Liver Tumor Embolization

		PHYSICIAN FEE SCHEDULE[i]			HOSPITAL OUTPATIENT[ii]		HOSPITAL INPATIENT[iii]		
CPT© CODE	CPT CODE DESCRIPTION	RVUs	2025 NATIONAL UNADJUSTED FACILITY PAYMENT	2025 NATIONAL UNADJUSTED NON-FACILITY PAYMENT	APC CODE*	2025 NATIONAL UNADJUSTED PAYMENT	2025 ICD-10-PCS[iv]	MS-DRG	2025 NATIONAL UNADJUSTED PAYMENT
37243	Vascular embolization or occlusion for tumor, organ ischemia, or infarction (incl. radiological supervision, interpretation, road mapping, imaging)	16.40	$530	$7,841	5193	$11,341	04L33DZ	252	$24,413
								253	$18,169
								254	$12,450
36245	1st order selective catheter placement (abdominal or lower)	6.93	$224	$1,144	N	N/A	N/A	N/A	
36246	2nd order selective catheter placement (abdominal or lower)	7.38	$239	$770	N	N/A			
36247	3rd order selective catheter placement (abdominal or lower)	8.71	$282	$1,310	N	N/A			
36248	Selective catheter placement (each additional vessel)	1.42	$46	$110	N	N/A			
75726	Angiogram (w/ or w/out flush aortogram. Incl. radiological supervision, interpretation)	2.05	N/A	$166	5184	$5406	B412[0,1,Y]ZZ	N/A	
75774	Angiogram (each additional vessel)	1.01	N/A	$93	N	N/A			
G0269	Venous or arterial closure device	N/A	N/A	N/A	N	N/A	N/A	N/A	
ADD-ON CHEMOEMBOLIZATION CODES WHEN APPLICABLE									
+96420	Chemotherapy administration, intra-arterial; push technique	0.17	N/A	$94	5694	$332	3E053[0,H][5,Z]	N/A	
79445-26	Radiopharmaceutical therapy, by intra-arterial particulate administration	3.26	$105	$105	5661	$224	3E053[0,H][5,Z]	N/A	

*N=Items and Services Packaged into APC Rate

Prostatic Artery Embolization

		PHYSICIAN FEE SCHEDULE			HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		
CPT CODE	CPT CODE DESCRIPTION	RVUs	2025 NATIONAL UNADJUSTED FACILITY PAYMENT	2025 NATIONAL UNADJUSTED NON-FACILITY PAYMENT	APC CODE*	2025 NATIONAL UNADJUSTED PAYMENT	2025 ICD-10-PCS[vi]	MS-DRG	2025 NATIONAL UNADJUSTED PAYMENT
37243	Vascular embolization or occlusion for tumor, organ ischemia, or infarction (incl. radiological supervision, interpretation, road mapping, imaging)	16.40	$530	$7,841	5193	$11,341	04L[E,F]3D[V,W]	715	$16,072
								716	$10,100
								717	$13,205
								718	$8,767
36245	1st order selective catheter placement (abdominal or lower)	6.93	$224	$1,144	N	N/A	N/A	N/A	
36246	2nd order selective catheter placement (abdominal or lower)	7.38	$239	$770	N	N/A			
36247	3rd order selective catheter placement (abdominal or lower)	8.71	$282	$1,310	N	N/A			
36248	Selective catheter placement (each additional vessel)	1.42	$46	$110	N	N/A			
75726	Angiogram (w/ or w/out flush aortogram. Incl. radiological supervision, interpretation)	2.05	N/A	$166	5184	$5406	B41[F,G][0,1,Y]ZZ	N/A	
75774	Angiogram (each additional vessel)	1.01	N/A	$93	N/A	N/A			
G0269	Venous or arterial closure device	N/A	N/A	N/A	N	N/A	N/A	N/A	

*N=Items and Services Packaged into APC Rate

See important disclaimer information on the general scope, provider responsibilities, and product limitations associated with this guide on page 3.

