

2018 MEDICARE REIMBURSEMENT - HOSPITAL OUTPATIENT PERCUTANEOUS MECHANICAL THROMBECTOMY

Effective January 1, 2018, arterial percutaneous mechanical thrombectomy (PMT) reported with 37184 and venous PMT reported with 37187 are reassigned from APC 5183 to c-APC 5192.¹

CPT®	Description	CY2017 APC 5183	CY2018 C-APC 5192
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	\$3,924	\$5,085
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$3,924	\$5,085

CMS annually evaluates multiple procedure combinations performed on the same date of services and recognizes some combinations for higher payment through complexity adjustments. The table below describes qualifying complexity adjustments for CY2018 that involve PMT:

Complexity adjustments involving the use of percutaneous mechanical thrombectomy ²						
CPT®	Abbreviated Description		CPT®	Abbreviated Description	APC	Reimbursement
37238	Venous Stent	and	37187	Venous PMT	5194	\$16,019
37221	Iliac Stent	and	37184	Arterial PMT	5194	\$16,019
37225	Fem/Pop Atherectomy	and	37184	Arterial PMT	5194	\$16,019
37226	Fem/Pop Stent	and	37184	Arterial PMT	5194	\$16,019
37184	Arterial PMT	and	37224	Fem/Pop PTA	5193	\$10,510

Currently, no Boston Scientific stent is FDA-approved for use in the veins of the lower extremities.

Abbreviated code descriptions displayed above, see the 2018 AMA CPT codebook for important information not included on this document

Boston Scientific Reimbursement Support: 1.800.CARDIAC (227.3422)

¹ <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1678-FC.html>

² CMS Final CY2018 HOPPS Addendum J

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Medicare reimbursement for Hospital Inpatient admissions involving percutaneous mechanical thrombectomy (PMT) of the lower limbs is assigned to MS-DRGs 270, 271 & 272. PMT is reported with an ICD-10-PCS root operation of Extirpation.

MS-DRG assignment is based on many factors including documented patient condition(s) as well as services rendered during a qualifying hospital admission. While services like extirpation and dilation typically map to surgical MS-DRGs, other services such as thrombolysis and ultrasound therapy may map to medical MS-DRGs.

While this is not an all encompassing list of potentially applicable MS-DRGs or procedure codes, the following examples are intended to illustrate potential MS-DRG assignments for a hypothetical patient admitted for **acute embolism and thrombosis of left femoral vein**.

Example 1: Percutaneous Mechanical Thrombectomy

*06CN3ZZ: Extirpation of matter from left femoral vein, percutaneous approach
Thrombectomy, described as extirpation within ICD-10-PCS, maps to surgical MS-DRGs 270-272.

Surgical MS-DRGs within MDC 5

MS-DRG	FY2018 National Average Reimbursement
○ 270	\$29,782
○ 271	\$20,395
272	\$14,792

Example 2: Dilation

*067N3ZZ: Dilation of left femoral vein, percutaneous approach
Angioplasty, described as dilation within ICD-10-PCS, maps to surgical MS-DRGs 252-254.

Surgical MS-DRGs within MDC 5

MS-DRG	FY2018 National Average Reimbursement
○ 252	\$19,492
○ 253	\$15,281
254	\$10,928

Example 3: Thrombolysis and/or Ultrasound Therapy

*3E03317: Introduction of other thrombolytic into peripheral vein, percutaneous approach
*6A750Z6: Ultrasound therapy of peripheral vessels, single
Thrombolytic infusion with or without ultrasound therapy, without extirpation or dilation. In this scenario, medical MS-DRGs may apply.

Medical MS-DRGs within MDC 5

MS-DRG	FY2018 National Average Reimbursement
○ 299	\$8,507
○ 300	\$6,139
301	\$4,371

* Denotes potentially applicable ICD-10-PCS codes. The information above is not all inclusive and is meant for illustrative purposes only.

○ Denotes MS-DRG associated with Major Complications or Comorbidities (MCC)

○ Denotes MS-DRG associated with Complications or Comorbidities (CC)

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