Medicare 2022 Coding and Payment Guide
IVC Filter Removal

Medicare 2022 National Average Hospital Outpatient and Physician Payment

Medicare 2022 hospital outpatient services are based on Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs, 2022 Final Rule Correction Notice, OPPS Addendum B and ASC Final Addenda 011422. Physician payment is made separate from hospital outpatient payment. Physician payment reflected in this guide is based on 2022 Medicare Physician Fee Schedule as outlined in the Calendar Year 2022 (CMS-1751-F), Addendum B (121621) using 2022 Final MPFS 2022 conversion factor 34.6062.

IVC Filter Removal

| CPT Code | Descriptor | Hospital Outpatient | | Physician | |
		APC/ Status[6]	Payment	Facility	Non Facility (OBL)
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, radiological supervision & interp, intraprocedural road mapping, imaging guidance (ultrasound & fluoro), when performed	5183 / J1	$2,924	$349	$1,601

Note: Medicare does not allow payment for IVC Filter removal in the ASC setting

HCPCS	Description	Device Name	APC	Payment
C2629	Introducer/sheath, other than guiding, intracardiac electrophysiological, laser	CavaClear	N	Pkgd

Coding Tip: IVC Filter removal requiring laser

Not all IVC filter removals will require use of laser as it is usually reserved for more complicated cases: *Approximately 80% to 85% of IVCFs are successfully retrieved using a simple endovascular snare technique. That means that 15% to 20% require advanced retrieval techniques, including loop snare, forceps, lasers, fibrin cap disruption, or balloon displacement.* (Kuyumcu G, 2016. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5220200/)

There is no separate CPT code for use of laser during IVCF removal, however a CPT modifier provides the means by which a provider can indicate that a procedure has a specific circumstance, but has not changed in its definition or code.

Due to the complexity of laser IVCF removal, physicians may consider use of modifier 22 (increased procedural service) with CPT code 37193. Documentation regarding the complexity of the case, time involved and use of laser should be clearly stated in the operative report and should support use of modifier 22.

Procedures Commonly Performed with IVC Filter Removal

| CPT Code | Descriptor | Hospital Outpatient | | Physician | |
		APC/ Status[6]	Payment	Facility	Non Facility (OBL)
Venous Mechanical Thrombectomy					
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	5193 / J1	$10,258	$396	$1,848
37188	, repeat treatment on subsequent day during course of thrombolytic therapy	5183 / J1	$2,924	$280	$1,579
Venous Stent					
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	5193 / J1	$10,258	$309	$3,721
+37239	; each additional vein (List separately in addition to code for primary procedure)	N	Pkgd	$152	$1,839
Venous Angioplasty					
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	5192 / J!	$5,062	$299	$1,465
+37249	; each additional vein (List separately in addition to code for primary procedure)	N	Pkgd	146	471