

CODING AND REIMBURSEMENT GUIDE

Interventional Radiology

CONTACT

If you have any questions, please contact our reimbursement team at **833.585.2688** or by e-mail at reimbursement@cookmedical.com

DISCLAIMER

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Interventional Radiology

		Ambulatory Surgery Center		Hospital Outpatient			Physician Services		
CPT Code	Procedure Description	Payment Indicator ¹	Facility Payment ¹	Status Indicator ²	APC ²	Facility Payment ²	Work RVUs ³	Physician (Facility) ³	Physician (Non-Facility) ³
Thoracentesis									
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	G2	\$332.31	T	5181	\$618.26	1.82	\$84.43	\$222.24
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	G2	\$332.31	T	5181	\$618.26	2.27	\$103.84	\$297.30
Pleural drainage									
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	G2	\$864.15	J1	5302	\$1,896.99	2.5	\$119.37	\$691.32
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	G2	\$632.40	J1	5182	\$1,553.44	3.12	\$141.69	\$618.53
Pericardiocentesis									
33016	Pericardiocentesis, including imaging guidance, when performed	G2	\$632.40	J1	5182	\$1,553.44	4.4	\$222.89	NA
Gastrostomy Procedures									
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	G2	\$864.15	J1	5302	\$1,896.99	3.93	\$194.42	\$773.17
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	G2	\$130.70	T	5371	\$243.21	0.75	\$36.23	\$212.54
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	G2	\$130.70	T	5371	\$243.21	1.41	\$85.08	\$313.80
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	G2	\$503.39	T	5301	\$937.56	1.36	\$62.76	\$548.66
Transcatheter Peripheral Embolization or Occlusion Services									
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)	J8	\$6,454.19	J1	5193	\$11,340.57	8.75	\$403.73	\$4,198.38
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	J8	\$11,860.98	J1	5194	\$17,956.72	9.8	\$449.34	\$6,467.09
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	J8	\$6,530.20	J1	5193	\$11,340.57	11.74	\$530.54	\$7,841.96
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	NA	NA	J1	5193	\$11,340.57	13.75	\$624.03	\$5,993.48
Uterine Fibroid Embolization (UFE)									
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	J8	\$6,530.20	J1	5193	\$11,340.57	11.74	\$530.54	\$7,841.96

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Transjugular Liver and Kidney Biopsy									
Transcatheter Biopsy									
37200	Transcatheter biopsy	G2	\$3,009.55	J1	5184	\$5,405.70	4.55	\$204.45	NA
75970	Transcatheter biopsy, radiological supervision and interpretation	NA	NA	N	NA	NA	0	\$35.91	NA
Catheter Placement									
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	N1	NA	N	NA	NA	3.14	\$148.16	\$740.49
Venography									
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	NA	NA	Q2	5183	\$3,147.50	1.14	\$49.17	\$116.14
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	NA	NA	Q2	5183	\$3,147.50	1.14	\$49.50	\$119.70
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	NA	NA	Q2	5183	\$3,147.50	1.14	\$49.82	\$120.34

1. 2025 Medicare Ambulatory Surgery Center Fee Schedule

2. 2025 Medicare Hospital Outpatient Prospective Payment System

3. 2025 Medicare Physician Fee Schedule

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