

Medtronic

Engineering the extraordinary

Health Economics Policy & Reimbursement

Deep Venous Stenting

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 Deep Venous Stenting 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 12.

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 general coding information and includes examples of:

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

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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)

MS-DRG	MS-DRG Description	Payment
252	Other Vascular Procedures w/ MCC	\$24,413
253	Other Vascular Procedures w/ CC	\$18,169
254	Other Vascular Procedures w/o CC/ MCC	\$12,450
Average Payment		\$20,245

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

Example Inpatient Procedure Codes

ICD-10-PCS	ICD-10-PCS Description
067C3DZ	Dilation of right common iliac vein with intraluminal device, percutaneous approach
067D3DZ	Dilation of left common iliac vein with intraluminal device, percutaneous approach
067F3DZ	Dilation of right external iliac vein with intraluminal device, percutaneous approach
067G3DZ	Dilation of left external iliac vein with intraluminal device, percutaneous approach
067M3DZ	Dilation of right femoral vein with intraluminal device, percutaneous approach
067N3DZ	Dilation of left femoral vein with intraluminal device, percutaneous approach

NOTE: The inpatient procedure codes above are examples, and not inclusive of all applicable codes. See the Deep Venous coding guide for additional applicable procedure codes.

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

CPT®	CPT® Description	Status Indicator	APC	Payment
37238	Intravascular stent, initial vein	J1	5193	\$11,341
+37239	Intravascular stent, each additional vein	N		\$0
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	N		\$0
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	N		\$0
+37252	IVUS, noncoronary vessel; initial vessel	N		\$0
+37253	IVUS, noncoronary vessel; each additional noncoronary vessel	N		\$0
75820	Venography, extremity, unilateral	Q2	5182	\$1,553
75822	Venography, extremity, bilateral	J1	5182	\$1,553
75825	Venography, caval, inferior, with serialography	Q2	5183	\$3,148
+76937	Ultrasound guidance for vascular access	N		\$0
93970	Duplex scan of extremity, complete, bilateral	S	5523	\$242
93971	Duplex scan of extremity, limited, unilateral	S	5522	\$106

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CMS CY 2025 APC Complexity Adjustments

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
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	5193	37238	Intravascular stent, initial vein	5193	5194
37238	Intravascular stent, initial vein	5193	37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	5183	5194
37238	Intravascular stent, initial vein	5193	37238	Intravascular stent, initial vein	5193	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>



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

CPT®	CPT® Description	Payment Indicator	MPD	Payment
37238	Intravascular stent, initial vein	J8	Y	\$7,102
+37239	Intravascular stent, each additional vein	N1	N	\$0
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	N1	N	\$0
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	N1	N	\$0
+37252	IVUS, noncoronary vessel; initial vessel	N1	N	\$0
+37253	IVUS, noncoronary vessel; each additional noncoronary vessel	N1	N	\$0
75820	Venography, extremity, unilateral	N1		\$0
75822	Venography, extremity, bilateral	Z3		\$62
75825	Venography, caval, inferior, with serialography	N1		\$0
+76937	Ultrasound guidance for vascular access	N1		\$0
93970	Duplex scan of extremity, complete, bilateral	N/A	N/A	N/A
93971	Duplex scan of extremity, limited, unilateral	N/A	N/A	N/A

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

CPT®	CPT® Description	Work RVUs	NF Payment	Fac Payment
37238	Intravascular stent, initial vein	6.04	\$3,137	\$290
+37239	Intravascular stent, each additional vein	2.97	\$1,570	\$143
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	3.14	\$740	\$148
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	3.51	\$772	\$166
+37252	IVUS, noncoronary vessel; initial vessel	1.80	\$860	\$84
+37253	IVUS, noncoronary vessel; each additional noncoronary vessel	1.44	\$164	\$67
75820	Venography, extremity, unilateral	1.05	\$103	N/A
75820-TC	Venography, extremity, unilateral (technical component)	0.00	\$56	N/A
75820-26	Venography, extremity, unilateral (professional component)	1.05	\$47	\$47
75822	Venography, extremity, bilateral	1.48	\$129	N/A
75822-TC	Venography, extremity, bilateral (technical component)	0.00	\$63	N/A
75822-26	Venography, extremity, bilateral (professional component)	1.48	\$66	\$66
75825	Venography, caval, inferior, with serialography	1.14	\$111	N/A
75825-TC	Venography, caval, inferior, with serialography (technical component)	0.00	\$59	N/A
75825-26	Venography, caval, inferior, with serialography (professional component)	1.14	\$51	\$51

