216	Selective catheter placement, arterial system; 2nd order thoracic or brachiocephalic branch	5.27	\$995	\$259
	36217	Selective catheter placement, arterial system; 3rd order thoracic or brachiocephalic branch	6.29	\$1,738	\$322
	+36218	Selective catheter placement, arterial system; additional 2nd or 3rd order thoracic or brachiocephalic branch	1.01	\$198	\$50
	36245	Selective catheter placement, arterial system; 1st order abdominal, pelvic, or lower extremity artery branch	4.65	\$1,144	\$224
	36246	Selective catheter placement, arterial system; 2nd order abdominal, pelvic, or lower extremity artery branch	5.02	\$770	\$239
	36247	Selective catheter placement, arterial system; 3rd order abdominal, pelvic, or lower extremity artery branch	6.04	\$1,310	\$282
	+36248	Selective catheter placement, arterial system; additional 2nd or 3rd order abdominal, pelvic, or lower extremity artery branch	1.01	\$110	\$46
Venous Catheterization	36011	Selective catheter placement, venous system; 1st order branch (eg, renal vein, jugular vein)	3.14	\$740	\$148
	36012	Selective catheter placement, venous system; 2nd order or more selective (eg, left adrenal vein, petrosal sinus)	3.51	\$772	\$166
Pulmonary Artery Catheterization	36015	Selective catheter placement, segmental or subsegmental pulmonary artery	3.51	\$776	\$164
Portal Vein Catheterization	36481	Percutaneous portal vein catheterization by any method	6.73	\$1,602	\$308

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Coding Information - Example Diagnosis Codes

Diagnosis	ICD-10-CM	ICD-10-CM Description
Liver cancer	C22.0	Liver cell carcinoma (hepatocellular carcinoma)
	C22.1	Intrahepatic bile duct carcinoma (cholangiocarcinoma)
	C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
	C7B.02	Secondary carcinoid tumors of liver (metastatic neuroendocrine tumor)
Varicocele	I86.1	Scrotal varices
Uterine fibroids	D25.0 - D25.9	Leiomyoma of uterus
Pelvic congestion syndrome	I86.2	Pelvic varices
Abdominal aortic aneurysm	I71.40-I71.43	Abdominal aortic aneurysm, without rupture
Arteriovenous malformation, pulmonary	Q25.72	Congenital pulmonary arteriovenous malformation
Arteriovenous malformation, uterine	Q27.39	Arteriovenous malformation, other site (congenital)
	I77.0	Arteriovenous fistula, acquired
Arteriovenous malformation, renal	Q27.34	Arteriovenous malformation of renal vessel (congenital)
Aneurysm, peripheral	I72.2	Aneurysm of renal artery
	I72.3	Aneurysm of iliac artery
	I72.8	Aneurysm of other specified arteries (e.g., SMA, splenic, celiac, hepatic)

NOTE: These diagnosis codes do not include those associated with traumatic injury.

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Coding Information - Other Codes

Example Place of Service Codes

POS Code	POS Description	POS Code	POS Description
11	Physician Office	22	On-Campus Outpatient Hospital
19	Off-Campus Outpatient Hospital	24	Ambulatory Surgical Center
21	Inpatient Hospital		

Example HCPCS Codes

There are no recommended HCPCS codes for Medtronic’s Embolization products

Example Modifiers

Modifier	Description	Modifier	Description
26	Professional component	TC	Technical component
50	Bilateral procedure	51	Multiple procedures (50% reduction)
52	Reduced procedure	53	Discontinued procedure
59	Distinct procedural service		
-XE	Distinct service - separate encounter		
-XS	Distinct service - separate organ/structure		
-XP	Distinct service - different practitioner		
-XU	Distinct service - unusual (eg, non-overlapping)		

NOTE: The codes and modifiers above are examples and not inclusive of all applicable codes and modifiers.



References

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

- The Inpatient rules can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html>
- Outpatient rules can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html>
- ASC rules (including an explanation of Payment Indicators) can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/index.html>
- Physician Fee Schedules can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/>

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Code descriptions have been abbreviated in this document. For specific AMA descriptions of current CPT® coding, please refer to the most recent version of the CPT® Coding Book.

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