HEALTH ECONOMICS & REIMBURSEMENT

PERIPHERAL CODING GUIDE

Hospital Inpatient

Effective October 1, 2025 to September 30, 2026

Hospital Outpatient, Ambulatory Surgical Center, Physician

Effective January 1, 2026 to December 31, 2026

MAT-2514899 v1.0

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OVERVIEW

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.

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NATIONAL MEDICARE PAYMENT RATES

The payment rates shown are the National Average Medicare payment rates for all sites of service.

REIMBURSEMENT SUPPORT

REIMBURSEMENT HOTLINE

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

8 a.m. to 5 p.m. CT, Monday – Friday
Call (855) 569-6430
Email hce@abbott.com

This content and supporting documents are available at www.cardiovascular.abbott/us/en/hcp/reimbursement

REIMBURSEMENT FIELD TEAM

To contact a reimbursement specialist for coverage, coding or payment questions, scan the QR code or send an email to abbotteconomics@abbott.com.

SITE OF SERVICE

Lower extremity endovascular procedures can be performed in the following settings:

- Facility setting: Hospital Inpatient, Hospital Outpatient, and Ambulatory Surgical Center (ASC)
- Non-facility setting: Physician office.

COVERAGE

MEDICARE

NATIONAL COVERAGE DETERMINATION

National Coverage Determination (NCD) 20.7, section B1, covers percutaneous transluminal angioplasty (PTA) in the lower extremities (i.e., iliac, femoral, and popliteal arteries). See detailed information through the following link: www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=201.

There is currently no national Medicare coverage determination for other lower extremity procedures (i.e., stenting, atherectomy, intravascular lithotripsy and thrombectomy) and these procedures are implicitly covered. Traditional Medicare does not require prior authorization before the procedure is performed.

LOCAL COVERAGE DETERMINATION

Local Medicare Administrative Contractors (MACs) may have their own coverage policies for lower extremity revascularization procedures. Please contact your local Medicare Contractor for information on their specific coverage policies for interventional cardiology and lower extremity procedures. Most local Medicare Contractors, Fiscal Intermediaries and/or Carriers have posted their Local Coverage Determinations (LCD) on interventional cardiology on their websites.

L35998 Non-Coronary Vascular Stents at https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=35998 is applicable to Wisconsin Physician Service Insurance Corporation (WPS) for the following states:

- Iowa, Kansas, Missouri, Nebraska, Indiana and Michigan

PTA and stenting are considered medically necessary for patients with critical limb ischemia.

Coverage for non-coronary vascular stents depends on the use of an FDA approved stent in the medical community. Stent placement is covered by Medicare only when an FDA approved stent is:

- Used for the FDA approved indications, OR
- Used for the above indications supported by the peer medical literature.

MEDICARE ADVANTAGE AND COMMERCIAL PAYERS

Medicare Advantage plans are required to follow Medicare coverage policies, such as NCD or LCD.

Lower extremity revascularization procedures (stenting, atherectomy, and intravascular lithotripsy), like most Medicare procedures, are implicitly covered by traditional Medicare. When there is not an NCD or LCD, Medicare Advantage organizations may create publicly accessible internal coverage criteria. Please refer to www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-C/section-422.101#p-422.101(b)(6).

Third party commercial payers may have their own coverage policies and may also require prior authorization; please check with your payers for any requirements.

Additional materials are available for physicians when seeking prior authorization for lower extremity endovascular procedures. The materials can be accessed on Abbott Vascular Division Reimbursement webpage at www.cardiovascular.abbott/us/en/hcp/reimbursement/vas.

HOSPITAL INPATIENT[2]

Effective October 1, 2025 to September 30, 2026

NEW TECHNOLOGY ADD-ON PAYMENT (NTAP)

Effective October 1, 2025, Esprit™ BTK Everolimus-Eluting Resorbable Scaffold procedures are eligible for an incremental payment from Medicare. This incremental reimbursement is called the "New Technology Add-on Payment (NTAP)". CMS has determined the Esprit™ BTK System NTAP maximum of $6,922.50.

For more details regarding NTAP, including examples of how NTAP payment is calculated and frequently asked question, please refer to the reimbursement resources available on Vascular Coding and Resoureces webpage at:
https://www.cardiovascular.abbott/us/en/hcp/reimbursement/vas.html

The proper code utilization will trigger a calculation of the NTAP payment by your Medicare Administrator Contractor's claims processing system. Please refer to the table below for the appropriate ICD-10-PCS code that describes the use of the Esprit™ BTK System.