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Uterine Fibroid Embolization

		PHYSICIAN FEE SCHEDULE			HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		
CPT© CODE	CPT CODE DESCRIPTION	RVUs	2025 NATIONAL UNADJUSTED FACILITY PAYMENT	2025 NATIONAL UNADJUSTED NON-FACILITY PAYMENT	APC CODE*	2025 NATIONAL UNADJUSTED PAYMENT	2025 ICD-10-PCS[vii]	MS-DRG	2025 NATIONAL UNADJUSTED PAYMENT
37243	Vascular embolization or occlusion for tumor, organ ischemia, or infarction (incl. radiological supervision, interpretation, road mapping, imaging)	16.40	$530	$7,841	5193	$11,341	04L[E,F]3D[U,T]	749	$18,422
								750	$9,177
36247	3rd order selective catheter placement (abdominal or lower)	8.71	$282	$1,310	N	N/A	N/A	N/A	
G0269	Venous or arterial closure device	N/A	N/A	N/A	N	N/A	N/A	N/A	

*N=Items and Services Packaged into APC Rate

Other Embolization or Occlusion

		PHYSICIAN FEE SCHEDULE			HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		
CPT© CODE	CPT CODE DESCRIPTION	RVUs	2025 NATIONAL UNADJUSTED FACILITY PAYMENT	2025 NATIONAL UNADJUSTED NON-FACILITY PAYMENT	APC CODE*	2025 NATIONAL UNADJUSTED PAYMENT	2025 ICD-10-PCS[viii]	MS-DRG	2025 NATIONAL UNADJUSTED PAYMENT
37241	Vascular embolization or occlusion, venous, other than hemorrhage (incl. radiological supervision, interpretation, road mapping, imaging)	12.48	$404	$4,198	5193	$11,341	Coding and payment dependent upon case factors such as treatment, anatomy and complexity.		
37242	Vascular embolization or occlusion, arterial, other than hemorrhage or tumor (incl. radiological supervision, interpretation, road mapping, imaging)	13.89	$449	$6,466	5194	$17,957			
37244	Vascular embolization or occlusion, arterial, or venous hemorrhage or lymphatic extravasation (incl. radiological supervision, interpretation, road mapping, imaging)	19.29	$624	$5,993	5193	$11,341			

*N=Items and Services Packaged into APC Rate

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EMBOLIZATION REIMBURSEMENT: IMPORTANT INFORMATION

General Information Disclaimer

The healthcare economic and reimbursement information provided by Terumo Medical Corporation ("Terumo") is intended solely for informational and educational purposes. This guide is compiled from third-party sources and is subject to change without notice due to the complex and evolving nature of applicable laws, regulations, payer policies, and administrative guidance. This information is intended solely for general informational and illustrative purposes and does not constitute legal, reimbursement, or coding advice. Terumo does not guarantee that the information provided in this guide is complete, accurate, or applicable to any specific patient or payer scenario.

Provider Responsibilities and Independent Clinical Judgment

Healthcare providers are solely responsible for determining the appropriate treatment plan and making the final decision in determining medical necessity, selecting the appropriate site of service, and submitting accurate and appropriate claims, including the use of correct billing codes, charges, and modifiers for services rendered. It is the healthcare provider's sole responsibility and Terumo highly recommends that providers consult with their payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Providers must also ensure compliance with all applicable Medicare National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and other payer-specific requirements, which are frequently updated. All liability for decisions made based on the information in this guide rests with the healthcare provider and not Terumo.

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i CY 2025 CMS-1807-F, published by CMS on November 1, 2024, conversion factor revised to $32.3465, effective January 2025.

ii CY 2025 Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

iii FY 2025 Medicare Inpatient Prospective Payment System Final Rule [CMS-1808-F], https://federalregister.gov/d/2024-17021, August 1, 2024; Final Rule, effective October 1, 2024.

iv ICD-10 Procedural Coding System (ICD-10-PCS) is developed and maintained by the Centers for Medicare and Medicaid Services (CMS).

v HCPCS code G0269 describes the placement of an occlusive device (i.e. femoral closure device), into either a venous or arterial access site after a surgical or interventional procedure. It's a Miscellaneous Diagnostic and Therapeutic Services code maintained by Centers for Medicare & Medicaid Services | CMS (.gov). Medicare considers it a bundled service, meaning the payment for it is included within the payment for the primary procedure.

vi ICD-10 Procedural Coding System (ICD-10-PCS) is developed and maintained by the Centers for Medicare and Medicaid Services (CMS).

vii ICD-10 Procedural Coding System (ICD-10-PCS) is developed and maintained by the Centers for Medicare and Medicaid Services (CMS).

viii ICD-10 Procedural Coding System (ICD-10-PCS) is developed and maintained by the Centers for Medicare and Medicaid Services (CMS).

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