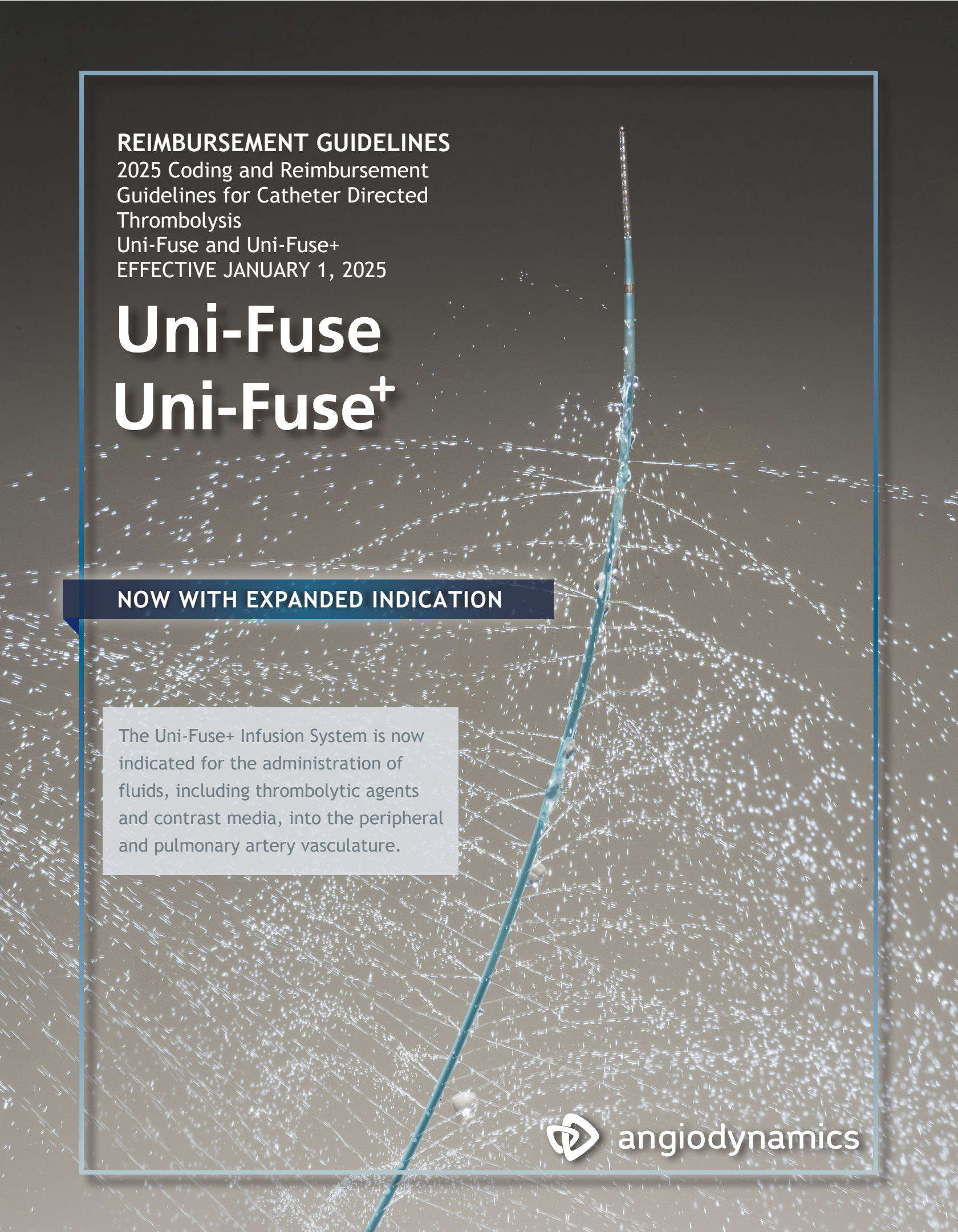
REIMBURSEMENT GUIDELINES
2025 Coding and Reimbursement Guidelines for Catheter Directed Thrombolysis
Uni-Fuse and Uni-Fuse+
EFFECTIVE JANUARY 1, 2025

Uni-Fuse
Uni-Fuse+



NOW WITH EXPANDED INDICATION

The Uni-Fuse+ Infusion System is now indicated for the administration of fluids, including thrombolytic agents and contrast media, into the peripheral and pulmonary artery vasculature.

angiodynamics

Background

This document contains reimbursement information for a catheter-directed thrombolysis infusion system for the administration of fluids, such as thrombolytic agents and contrast media, into the peripheral and pulmonary artery vasculature. As with all medical innovations, reimbursement (codes, payment, and coverage) varies widely from payor to payor. Hospitals and physicians should confirm with the patient's health payor the appropriate codes for claims submission.