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

CPT®	CPT® Description	Work RVUs	NF Payment	Fac Payment
+76937	Ultrasound guidance for vascular access	0.30	\$37	N/A
+76937-TC	Ultrasound guidance for vascular access (technical component)	0.00	\$24	N/A
+76937-26	Ultrasound guidance for vascular access (professional component)	0.30	\$13	\$13
93970	Duplex scan of extremity, complete, bilateral	0.70	\$179	N/A
93970-TC	Duplex scan of extremity, complete, bilateral (technical component)	0.00	\$148	N/A
93970-26	Duplex scan of extremity, complete, bilateral (professional component)	0.70	\$31	\$31
93971	Duplex scan of extremity, limited, unilateral	0.45	\$115	N/A
93971-TC	Duplex scan of extremity, limited, unilateral (technical component)	0.00	\$94	N/A
93971-26	Duplex scan of extremity, limited, unilateral (professional component)	0.45	\$20	\$20

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Coding Information - Example Diagnosis Codes

Diagnosis	ICD-10-CM	ICD-10-CM Description
Acute Embolism & Thrombosis	I82.411	Acute embolism and thrombosis of right femoral vein
	I82.412	Acute embolism and thrombosis of left femoral vein
	I82.413	Acute embolism and thrombosis of femoral vein, bilateral
	I82.421	Acute embolism and thrombosis of right iliac vein
	I82.422	Acute embolism and thrombosis of left iliac vein
	I82.423	Acute embolism and thrombosis of iliac vein, bilateral
Chronic Embolism & Thrombosis	I82.511	Chronic embolism and thrombosis of right femoral vein
	I82.512	Chronic embolism and thrombosis of left femoral vein
	I82.513	Chronic embolism and thrombosis of femoral vein, bilateral
	I82.521	Chronic embolism and thrombosis of right iliac vein
	I82.522	Chronic embolism and thrombosis of left iliac vein
	I82.523	Chronic embolism and thrombosis of iliac vein, bilateral
Venous Stenosis*	I87.1	Compression of vein

*I87.1 is a complete code and is assigned for venous stenosis or stricture as well as May-Thurner syndrome.

Diagnosis	ICD-10-CM	ICD-10-CM Description
Postthrombotic Syndrome	I87.011	Postthrombotic syndrome w/ ulcer of right lower extremity
	I87.012	Postthrombotic syndrome w/ ulcer of left lower extremity
	I87.013	Postthrombotic syndrome w/ ulcer of bilateral lower extremity
	I87.021	Postthrombotic syndrome w/ inflammation of right lower extremity
	I87.022	Postthrombotic syndrome w/ inflammation of left lower extremity
	I87.023	Postthrombotic syndrome w/ inflammation of bilateral lower extremity
	I87.031	Postthrombotic syndrome w/ ulcer & inflammation of right lower extremity
	I87.032	Postthrombotic syndrome w/ ulcer & inflammation of left lower extremity
	I87.033	Postthrombotic syndrome w/ ulcer & inflammation of bilateral lower extremity

An additional code for severity of ulcer **L97.--** is assigned with I87.01- and I87.03-

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

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Coding Information

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 C-Codes

HCPCS Code	HCPCS Description	HCPCS Code	HCPCS Description
C1725	Catheter, transluminal angioplasty, non-laser (may include infusion/perfusion capability)	C1876	Stent, non-coated/non-covered, with delivery system

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	-XP	Distinct service - different practitioner
-XS	Distinct service - separate organ/structure	-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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