





ŌNŌ[®] Retrieval Device Transcatheter Foreign Object Retrieval

2024 Physician and Facility Coding Information

Indications for Use

The ŌNŌ Retrieval Device is indicated for use in the cardiovascular system to retrieve foreign objects using minimally invasive surgical procedures. Procedures include retrieval of intravascular foreign objects such as coils, balloons, catheters, guidewires, and/or filters within the cardiovascular system. This device is not intended for use in the coronary arteries or neurovasculature.

Rx only.

For complete prescribing information please see the Instructions for Use at www.bisusa.com/en/products/b/ono-retrieval-device

Inpatient Hospital

ICD-10-PCS is the system of codes used by hospitals to report procedures and services provided in the inpatient setting. The ICD-10-PCS codes included below represent the types of codes used to report percutaneous removal of foreign objects from the cardiovascular system and should not be considered an all-inclusive list.

Procedure	ICD-10-PCS	Description
Percutaneous Heart Tumor Removal	02B(x)3ZZ	Excision of (Right/Left Atrium, Right/Left Ventricle, etc.), Percutaneous Approach
Percutaneous Device Removal	02PA3(x)Z	Removal of (infusion device, intraluminal device, synthetic substitute, intracardiac pacemaker, other device, etc.) from Heart, Percutaneous Approach
	02PY3(x)Z	Removal of (infusion device, intraluminal device, synthetic substitute, other device, etc.) from Great Vessel, Percutaneous Approach
	03PY3(x)Z	Removal of (infusion device, intraluminal device, other device, etc.) from Upper Arteries, Percutaneous Approach
	04PY3(x)Z	Removal of (infusion device, intraluminal device, other device, etc.) from Lower Arteries, Percutaneous Approach
	05PY3(x)Z	Removal of (infusion device, intraluminal device, other device, etc.) from Upper Vein, Percutaneous Approach
	05PY3(x)Z	Removal of (infusion device, intraluminal device, other device, etc.) from Lower Vein, Percutaneous Approach
Percutaneous Thrombectomy	0(2-6)C(x)3ZZ	Extirpation of matter from (specific vasculature), percutaneous approach

Medicare reimburses facilities for inpatient stays based on the Medicare Severity Diagnosis Related Group (MS-DRG) system. Cases are mapped to Medicare Severity Diagnosis Related Groups (MS-DRGs) for payment under the Inpatient Prospective Payment System (IPPS) based on diagnoses reported and procedures performed. A single MS-DRG payment is intended to cover all facility costs associated with treating the patient for the entire inpatient stay. Private payers may use MS-DRG based systems or other payer-specific systems.

The following MS-DRGs are associated with procedures involving the percutaneous removal of foreign objects from the cardiovascular system.

MS-DRG	Description
228	Other Cardiothoracic Procedures with MCC
229	Other Cardiothoracic Procedures without MCC
252	Other Vascular Procedures with MCC
253	Other Vascular Procedures with CC
254	Other Vascular Procedures without CC/MCC
270	Other Major Cardiovascular Procedures with MCC
271	Other Major Cardiovascular Procedures with CC
272	Other Major Cardiovascular Procedures without CC/MCC
273	Percutaneous and Other Intracardiac Procedures with MCC
274	Percutaneous and Other Intracardiac Procedures without MCC

MCC = Major complications and comorbidities; CC = Complications and comorbidities

Physician and Outpatient Facility

Physicians and outpatient facilities use Current Procedural Terminology (CPT) codes to report procedures and services. The following CPT codes represent the types of codes used to report percutaneous removal of foreign objects from the cardiovascular system and should not be considered an all-inclusive list.

Procedure	СРТ	Description
Percutaneous Heart Tumor Removal	33999	Unlisted procedure, cardiac surgery
Percutaneous Device Removal	33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed
	37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed
	37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance (ultrasound and fluoroscopy), when performed
Percutaneous 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
	+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)
	+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)
	37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
	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

HCPCS Codes

CMS uses HCPCS Device Category C-codes under the Outpatient Prospective Payment System (OPPS) to track device cost information for future APC rate-setting purposes. No additional facility payment is associated with these codes.

HCPCS	Description
C1773	Retrieval device, insertable

Disclaimer

Information provided by B. Braun Interventional Systems Inc. is presented for illustrative purposes only and is not intended to and does not constitute coding, reimbursement, legal, business, or other advice. Furthermore, it is not intended to increase or maximize reimbursement by any payer. It is always the provider's responsibility to determine the medical necessity and proper site of service for the procedure, and to submit appropriate codes, charges and modifiers for services rendered. The information contained in this document is gathered from third-party sources and is subject to change without notice as a result of the complexity of laws, regulations, rules, and policies. This document is intended to provide on-label coding information for indications consistent with the labeling of the ONO Retrieval Device only. Where reimbursement is requested for a use of a device that may be inconsistent with, or not expressly specified in, the Instructions for Use, consult with your billing advisors or payers for advice on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related services. Contact your Medicare contractor or other payer for interpretation of coverage, coding, and payment policies. Neither this document nor its contents shall be construed as a guarantee by B. Braun regarding reimbursement or payment or that use of this document will prevent differences of opinion or disputes with Medicare or other payers regarding claims submission requirements or reimbursement or payment to providers for the relevant service.

- ² ICD-10-CM/PCS MS-DRG v41.0 Definitions Manual https://www.cms.gov/icd10m/FY2024-version41-fullcode_cms/P0001.html
- ³ 2024 CPT[®] Professional Edition. Current Procedural Terminology (CPT[®]) is copyright 2023 by the American Medical Association, Chicago, IL. CPT is a registered trademark of the American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
- ⁴ HCPCS Level II, 2024 Expert. Copyright 2023 Optum 360, LLC.

Healthcare professionals should refer to the Instructions For Use for relevant warnings, precautions, complications and contraindications.

ŌNŌCOR and ŌNŌ are registered trademarks of Onocor LLC.

For more information or to place an order, contact your B. Braun Interventional Systems Inc. representative or call 877-836-2228.

©2024 B. Braun Interventional Systems Inc.

Manufactured by ONOCOR LLC

Distributed by: B. Braun Interventional Systems Inc. – a member of the B. Braun Group of Companies Bethlehem, PA 18018 | USA | 877-836-2228 | bisusa.com



¹ ICD-10-PCS 2024, ©2023 Optum360, LLC. All rights reserved.