This reimbursement information is intended to help hospitals and physicians stay up to date with reimbursement policies and properly use codes related to catheter-directed thrombolysis as performed with the Uni-Fuse and Uni-Fuse+ Catheters. Centers for Medicare and Medicaid Services (CMS) has assigned these codes under the Medicare hospital inpatient prospective payment system (IPPS), the Medicare Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems. CMS practices continued refinement in reimbursement policies on at least a yearly basis. Catheter-directed thrombolysis codes assigned to MS-DRGs, APCs, or ASCs and the corresponding average Medicare payment levels are in the following charts.

Catheter-Directed Thrombolysis Procedure Codes

The codes included in this guide are intended to represent typical catheter-directed thrombolysis procedures and are in no way intended to promote the off-label use of devices. The codes are listed according to the site of service in which they are provided. Payment is based upon the coverage and codes that exist for a particular procedure or service. Payment is not guaranteed and is determined by many factors: for example, geographic indexes, hospital/facility type, and proportion of low-income patients. The payments provided in this guide are based on National Medicare reimbursement averages and should be verified by your organization's coding and compliance teams. Coverage is determined by payors such as Medicare and private payors based on reasonable and necessary standards. Coverage policies for catheter-directed thrombolysis may vary. Check with your local Medicare Contractor or payor to confirm coverage for these procedures.

Codes for Physician and Outpatient Procedures (JANUARY 2025 – DECEMBER 2025)

Current Procedural Terminology (CPT®) Codes are used to document the procedures or medical services health care professionals provide[1]. Physicians report services using CPT® codes regardless of site of service. Below is a list of commonly reported CPT® codes for catheter-directed thrombolysis procedures[1], and Medicare national average payment rates[2,3,4].

Medicare 2025 National Average Payment (Not Geographically Adjusted)								
Service Provided		Physician Reimbursement[2]				Hospital OPPS Payment[3]		
CPT® Code[1]	CPT® Description (Procedure Codes) [1]	Non-Facility		Facility		APC	Payment	ASC Payment[4]
		RVUs	Payment	RVUs	Payment			
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	N/A	N/A	11.32	$366.66	5184 (J1)	$5,405.70	$3,987.18 (G2)
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	N/A	N/A	9.89	$319.91	5183 (J1)	$3,147.50	$1,588.69 (G2)
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed	N/A	N/A	6.76	$218.66	5183 (J1)	$3,147.50	N/A
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	N/A	N/A	3.59	$116.12	5183 (J1)	$3,147.50	N/A

Medicare 2025 National Average Payment (Not Geographically Adjusted)									
Service Provided		Physician Reimbursement[2]				Hospital OPPS Payment[3]		
CPT® Code[1]	CPT® Description (Procedure Codes) [1]	Non-Facility		Facility		APC	Payment	ASC Payment[4]
		RVUs	Payment	RVUs	Payment			
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	5.08	$164.32	2.08	$67.28	Packaged (N)	Packaged (N)	Packaged (N)
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real time ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	0.40	$12.94	N/A	N/A	Packaged (N)	Packaged (N)	Packaged (N)
36013	Introduction of catheter, right heart or main pulmonary artery	22.12	$715.50	3.70	$119.68	Packaged (N)	Packaged (N)	Packaged (N)
36014	Selective catheter placement, left or right pulmonary artery	22.36	$723.27	4.46	$144.27	Packaged (N)	Packaged (N)	Packaged (N)
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	24.00	$776.32	5.07	$164.00	Packaged (N)	Packaged (N)	Packaged (N)

HCPCS Codes for Outpatient Procedures

Healthcare Common Procedure Coding System (HCPCS) Level II codes were developed to help categorize, document, and track the use of products, supplies, and services. C-Codes should be reported for all device-dependent Ambulatory Payment Classifications (APCs) for procedures conducted in the hospital outpatient setting. While C-Codes do not generally result in additional payment, it is important for hospitals to use C-Codes as CMS uses the data collected from the codes and associated charges to help determine future payment rates. The C-Code listed below may be used for catheter-directed thrombolysis procedures.

