



2024 QUICK REFERENCE GUIDE

Transcatheter Arterialization of the Deep Vein (TADV) with the LimFlow System
 2024 Procedural Payment Guide - Medicare National Unadjusted Reimbursement Rates

Physician Fee/Hospital Outpatient/ASC information effective Jan. 1, 2024 to Dec. 31, 2024. Inpatient information effective Oct. 1, 2023 to Sep. 30, 2024.

HCPCS/ CPT Code ¹	CPT Description	PHYSICIAN ²			ASC	HOSPITAL OUTPATIENT ³		HOSPITAL INPATIENT ⁶		
		Facility Rate	Office Rate	Work RVU, Total RVU	ASC Payment	APC Category	APC Payment	ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	MS-DRG Payment
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	Carrier-Priced as New Procedure	N/A	Ex. Comparators for 0620T: CPT 35566: 32.35, 48.60 CPT 35556: 26.75, 40.76 CPT 35666: 23.66, 37.71	\$24,618	1578	\$27,501	041M3JS 041N3JS 041P3JS 041Q3JS 041R3JS 041S3JS 041T3JS 041U3JS	Other Vascular Procedures MS-DRGS 252 w/MCC* MS-DRGS 253 w/CC** MS-DRGS 254 w/o CC/MCC	 \$23,482 \$17,862 \$12,148

*Major complication or comorbidity **Complication or comorbidity

See next page for references

Disclaimer: This Procedural Payment Guide for Transcatheter Arterialization of the Deep Veins (TADV) provides coding and reimbursement information for physicians and healthcare facilities. The codes included in this guide are intended to represent typical TADV procedures. However, these coding suggestions do not replace seeking coding advice from the payor and/or your own coding staff. The ultimate responsibility for correct coding lies with the provider of services. Please contact your local payor for interpretation of the appropriate codes to use for specific procedures. LimFlow makes no guarantee that the use of this information will prevent differences of opinion or dispute with Medicare or other third-party payors as to the correct form of billing or the amount that will be paid to providers of service.

General Reimbursement Questions
reimbursement@limflow.com
 (888) 695-3858

Prior Authorization Support
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 (888) 585-4006

REFERENCES

1. Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association (AMA). Copyright 2023 AMA. All rights reserved.
 2. 2024 CMS PFS Final Rule, Addendum B (available on CMS website, updated December 19, 2023).
 3. 2024 CMS OPPI/ASC Final Rule, Addendum B (available on CMS website, published November 2, 2023).
 4. Healthcare Common Procedure Coding System (HCPCS) Level II codes are maintained by the Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update>
 5. Centers for Medicare & Medicaid Services. International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) (available on CMS website).
 6. 2024 CMS IPPS Final Rule, CMS-1785-F (available on CMS website).
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