ICD-10-PCS[1] CODES FOR NTAP

Centers for Medicare & Medicaid Services (CMS) has issued the following New Technology ICD-10-PCS codes for the implantation of resorbable scaffold in below-the-knee arteries, effective October 1, 2024. The new ICD-10-PCS codes are for use in the hospital inpatient setting.

ICD-10-PCS CODE	DESCRIPTION
X27P3TA	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Everolimus-eluting Resorbable Scaffold(s), Percutaneous Approach, New Technology Group 10
X27Q3TA	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Everolimus-eluting Resorbable Scaffold(s), Percutaneous Approach, New Technology Group 10
X27R3TA	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Everolimus-eluting Resorbable Scaffold(s), Percutaneous Approach, New Technology Group 10
X27S3TA	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Everolimus-eluting Resorbable Scaffold(s), Percutaneous Approach, New Technology Group 10
X27T3TA	Dilation of Right Peroneal Artery with Intraluminal Device, Everolimus-eluting Resorbable Scaffold(s), Percutaneous Approach, New Technology Group 10
X27U3TA	Dilation of Left Peroneal Artery with Intraluminal Device, Everolimus-eluting Resorbable Scaffold(s), Percutaneous Approach, New Technology Group 10

PROCEDURE	MS-DRG	DESCRIPTION	MEDICARE NATIONAL RATE
ANGIOPLASTY WITH OR WITHOUT STENTING	252	Other vascular procedures with MCC	$25,384
	253	Other vascular procedures with CC	$18,888
	254	Other vascular procedures without CC/MCC	$12,965
ATHERECTOMY WITH OR WITHOUT STENTING	270	Other major cardiovascular services with MCC	$38,394
	271	Other major cardiovascular services with CC	$25,878
	272	Other major cardiovascular services without CC/MCC	$18,578
INTRAVASCULAR LITHOTRIPSY WITH OR WITHOUT STENTING	278	Ultrasound accelerated & other thrombolysis of peripheral vascular structures with MCC	$40,504
	279	Ultrasound accelerated & other thrombolysis of peripheral vascular structures without MCC	$26,243

The ICD-10-PCS codes in the upper table can map to any of the MS-DRG assignments in the lower table.

Disclaimer: 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.

HOSPITAL OUTPATIENT-ASC-PHYSICIAN[4-6]

Effective January 1, 2026 to December 31, 2026

		HOSPITAL OUTPATIENT			ASC			PHYSICIAN		
CPT‡ CODE	DESCRIPTION	SI	APC	APC RATE	PI	MPPR	ASC RATE	WORK RVU	FACILITY RATE	OFFICE RATE
ILIAC ANGIOPLASTY										
37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	J1	5192	$5,815	J8	Yes	$3,587	7.30	$336	$2,074
+37255	straightforward lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	3.00	$136	$510
37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	J1	5192	$5,815	J8	Yes	$3,587	10.75	$492	$2,432
+37257	complex lesion, each additional vessel, (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	3.89	$176	$580
ILIAC STENTING										
37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J1	5193	$11,794	J8	Yes	$7,665	8.75	$402	$3,565
+37259	straightforward lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	4.00	$181	$1,207
37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J1	5193	$11,794	J8	Yes	$7,665	12.69	$580	$8,441
+37261	complex lesion, each additional vessel, (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	4.25	$193	$3,364
ILIAC INTRAVASCULAR LITHOTRIPSY										
+37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to the code for primary procedure	N		Packaged	N1	No	Packaged	3.00	$136	$3,412

(+) Indicates add-on code. List add-on code separately in addition to code for primary procedure.
J1: Hospital Part B services paid through a comprehensive APC
J8: Device-intensive Procedure; paid at adjusted rate
N: Items and services packaged into APC rates
N1: Packaged service/item; no separate payment made
NA: There is no establish Medicare payment in this setting
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HOSPITAL OUTPATIENT-ASC-PHYSICIAN[4-6]