HCPCS Code[5]	HCPCS Description[5]	Uni-Fuse and Uni-Fuse+ Products
C1757	Catheter, thrombectomy/embolectomy	All Uni-Fuse and Uni-Fuse+ Infusion Catheters

ICD-10 Procedure Coding System (ICD-10-PCS) (OCTOBER 2024 - SEPTEMBER 2025)

The following ICD-10-PCS codes are commonly reported for catheter-directed thrombolysis procedures. However, this is not a complete list of possible ICD-10-PCS procedure codes. The 4th character, used to denote body part (e.g., Anterior Tibial Artery), has been left blank in each reference ICD-10-PCS code shown below. Please refer to a coding guide for the most accurate ICD-10-PCS code for each body part treated. Physicians are responsible for selecting the most appropriate code(s) to reflect services performed[6].

ICD-10-PCS Codes[6]	ICD-10-PCS Code Description[6]	MS-DRG Mapping[7]
02F_3ZZ	Fragmentation of _, Percutaneous Approach (Pulmonary Vessels)	166, 167, 168
03F_3ZZ	Fragmentation of _, Percutaneous Approach (Upper Arteries)	252, 253, 254
04F_3ZZ	Fragmentation of _, Percutaneous Approach (Lower Arteries)	252, 253, 254
05F_3ZZ	Fragmentation of _, Percutaneous Approach (Upper Veins)	252, 253, 254
06F_3ZZ	Fragmentation of _, Percutaneous Approach (Lower Veins)	252, 253, 254

Medicare Severity Diagnosis Related Groups (MS-DRGs) (OCTOBER 2024 – SEPTEMBER 2025)

The following MS-DRGs may apply to catheter-directed thrombolysis procedures for Medicare patients depending on the ICD-10-PCS code[7]. ICD-10-PCS codes can group into different MS-DRGs depending upon all procedures performed and the patient's diagnosis. This chart presents examples of the MS-DRGs and associated payment amounts for Medicare in 2025 (effective October 1, 2024). Payment amounts are based on a National Operating and Capital amount for 2025 = $7,116.03[8]. If significant additional procedures are performed during the same inpatient admission, other MS-DRGs may apply.

MS-DRG[8]	MS-DRG Description[8]	2025 Relative Weights[8]	2025 National Average Payment Rates[8]
166	Other Respiratory System O.R. Procedures with MCC	3.8503	$27,398.85
167	Other Respiratory System O.R. Procedures with CC	1.8272	$13,003.41
168	Other Respiratory System O.R. Procedures without CC/MCC	1.3539	$9,634.39
252	Other Vascular Procedures with MCC	3.4304	$24,410.83
253	Other Vascular Procedures with CC	2.5530	$18,167.22
254	Other Vascular Procedures without CC/MCC	1.7494	$12,448.78

ICD-10-CM Diagnosis Codes (OCTOBER 2024 - SEPTEMBER 2025)

Diagnosis codes are used by physicians and hospitals to document all patient conditions associated with the procedures performed. Secondary diagnosis codes corresponding to additional conditions at the time of admission, or developed subsequently, and which had an effect on the treatment received or the length of stay, should be reported. The Uni-Fuse System is intended for the administration of fluids, including thrombolytic agents and contrast media, into the peripheral vasculature. Uni-Fuse+ Infusion System is intended for the administration of fluids, including thrombolytic agents and contrast media, into the peripheral and pulmonary artery vasculature. The ICD-10-CM codes below are examples of diagnosis codes that may apply to catheter-directed thrombolysis[9]. The provider should refer to a complete coding authority to check, confirm, and report all codes that accurately describe all the patient's conditions.

ICD-10 Code[9]	ICD-10-CM Description (Diagnosis Codes)[9]
I26.0	Pulmonary embolism with acute cor pulmonale
I26.9	Pulmonary embolism without acute cor pulmonale
I26.92	Saddle embolus of pulmonary artery without acute cor pulmonale
I26.02	Saddle embolus of pulmonary artery with acute cor pulmonale
I74.2	Embolism and thrombosis of arteries of the upper extremities
I74.3	Embolism and thrombosis of arteries of the lower extremities
I75.01	Atheroembolism of upper extremity (specify location)
I75.02	Atheroembolism of lower extremity (specify location)
I80.1	Phlebitis and thrombophlebitis of femoral vein (specify location)
I80.22	Phlebitis and thrombophlebitis (specify popliteal vein location)
I80.23	Phlebitis and thrombophlebitis (specify tibial vein location)
I80.29	Phlebitis and thrombophlebitis of other deep vessels (specify location of lower extremity)
I80.3	Phlebitis and thrombophlebitis of lower extremities, unspecified
I82.4	Acute embolism and thrombosis of deep veins of lower extremity
I82.40	Acute embolism and thrombosis of unspecified deep veins (specify lower extremity location)
I82.41	Acute embolism and thrombosis of femoral vein (specify location)
I82.43	Acute embolism and thrombosis of popliteal vein (specify location)
I82.44	Acute embolism and thrombosis of tibial vein (specify location)
I82.49	Acute embolism and thrombosis of other specified deep vein of lower extremity (specify location)
I82.4Y	Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity (specify location)
I82.4Z	Acute embolism and thrombosis of unspecified deep veins of distal lower extremity (specify location)
I82.5	Chronic embolism and thrombosis of deep veins of lower extremity (specify location)

