

MECHANICAL THROMBECTOMY AND THROMBOLYSIS CODING GUIDE

Effective October 1, 2025

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INTRODUCTION

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product's labeling. This content includes information regarding coverage, coding and reimbursement. Additional resources can be found at: www.cardiovascular.abbott/us/en/hcp/reimbursement.html

REIMBURSEMENT HOTLINE

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday at (855) 569-6430. This content and all supporting documents are available at: <https://www.cardiovascular.abbott/us/en/hcp/reimbursement/vas/peripheral.html>

Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

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HOSPITAL INPATIENT

FY 2026 Inpatient Prospective Payment System (IPPS) reimbursement is effective for inpatient services on October 1, 2025. This is not an all-inclusive list of possible MS-DRGs. MS-DRG assignment is based on many factors including documented patient conditions, as well as services rendered during an inpatient admission.

ARTERIAL OR VENOUS PERCUTANEOUS MECHANICAL THROMBECTOMY

Medicare reimbursement for a hospital inpatient admission with percutaneous mechanical thrombectomy of the lower limbs is assigned to MS-DRGs 270, 271, and 272.

POSSIBLE MS-DRG	DESCRIPTION	MEDICARE REIMBURSEMENT
270	Other Major Cardiovascular Procedures with MCC	\$38,394
271	Other Major Cardiovascular Procedures with CC	\$25,878
272	Other Major Cardiovascular Procedures without CC or MCC	\$18,578

DIALYSIS CIRCUIT PERCUTANEOUS MECHANICAL THROMBECTOMY

Medicare reimbursement for a hospital inpatient admission with percutaneous mechanical thrombectomy of the dialysis circuit is assigned to MS-DRGs 252, 253, and 254.

POSSIBLE MS-DRG	DESCRIPTION	MEDICARE REIMBURSEMENT
252	Other Vascular Procedures with MCC	\$25,384
253	Other Vascular Procedures with CC	\$18,888
254	Other Vascular Procedures without CC or MCC	\$12,965

ARTERIAL AND VENOUS THROMBOLYSIS

Medicare reimbursement for hospital inpatient admission with thrombolysis treatment is assigned to MS-DRGs 299, 300, and 301.

POSSIBLE MS-DRG	DESCRIPTION	MEDICARE REIMBURSEMENT
299	Peripheral Vascular Disorders with MCC	\$11,881
300	Peripheral Vascular Disorders with CC	\$7,768
301	Peripheral Vascular Disorders without CC or MCC	\$5,237

HOSPITAL OUTPATIENT

PERCUTANEOUS MECHANICAL THROMBECTOMY

CY 2025 Outpatient Prospective Payment System (OPPS) reimbursement is effective for outpatient services on January 1, 2025. CPT⁺ codes 37184-37188 include intraprocedural fluoroscopic radiological supervision and interpretation services for guidance of the procedure and intraprocedural injection(s) of a thrombolytic agent. Subsequent or prior continuous infusion of a thrombolytic is not an included service and is separately reportable (see CPT⁺ codes 37211-37214).

PRIMARY AND SECONDARY MECHANICAL THROMBECTOMY

Arterial mechanical thrombectomy (CPT codes 37184 and +37185) is considered "primary" when the focus of the procedure is the removal of thrombus. Typically, diagnosis of thrombus has been made prior to the procedure, mechanical thrombectomy is planned preoperatively.

Arterial mechanical thrombectomy (CPT code +37186) is considered "secondary" for removal of short segments of thrombus or embolus.

CPT ⁺ CODE	DESCRIPTION	C-APC	MEDICARE REIMBURSEMENT
ARTERIAL MECHANICAL THROMBECTOMY			
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	5194	\$17,957
+37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	Packaged*	No separate payment
+37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	Packaged*	No separate payment
VENOUS MECHANICAL THROMBECTOMY			
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	5193	\$11,341
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	5183	\$3,148

* Packaged services = no separate payment
+ Indicates an add-on-code. List add-on-code(s) separately in addition to the primary procedure performed.

Effective Dates: January 1, 2025 - December 31, 2025

HOSPITAL OUTPATIENT

PERCUTANEOUS MECHANICAL THROMBECTOMY

CY 2025 Outpatient Prospective Payment System (OPPS) reimbursement is effective for outpatient services on January 1, 2025. CPT[®] codes 36904-36906 include intraprocedural fluoroscopic radiological supervision and interpretation services for guidance of the procedure and intraprocedural injection(s) of a thrombolytic agent.