Effective January 1, 2026 to December 31, 2026

		HOSPITAL OUTPATIENT			ASC			PHYSICIAN		
CPT‡ CODE	DESCRIPTION	SI	APC	APC RATE	PI	MPPR	ASC RATE	WORK RVU	FACILITY RATE	OFFICE RATE
ILIAC ATHERECTOMY										
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	J1	5194	$18,729	J8	Yes	$13,842	NA	NA	NA
FEMORAL/POPLITEAL ANGIOPLASTY										
37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	J1	5192	$5,815	J8	Yes	$3,796	7.75	$356	$5,434
+37264	straightforward lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	3.00	$136	$2,185
37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	J1	5192	$5,815	J8	Yes	$3,796	10.50	$481	$6,834
+37266	complex lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	4.00	$181	$2,443
FEMORAL/POPLITEAL STENTING										
37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J1	5193	$11,794	J8	Yes	$8,066	8.75	$401	$5,213
+37268	straightforward lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	3.73	$170	$3,363
37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vesse	J1	5193	$11,794	J8	Yes	$8,066	14.75	$674	$11,562

(+) Indicates add-on code. List add-on code separately in addition to code for primary procedure.
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HOSPITAL OUTPATIENT-ASC-PHYSICIAN[4-6]

Effective Ja ua y 1, 2026 to December 31, 2026

		HOSPITAL OUTPATIENT			ASC			PHYSICIAN		
CPT‡ CODE	DESCRIPTION	SI	APC	APC RATE	PI	MPPR	ASC RATE	WORK RVU	FACILITY RATE	OFFICE RATE
FEMORAL/POPLITEAL STENTING CONTINUED										
+37270	complex lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	5.00	$288	$3,499
FEMORAL/POPLITEAL ATHERECTOMY										
37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J1	5194	$18,729	J8	Yes	$13,100	9.00	$411	$10,572
+37272	straightforward lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	4.00	$181	$2,339
37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J1	5194	$18,729	J8	Yes	$13,100	12.63	$576	$13,240
+37274	complex lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	5.50	$250	$2,489
FEMORAL/POPLITEAL ATHERECTOMY AND STENTING										
37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J1	5194	$18,729	J8	Yes	$13,205	11.00	$501	$10,284
+37276	straightforward lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	4.25	$192	$3,461
37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J1	5194	$18,729	J8	Yes	$13,205	15.00	$682	$15,434

(+) Indicates add-on code. List add-on code separately in addition to code for primary procedure.
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HOSPITAL OUTPATIENT-ASC-PHYSICIAN[4-6]

Effective Ja ua y 1, 2026 to December 31, 2026

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CPT‡ CODE	DESCRIPTION	SI	APC	APC RATE	PI	MPPR	ASC RATE	WORK RVU	FACILITY RATE	OFFICE RATE
FEMORAL/POPLITEAL ATHERECTOMY AND STENTING CONTINUED										
+37278	complex lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	6.00	$271	$3,878
FEMORAL/POPLITEAL INTRAVASCULAR LITHOTRIPSY (IVL)										
+37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	4.00	$182	$4,640
TIBIAL/PERONEAL ANGIOPLASTY										
37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	J1	5193	$11,794	J8	Yes	$7,078	9.80	$448	$2,699
+37281	straightforward lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	3.00	$135	$737
37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	J1	5193	$11,794	J8	Yes	$7,078	12.31	$561	$6,103
+37283	complex lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	4.26	$191	$863
TIBIAL/PERONEAL STENTING										
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J1	5194	$18,729	J8	Yes	$12,207	10.00	$461	$5,635
+37285	straightforward lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	3.34	$152	$2,791

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HOSPITAL OUTPATIENT-ASC-PHYSICIAN[4-6]

Effective Ja ua y 1, 2026 to December 31, 2026

		HOSPITAL OUTPATIENT			ASC			PHYSICIAN		
CPT‡ CODE	DESCRIPTION	SI	APC	APC RATE	PI	MPPR	ASC RATE	WORK RVU	FACILITY RATE	OFFICE RATE
TIBIAL/PERONEAL STENTING CONTINUED										
37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J1	5194	$18,729	J8	Yes	$12,207	13.46	$619	$10,375
+37287	complex lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	5.00	$229	$4,944
TIBIAL/PERONEAL ATHERECTOMY										
37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J1	5194	$18,729	J8	Yes	$12,373	13.50	$609	$7,802
+37289	straightforward lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	4.75	$215	$922
37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J1	5194	$18,729	J8	Yes	$12,373	17.00	$767	$10,655
+37291	complex lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	6.50	$293	$1,076
TIBIAL/PERONEAL ATHERECTOMY AND STENTING										
37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J1	5194	$18,729	J8	Yes	$12,901	15.00	$679	$10,240
+37293	straightforward lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	6.50	$299	$3,512

