# LAVA® Liquid Embolic System

## Medicare 2024

## National Reimbursement Guide

# Embolization/Occlusion – Peripheral Vasculature

Medicare 2024 hospital outpatient services are based on Medicare CY2024 Final Rule Correction Notice, OPPS Addendum B and ASC Final Addenda.
Physician payment reflected in this guide is based on 2024 Medicare Physician Fee Schedule, CY2024, Addendum B, Consolidated Appropriations Act, 2024 conversion factor 33.2875, effective March 9, 2024

## ICD-10-CM (Diagnosis codes)

For a list of possible ICD-10 diagnosis and procedure codes specific to occlusion/embolization of arterial hemorrhage in the peripheral vasculature, please refer to the *ICD-10-CM/PCS 2024: The Complete Official Codebook* for coding options.

## 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. Due to this variability of treatment for arterial hemorrhage, MS-DRGs are not listed in this coding guide. For additional questions, please contact Sirtex to be directed to your local HEPRA manager.

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

| | | Facility Payment | | Physician Payment | |
|---|---|---|---|---|---|
| CPT Code | Description | 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 | $10,482 (J1) | Not payable | $638 | $6,390 |
| **Selective Catheter Placement – Arterial system** | | | | | |
| 36215 | Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family | Packaged | Packaged | $207 | $1,016 |
| 36216 | ; initial second order thoracic or brachiocephalic branch, within a vascular family | Packaged | Packaged | $265 | $1,047 |
| 36217 | ; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family | Packaged | Packaged | $326 | $1,780 |
| +36218 | ; additional second order, third order, and beyond (List in addition to code for initial second or third order vessel as appropriate) | Packaged | Packaged | $51 | $207 |
| 36245 | ; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family | Packaged | Packaged | $229 | $1,215 |
| 36246 | ; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family | Packaged | Packaged | $246 | $818 |
| 36247 | ; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family | Packaged | Packaged | $289 | $1,390 |
| +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 | $47 | $114 |
| **Selective Catheter Placement – Venous system** | | | | | |
| 36011 | Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein) | Packaged | Packaged | $151 | $783 |
| 36012 | ; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus) | Packaged | Packaged | $169 | $818 |
| **Angiography** | | | | | |
| 75726 | Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation | Packaged | Packaged | $92 | $169 |
| 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 | $45 | $96 |

[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.

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## 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 code 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 2024 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, chylorus 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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**Indications for Use:** LAVA LES is indicated for embolization hemorrhage in the peripheral vaculature.

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