CPT [®] CODE	DESCRIPTION	C-APC	MEDICARE REIMBURSEMENT
DIALYSIS CIRCUIT THROMBECTOMY			
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	5192	\$5,702
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	5193	\$11,341
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	5194	\$17,957

HOSPITAL OUTPATIENT

ARTERIAL AND VENOUS THROMBOLYSIS

CY 2025 Outpatient Prospective Payment System (OPPS) reimbursement is effective for outpatient services on January 1, 2025

CPT+ CODE	DESCRIPTION	C-APC	MEDICARE REIMBURSEMENT
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	5184	\$5,406
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	5183	\$3,148
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	5183	\$3,148
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	5183	\$3,148

AMBULATORY SURGERY CENTER

PERCUTANEOUS MECHANICAL THROMBECTOMY

CY 2025 Ambulatory Surgery Center (ASC) reimbursement is effective for ASC services on January 1, 2025 CPT⁺ codes 37184-37188 include intraprocedural fluoroscopic radiological supervision and interpretation services for guidance of the procedure and intraprocedural injection(s) of a thrombolytic agent. Subsequent or prior continuous infusion of a thrombolytic is not an included service and is separately reportable (see CPT⁺ codes 37211-37214).

CPT ⁺ CODE	DESCRIPTION	MEDICARE REIMBURSEMENT
ARTERIAL MECHANICAL THROMBECTOMY		
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$11,943
+37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	Packaged*
+37186	Secondary percutaneous transluminal thrombectomy (e.g., nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	Packaged*
VENOUS MECHANICAL THROMBECTOMY		
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$7,800
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	\$2,666

* Packaged services = no separate payment
+ Indicates an add-on-code. List add-on-code(s) separately in addition to the primary procedure performed.

AMBULATORY SURGERY CENTER

PERCUTANEOUS MECHANICAL THROMBECTOMY

CY 2025 Ambulatory Surgery Center (ASC) reimbursement is effective for ASC services on January 1, 2025 CPT[®] codes 36904-36906 include intraprocedural fluoroscopic radiological supervision and interpretation services for guidance of the procedure and intraprocedural injection(s) of a thrombolytic agent.

CPT [®] CODE	DESCRIPTION	MEDICARE REIMBURSEMENT
DIALYSIS CIRCUIT THROMBECTOMY		
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	\$3,516
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$6,491
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	\$11,783

AMBULATORY SURGERY CENTER

ARTERIAL AND VENOUS THROMBOLYSIS

CY 2025 Ambulatory Surgery Center (ASC) reimbursement is effective for ASC services on January 1, 2025.

CPT# CODE	DESCRIPTION	MEDICARE REIMBURSEMENT
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	\$3,987
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$1,589
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
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 - There is no established Medicare reimbursement in this setting.

PHYSICIAN

PERCUTANEOUS MECHANICAL THROMBECTOMY

CY 2025 Physician Fee Schedule reimbursement is effective for physician services on January 1, 2025. CPT[®] codes 37184-37188 include intraprocedural fluoroscopic radiological supervision and interpretation services for guidance of the procedure and intraprocedural injection(s) of a thrombolytic agent. Subsequent or prior continuous infusion of a thrombolytic is not an included service and is separately reportable (see CPT[®] codes 37211-37214).

CPT [‡] CODE		DESCRIPTION	MEDICARE REIMBURSEMENT	
			FACILITY	NON-FACILITY
ARTERIAL MECHANICAL THROMBECTOMY				
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel		\$408	\$1,577
+37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)		\$154	\$441
+37186	Secondary percutaneous transluminal thrombectomy (e.g., nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)		\$232	\$1,095
VENOUS MECHANICAL THROMBECTOMY				
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance		\$373	\$1,549
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy		\$268	\$1,330

+ Indicates an add-on-code. List add-on-code(s) separately in addition to the primary procedure performed.

Effective Dates: January 1, 2025- December 31, 2025

PHYSICIAN

PERCUTANEOUS MECHANICAL THROMBECTOMY

CY 2025 Physician Fee Schedule reimbursement is effective for physician services on January 1, 2025. CPT[®] codes 36904-36906 include intraprocedural fluoroscopic radiological supervision and interpretation services for guidance of the procedure and intraprocedural injection(s) of a thrombolytic agent.

CPT [‡] CODE		DESCRIPTION	MEDICARE REIMBURSEMENT	
			FACILITY	NON-FACILITY
DIALYSIS CIRCUIT THROMBECTOMY				
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)		\$348	\$1,667
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty		\$419	\$2,087
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit		\$482	\$4,905

PHYSICIAN

ARTERIAL AND VENOUS THROMBOLYSIS

CY 2025 Physician Fee Schedule reimbursement is effective for physician services on January 1, 2025.

CPT# CODE	DESCRIPTION	MEDICARE REIMBURSEMENT	
		FACILITY	NON-FACILITY
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	\$366	N/A
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$320	N/A
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	\$219	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	\$116	N/A

N/A - There is no established Medicare reimbursement in this setting.

References

1. Hospital Inpatient Prospective Payment-Final Rule Home Page FY 2026. CMS-1833-F. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipps-final-rule-home-page>
2. Hospital Outpatient Prospective Payment- Notice of Final Rulemaking with Comment Period (NFRM) CY2025. CMS 1809-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc>
3. Ambulatory Surgical Center Payment- Notice of Final Rulemaking with Comment Period (NFRM) CY2025_CMS-18096-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1809-fc>
4. Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2025. CMS-1807-F. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f>
5. 2025 American Medical Association. <https://www.ama-assn.org/>

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