(+) Indicates add-on code. List add-on code separately in addition to code for primary procedure.
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HOSPITAL OUTPATIENT-ASC-PHYSICIAN[4-6]

Effective January 1, 2026 to December 31, 2026

		HOSPITAL OUTPATIENT			ASC			PHYSICIAN		
CPT‡ CODE	DESCRIPTION	SI	APC	APC RATE	PI	MPPR	ASC RATE	WORK RVU	FACILITY RATE	OFFICE RATE
TIBIAL/PERONEAL ATHERECTOMY AND STENTING CONTINUED										
37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J1	5194	$18,729	J8	Yes	$12,901	18.00	$814	$15,211
+37295	complex lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	8.16	$376	$6,006
TIBIAL/PERONEAL INTRAVASCULAR LITHOTRIPSY										
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	J1	5193	$11,794	J8	Yes	$8,000	NA	NA	NA
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	J1	5194	$18,729	J8	Yes	$12,025	NA	NA	NA
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	J1	5194	$18,729	J8	Yes	$13,604	NA	NA	NA
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	J1	5194	$18,729	J8	Yes	$14,121	NA	NA	NA
INFRAMALLEOLAR ANGIOPLASTY										
37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	J1	5193	$11,794	J8	Yes	$7,078	11.00	$501	$3,035
+37297	straightforward lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	4.00	$180	$829
37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	J1	5193	$11,794	J8	Yes	$7,078	13.70	$619	$3,413
+37299	complex lesion, each additional vessel (List separately in addition to the code for primary procedure)	N		Packaged	N1	No	Packaged	5.00	$223	$898

(+) Indicates add-on code. List add-on code separately in addition to code for primary procedure.
J1: Hospital Part B services paid through a comprehensive APC
J8: Device-intensive Procedure; paid at adjusted rate
N: Items and services packaged into APC rates
N1: Packaged service/item; no separate payment made
NA: There is no establish Medicare payment in this setting
SI: Status Indicator
PI: Payment Indicator
MPPR: Multiple Procedure Payment Reduction

HOSPITAL OUTPATIENT-ASC-PHYSICIAN[4-6]

Effective Ja ua y 1, 2026 to December 31, 2026

OTHER PERIPHERAL PROCEDURES		HOSPITAL OUTPATIENT			ASC			PHYSICIAN		
CPT‡ CODE	DESCRIPTION	SI	APC	APC RATE	PI	MPPR	ASC RATE	WORK RVU	FACILITY RATE	OFFICE RATE
TRANSLUMINAL BALLOON ANGIOPLASTY										
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	J1	5192	$5,815	J8	Yes	$3,617	6.83	$308	$1,748
+37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	N		Packaged	N1	No	Packaged	3.41	$152	$600
37248	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	J1	5192	$5,815	J8	Yes	$3,499	5.85	$260	$1,306
+37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	N	NA	Packaged	N1	No	Packaged	2.90	$128	$428
EMBOLIZATION/CATHETER ACCESS										
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)	J1	5193	$11,794	J8	Yes	$6,866	8.53	$371	$4,397
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)	J1	5194	$18,729	J8	Yes	$11,449	9.56	$413	$6,681
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	J1	5193	$11,794	G2	Yes	$5,419	11.45	$482	$8,002
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	J1	5193	$11,794	J8	Yes	$6,866	13.41	$566	$6,112

(+) Indicates add-on code. List add-on code separately in addition to code for primary procedure
G2: Non-Office-based surgical procedure added in CY2008 or later; payment based on OPPS relative payment weight
J1: Hospital Part B services paid through a comprehensive APC
J8: Device-intensive Procedure; paid at adjusted rate
N: Items and services packaged into APC rates
N1: Packaged service/item; no separate payment made
NA: There is no establish Medicare payment in this setting
SI: Status Indicator
PI: Payment Indicator
MPPR: Multiple Procedure Payment Reduction

HOSPITAL OUTPATIENT-ASC-PHYSICIAN[4-6]

