PHYSICIAN FEE REIMBURSEMENT GUIDE

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

2025 CMS PHYSICIAN FEE SCHEDULE

The Centers for Medicare & Medicaid Services (CMS) made significant changes to calendar year 2025 (CY2025) policies and payment levels which impact a number of procedures utilizing Abbott's technology and therapy solutions in the Ambulatory Surgical Center (ASC) settings of care and Physician payments. These changes are compounded by the advance of both new and ongoing payment reform initiatives impacting a majority of U.S. health care facilities.

On November 1, 2024, CMS released the CY 2025 PFS Final Rule Correction Notice effective for services on January 1, 2025. We have provided the following tables for various technologies and procedures. This is intended for illustrative purposes only and is not a guarantee of reimbursement levels or coverage.

DISCLAIMER

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The FDA-approved/cleared labeling for all products may not be consistent with all uses described herein. This document is in no way intended to promote the off-label use of medical devices. The content is not intended to instruct hospitals and/or physicians on how to use medical devices or bill for healthcare procedures.

PERIPHERAL LOWER EXTREMITY REVASCULARIZATION PROCEDURES

CPT‡ CODE	CPT‡ CODE DESCRIPTION	MEDICARE RATE 2025 FACILITY	MEDICARE RATE 2025 NON-FACILITY
ILIAC ARTERY REVASCULARIZATION			
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	NA	NA
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	$377	$2,288
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	$465	$2,801
+37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	$175	$573
+37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	$200	$1,156
FEMORAL/POPLITEAL ARTERY REVASCULARIZATION			
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	$419	$2,653
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	$563	$7,901
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	$489	$7,312
37227	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	$675	$10,091
TIBIAL/PERONEAL ARTERY REVASCULARIZATION			
37228	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	$510	$3,752
37229	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	$653	$8,070
37230	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	$656	$8,076
37231	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	$699	$10,596
+37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	$188	$751
+37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	$304	$979

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.

NA: There is no established Medicare payment in this setting.

It is incumbent upon the physician to determine which, if any modifiers should be used first.

PERIPHERAL LOWER EXTREMITY REVASCULARIZATION PROCEDURES

CPT‡ CODE	CPT‡ CODE DESCRIPTION	MEDICARE RATE 2025 FACILITY	MEDICARE RATE 2025 NON-FACILITY
TIBIAL/PERONEAL ARTERY REVASCULARIZATION (CONT'D)			
+37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	$266	$3,283
+37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	$352	$3,639

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THROMBECTOMY & THROMBOLYSIS VASCULAR PROCEDURES

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	CPT‡ CODE DESCRIPTION	MEDICARE RATE	
		2025 FACILITY	2025 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 (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)	$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
THROMBOLYSIS			
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	$366	NA
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	$320	NA
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	NA
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	NA

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.

NA: There is no established Medicare payment in this setting.

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CAROTID ARTERY STENTING VASCULAR PROCEDURES

CPT‡ CODE	CPT‡ CODE DESCRIPTION	MEDICARE RATE	
		2025 FACILITY	2025 NON-FACILITY
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	$938	N/A
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	$947	N/A
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	$790	N/A

NA: There is no established Medicare payment in this setting.
It is incumbent upon the physician to determine which, if any modifiers should be used first.

VESSEL CLOSURE VASCULAR PROCEDURES

CPT‡ CODE	CPT‡ CODE DESCRIPTION	MEDICARE RATE	
		2025 FACILITY	2025 NON-FACILITY
+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)	$116	NA

CPT‡ code +34713 is applicable only for aortic and iliac artery repair procedures using an endograft. This code cannot be used with other types of procedures such lower limb endovascular and TAVR procedures. This code is tied to physician payment only and will not result in any change to hospital payment. The code can be listed twice for bilateral procedures. This will result in a total payment of 150% of base payment rate (National Average Payment is $174).

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.

NA: There are no Medicare Evaluations for these codes as these procedures are not typically performed in an in-office setting. The 26 modifier may be applicable for a number of these codes.

It is incumbent upon the physician to determine which, if any modifiers should be used first.

OTHER PERIPHERAL VASCULAR PROCEDURES

CPT‡ CODE	CPT‡ CODE DESCRIPTION	MEDICARE RATE 2025 FACILITY	MEDICARE RATE 2025 NON-FACILITY
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	$330	$1,657
+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)	$165	$563
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)	$281	$1,240
+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)	$139	$412
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)	$404	$4,198
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)	$449	$6,466
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	$530	$7,841
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	$624	$5,993
36140	Introduction of needle or intracatheter, upper or lower extremity artery	$84	$469
36160	Introduction of needle or intracatheter, aortic, translumbar	$117	$520
36200	Introduction of catheter, aorta	$133	$545
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	$224	$1,144
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	$239	$770
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	$282	$1,310
+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)	$46	$110

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.
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OTHER PERIPHERAL VASCULAR PROCEDURES

CPT‡ CODE	CPT‡ CODE DESCRIPTION	MEDICARE RATE 2025 FACILITY	MEDICARE RATE 2025 NON-FACILITY
DIAGNOSTIC ANGIOGRAPHY LOWER EXTREMITY			
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	$78	$144
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	$88	$158
DIALYSIS CIRCUIT			
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report	$160	$654
36902	... with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	$227	$1,113
36903	... 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 segment	$298	$3,845
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 thrombolytic injection(s);	$348	$1,667
36905	... with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	$419	$2,087
36906	... 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 segment	$482	$4,905
+36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	$139	$545
+36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	$196	$1,298
+36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	$190	$1,719

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CORONARY PROCEDURES

CPT‡ CODE	CPT‡ CODE DESCRIPTION	MEDICARE RATE 2025 FACILITY	MEDICARE RATE 2025 NON-FACILITY
PCI PROCEDURES			
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	$501	NA
+92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	No separate payment	No separate payment
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	$557	NA
+92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	No separate payment	No separate payment
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	See 92928 for payment	NA
+C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	No separate payment	No separate payment
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	$225	$836
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	$263	$933
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	$294	$1,041
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	$330	$1,136
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	$278	$963
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	$315	$1,037
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	$353	$1,150
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	$390	$1,269

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.

NA: There is no established Medicare payment in this setting.

It is incumbent upon the physician to determine which, if any modifiers should be used first.

CORONARY PROCEDURES

CPT‡ CODE	CPT‡ CODE DESCRIPTION	MEDICARE RATE 2025 FACILITY	MEDICARE RATE 2025 NON-FACILITY
PCI PROCEDURES			
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	$625	N/A
+92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	No separate payment	No separate payment
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	$556	N/A
+92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	No separate payment	No separate payment
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	$626	N/A
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	$626	N/A
+92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	No separate payment	No separate payment
+93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	$68*	$68
+93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	$49*	$49
+92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	$90*	$90
+92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	$71*	$71

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.
* = Modifier 26 signifies the professional component of the hospital-based services.
NA: There is no established Medicare payment in this setting.
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1. Physician Prospective Payment-Final rule with Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY2025. CMS-1807-F: https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f

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