References

1. CPT © 2024 Professional. American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the AMA. No fee schedules, basic units, relative values or related listings are included in CPT® including for Category 3 codes. Inclusion of a CPT® code does not represent AMA endorsement or imply any coverage or reimbursement policy. Reimbursement information here is from the Centers for Medicare and Medicaid Services (CMS), see sources below. Applicable FARS/DFARS restrictions apply to Government Use.
2. Physician fee schedule rates were calculated using Conversion Factor (32.3465) multiplied by Total Facility & Non-Facility RVUs. CMS, CMS 1809-F: Medicare and Medicaid Programs; CY2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program https://federalregister.gov/d/2024-25382. Published November 1, 2024. Effective January 1, 2025. Accessed December 11, 2024.
3. CMS, CMS-1809-FC: Hospital Outpatient Prospective Payment Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc. Published November 1, 2024. Effective January 1, 2025. Accessed December 11, 2024.
4. CMS, CMS-1809-FC: Ambulatory Surgical Center Payment-Notice of Final Rulemaking with Comment Period (NFRM) https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices/cms-1809-fc. Published November 1, 2024. Effective January 1, 2025. Accessed December 11, 2024.
5. AAPC. 2024 HCPCS Level II Expert: Service Supply Codes for Caregivers and Suppliers. American Academy of Professional Coders; 2024.
6. CMS, 2024 ICD-10 Procedure Coding System (ICD-10-PCS). https://www.cms.gov/files/document/2024-official-icd-10-pcs-coding-guidelines.pdf. Accessed September 6, 2024.
7. AAPC Codify, Cross-Reference "ICD-10-PCS - MS-DRG". Accessed September 6, 2024.
8. CMS, [CMS-1808-F] 2024 Medicare Hospital Inpatient Prospective Payment System (IPPS) Final Rule. **https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipps-final-rule-home-page** Effective October 1, 2024. Payment is calculated based on the national adjusted standardized amount ($7,116.03). Actual Medicare payment rates will vary from adjustments by Wage Index and Geographic Adjustment Factor depending on geographic locality. Also note that any applicable coinsurance, deductible, and other amounts that are patient obligations are included in the payment amount shown. Accessed October 7, 2024.
9. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). https://www.cdc.gov/nchs/icd/icd-10-cm.htm. Updated June 7, 2024. Accessed September 6, 2024.

Reimbursement Terminology

Term	Description
CMS	Centers for Medicare and Medicaid Services
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases, 10th Revision, Procedure Coding System
IPPS	Inpatient Prospective Payment System
MS-DRG	Medicare Severity Diagnosis Related Group
W MCC	Major Complications and Comorbidities
W CC	With Complications and Comorbidities
W/O CC/MCC	Without complications or comorbidities, and without major complications and comorbidities.
J1	Hospital Part B services paid through a comprehensive APC
G2	Non-office based surgical procedure; payment based on OPPS relative payment weight.
N	Items and Services Packaged into APC Rates

Reimbursement Support

For questions regarding coding, payment, coverage, and other reimbursement information, please contact us at Reimbursement@Angiodynamics.com

Other Resources

For other reimbursement educational materials, guides, and resources, please visit: Reimbursement Resources website.

AngioDynamics Uni-Fuse Infusion System is intended for the administration of fluids, including thrombolytic agents and contrast media, into the peripheral vasculature.

AngioDynamics Uni-Fuse+ Infusion System is intended for the administration of fluids, including thrombolytic agents and contrast media, into the peripheral and pulmonary artery vasculature.

Rx Only

Refer to Directions for Use for full information pertaining to Indications for Use, Contraindications, Warning, Precautions, and other important information.

CAUTION: Federal law (FDA) restricts these devices to sale by or on the order of a physician.

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