Effective Ja ua y 1, 2026 to December 31, 2026

OTHER PERIPHERAL PROCEDURES		HOSPITAL OUTPATIENT			ASC			PHYSICIAN		
CPT‡ CODE	DESCRIPTION	SI	APC	APC RATE	PI	MPPR	ASC RATE	WORK RVU	FACILITY RATE	OFFICE RATE
EMBOLIZATION/CATHETER ACCESS CONTINUED										
36140	Introduction of needle or intracatheter, upper or lower extremity artery	N		Packaged	N1	No	Packaged	1.72	$79	$500
36160	Introduction of needle or intracatheter, aortic, translumbar	N		Packaged	N1	No	Packaged	2.46	$107	$546
36200	Introduction of catheter, aorta	N		Packaged	N1	No	Packaged	2.70	$123	$567
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	N		Packaged	N1	No	Packaged	4.53	$207	$1,199
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	N		Packaged	N1	No	Packaged	4.89	$221	$798
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	NA	NA	N1	No	NA	5.89	$259	$1,357
+36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	N	NA	NA	N1	No	NA	0.98	$41	$112
DIAGNOSTIC ANGIOGRAPHY LOWER EXTREMITY										
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	Q2	5183	$3,226	NA	NA	NA	1.71	$80	$149
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	Q2	5183	$3,226	NA	NA	NA	1.92	$90	$163
VESSEL CLOSURE										
+34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	N		Packaged	N1	No	Packaged	2.44	$110	NA

(+) Indicates add-on code. List add-on code separately in addition to code for primary procedure
N: Items and services packaged into APC rates
N1: Packaged service/item; no separate payment made
Q2: Package services, subject to separate payment based on criteria
NA: There is no establish Medicare payment in this setting
SI: Status Indicator
PI: Payment Indicator
MPPR: Multiple Procedure Payment Reduction

HCPCS[7]

Level II HCPCS codes, including C-codes, are used in conjunction with the Medicare Prospective Payment System for outpatient procedures only. Medicare Hospital Outpatient Prospective Payment System (OPPS) requires providers to report device category C-codes on claims to improve the claims data used to annually update the OPPS payment rates.

The devices below may be used in lower extremity procedures. These are commonly reported under Revenue Code 0272 (Medical/Surgical Supplies and Devices-Sterile Supply) or Revenue Code 0278 (Medical/Surgical Supplies and Devices-Other Implants). Please check with your provider for accurate coding.

Commercial/Private payers may utilize HCPCS codes and may reimburse separately per contractual arrangement with the hospital.

C-CODE	DESCRIPTION
C1874	Stent, Coated/Covered, with Delivery System
C1724	Catheter, Transluminal, Atherectomy, Rotational
C1725	Catheter, Transluminal, Angioplasty, Non-Laser (May include guidance, infusion/perfusion capability)
C1757	Catheter, Thrombectomy/Embolectomy
C1760	Closure Device, Vascular (Implantable/Insertable)
C1769	Guidewire
C1884	Embolization Protection System
C1876	Stent, Non-Coated/Non-Covered, with Delivery System
C2623	Catheter, Transluminal, Anigoplasty, Non-Laser (Surveil Drug-Coated Balloon)

RESOURCES

ACRONYM DEFINITIONS

ACRONYM	DEFINITION
APC	Ambulatory Payment Classification
ASC	Ambulatory Surgical Center
CC	Complications or Comorbidities
CMS	Centers for Medicare & Medicaid Services
HCPCS	Healthcare Common Procedure Coding System
LCD	Local Coverage Determination
MCC	Major Complications or Comorbidities
MS-DRG	Medicare Severity Diagnosis Related Group
NCD	National Coverage Determination
NTAP	New Technology Add-on Payment
PI	Payment Indicator
RVU	Relative Value Unit
SI	Status Indicator
WPS	Wisconsin Physician Service Insurance Corporation (WPS)

ICD-10-CM[8] CODES

The following ICD-10-CM (diagnosis) codes are commonly used to report to peripheral arterial disease (PAD). This list of codes is not all-inclusive.

ICD-10-CM	DESCRIPTION	ICD-10-CM	DESCRIPTION
I70.2x	Atherosclerosis of native arteries of extremities	**E08.52**	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
I70.3x	Atherosclerosis of unspecified type of bypass graft(s) of the extremities	**E09.52**	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
I70.4x	Atherosclerosis of autologous vein bypass graft(s) of the extremities	**E10.52**	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
I70.5x	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities	**E11.51**	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
I70.6x	Atherosclerosis of nonbiological bypass graft(s) of the extremities	**E11.52**	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
I70.7x	Atherosclerosis of other type of bypass graft(s) of the extremities	**E13.52**	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
I70.92	Chronic total occlusion of artery of extremity		

(x) Indicates a range of subcodes under the category, which share the same base code but differ in the final digits. Please refer to the list of ICD-10-CM codes for the full list of diagnosis codes and descriptions.

REFERENCES

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