

2021 Transvenous Intrahepatic Portosystemic Shunt Coding & Reimbursement Information

CPT Code	CPT Code Descriptor	Physician Fee ¹ (National Medicare Avg)		APC ² (National Medicare Avg)		ASC (National Medicare Avg)
		Non-Facility	Facility	APC Code	APC Payment	ASC Payment
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	N/A	\$822.43	N/A	N/A	N/A
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	\$6,592.00	\$376.50	5191	\$2,899.02	\$2921.92
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	\$5,159.29	\$437.91	5192	\$4,956.84	\$ 4263.42
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	\$927.11	\$175.86	N/A	N/A	N/A

ICD-10-PCS	Description
06H43DZ	Insertion of Intraluminal Device into Hepatic Vein, Percutaneous Approach
06H83DZ	Insertion of Intraluminal Device into Portal Vein, Percutaneous Approach
06PY3DZ	Removal of Intraluminal Device from Lower Vein, Percutaneous Approach
06WY3DZ	Revision of Intraluminal Device in Lower Vein, Percutaneous Approach
06183J4	Bypass; Portal Vein to Hepatic Vein; Percutaneous; Synthetic Substitute
06184J4	Bypass; Portal Vein to Hepatic Vein; Percutaneous Endoscopic; Synthetic Substitute
06183JY	Bypass; Portal Vein to Lower Vein; Percutaneous; Synthetic Substitute

MS-DRG	Description
270	Other Major Cardiovascular Procedures with MCC
271	Other Major Cardiovascular Procedures with CC
272	Other Major Cardiovascular Procedures without MCC/CC
405	Bypass; Portal Vein to Hepatic Vein; Percutaneous; Synthetic Substitute
406	Bypass; Portal Vein to Hepatic Vein; Percutaneous Endoscopic; Synthetic Substitute
407	Bypass; Portal Vein to Lower Vein; Percutaneous; Synthetic Substitute

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Reimbursement for a product or procedure may vary depending upon the setting in which the product is used. The reimbursements listed in this guide are based on 2021 Medicare National Average Payment or Rates (unadjusted) therefore actual reimbursement rates will vary for each provider or institution. Reference CMS resources below to locate details specific to your area.

¹ 2021 Medicare Physician Services Fee Schedule (Physician) (www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx)

² 2021 Medicare Outpatient Hospital Fee Schedule (APC) (www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/hospital-outpatient-regulations-and-notice/cms-1717-cn)

³ 2021 Medicare Ambulatory Surgery Center Fee Schedule (ASC) (www.cms.gov/apps/ama/license.asp?file=/files/zip/july-2020-asc-approved-hcpcs-code-and-payment-rates.zip)

⁴ Procedural codes (PCS) from the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD) used on hospitalized inpatients. ICD-10-CM comes from the same revision but is specific to clinical modifiers for diagnosing (CM) (www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS)

⁵ Unique temporary pricing codes established by the Centers for Medicare and Medicaid Services (CMS) and only valid for Medicare on claims for hospital outpatient department services and procedures (<https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/2018-11-30-HCPCS-Level2-Coding-Procedure.pdf>)

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