

LAVA[®] Liquid Embolic System

Medicare 2023

National Reimbursement Guide

Embolization/Occlusion – Peripheral Vasculature

Medicare 2023 hospital outpatient services are based on Medicare CY2023 Final Rule Correction Notice, OPPS Addendum B and ASC Final Addenda. Physician payment reflected in this guide is based on 2023 Medicare Physician Fee Schedule, CY2023, Addendum B, using conversion factor 33.8872

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Hospital Inpatient: Medicare Severity Diagnosis Related Groups (MS-DRGs)

MS-DRG payment is driven by the patient's primary and secondary procedures and/or diagnosis(es) as documented in the patient's medical record. MS-DRGs will also vary based on severity of comorbidities, complications and other factors. MS-DRGs will vary for procedures involving LAVA® due to arterial hemorrhage. Listed below are some of the common MS-DRGs. For additional questions, please contact Sirtex to be directed to your local HEPPRA manager.

MS-DRG	Description	2023 Medicare National Payment
Trauma		
913	Traumatic Injury with MCC	\$10,178
914	Traumatic Injury without MCC	\$5,977
963	Other Multiple Significant Trauma with MCC	\$18,642
964	Other Multiple Significant Trauma with CC	\$9,845
965	Other Multiple Significant Trauma without CC/MCC	\$6,117
GI Bleed		
337	Gastrointestinal Hemorrhage with MCC	\$11,952
378	Gastrointestinal Hemorrhage with CC	\$6,622
379	Gastrointestinal Hemorrhage without CC/MCC	\$4,261
Peripheral Vascular Disorders (Pseudoaneurysm)		
299	Peripheral Vascular Disorders with MCC	\$10,339
300	Peripheral Vascular Disorders with CC	\$6,931
301	Peripheral Vascular Disorders without CC/MCC	\$4,815

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We suggest consulting your third-party payer organizations with regard to local coverage, coding and reimbursement policies. **Providers assume full responsibility for all reimbursement decisions or actions.** Current Procedural Terminology © 2023 American Medical Association. All Rights Reserved. HEPPRA-US-001-08-23

LAVA® CPT Coding and Payment Options: Hospital Outpatient, ASC and Physician

CPT Code	Description	Facility Payment		Physician Payment	
		Hospital Outpatient	ASC	Facility	Non-Facility (OBIS)
Embolization or Occlusion for Hemorrhage - Peripheral Vasculature					
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	\$10,615 (J1)	Not payable	\$653	\$6,752
Selective Catheter Placement – Arterial system					
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	Packaged	Packaged	\$210	\$1,054
36216	; initial second order thoracic or brachiocephalic branch, within a vascular family	Packaged	Packaged	\$268	\$1,083
36217	; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	Packaged	Packaged	\$327	\$1,815
+36218	; additional second order, third order, and beyond (List in addition to code for initial second or third order vessel as appropriate)	Packaged	Packaged	\$52	\$211
36245	; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Packaged	Packaged	\$233	\$1,268
36246	; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Packaged	Packaged	\$248	\$849
36247	; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	Packaged	Packaged	\$295	\$1,449
+36248	additional second order, third order, and beyond, abd, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	Packaged	Packaged	\$48	\$119
Selective Catheter Placement – Venous system					
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	Packaged	Packaged	\$155	\$822
36012	; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	Packaged	Packaged	\$171	\$851
Angiography					
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	Packaged	Packaged	\$95	\$174
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	Packaged	Packaged	\$46	\$99

¹ Medicare APC 5193, Status Code J1, indicates all services and procedures performed on the same day will be packaged into the payment for APC 5193.

+CPT Add-on code – Add-on codes are used in conjunction with a primary procedure and are never billed by themselves. Add-on codes are packaged for the hospital however physicians are reimbursed for add-on codes at 100% of allowable payment.

Embolization Coding Notes

- Report selective catheter placements and diagnostic angiography separately, if performed.
- Code embolization once per surgical site, regardless of the number of vessels occluded.

Frequently Asked Questions

Why is CPT codes 32744 the only appropriate CPT code for procedures utilizing LAVA®?

There are four CPT codes (37241-37244) specific to occlusion/embolization in the peripheral vasculature.

However, only CPT code 37244 describes LAVA's specific indication, which is embolization of **arterial hemorrhage in the peripheral vasculature**.

Physician Coding Options: Medicare 2023 National Averages

CPT Code	Occlusion/Embolization Description	Examples	Describes LAVA® LES?
37241	venous, other than hemorrhage	Congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles lymphatic malformations, capillary hemangiomas, hemodialysis side branches	No
37242	arterial, other than hemorrhage or tumor	congenital or acquired arterial malformations, AVM and AV fistulas, aneurysms, pseudoaneurysms Endoleak, preoperative exam	No
37243	for tumors, organ ischemia, or infarction	Liver, kidney, vertebral body tumors	No
37244	for arterial or venous hemorrhage or lymphatic extravasation	Hemorrhage - traumatic, viscera or pelvis, post- partum, GI bleed, hemoptysis, chyloleak effusion - thoracic duct	YES

What is the appropriate HCPCS code to describe the LAVA Liquid Embolic System?

There are no assigned HCPCS codes for embolization devices.

Is LAVA reimbursed separately?

No. Embolization devices are not paid separately – they are included with the payment for the CPT code.

There are no recommended HCPCS codes for embolization products.

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BlackSwan Vascular, Inc.
A Sirtex company



Indications for use: LAVA LES is indicated for embolization of arterial hemorrhage in the peripheral vasculature.



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