



2023 Carotid Artery Stenting Procedures Coding and Reimbursement Guide

ICD-10-PCS Procedure Codes

ICD-10-PCS tables below are excerpted from the ICD-10-PCS code set. Please refer to the official ICD-10-PCS code set for complete tables.

ICD-10-PCS PROCEDURE CODES ¹			
0 Medical and Surgical 3 Upper Arteries 7 Dilation – Expanding an orifice or the lumen of a tubular body part			
BODY PART CHARACTER 4 ¹	APPROACH CHARACTER 5 ¹	DEVICE CHARACTER 6 ¹	QUALIFIER CHARACTER 7 ¹
H Common Carotid Artery, Right J Common Carotid Artery, Left K Internal Carotid Artery, Right L Internal Carotid Artery, Left M External Carotid Artery, Right N External Carotid Artery, Left	3 Percutaneous	D Intraluminal Device E Intraluminal Device, Two F Intraluminal Device, Three G Intraluminal Device, Four or More	Z No Qualifier

Note: Carotid artery stenting is covered as an inpatient procedure only. Percutaneous Transluminal Angioplasty (PTA) alone of the carotid artery is not covered by CMS. Coverage is limited to procedures performed using FDA-approved carotid artery stents and *FDA-approved or -cleared* embolic protection devices. The use of an *FDA-approved or cleared* embolic protection device is required. If deployment of the embolic protection device is not technically possible, *and not performed*, then the procedure is *not covered by Medicare*². Please view the [CMS national coverage determination](#) for additional information.

Hospital Inpatient MS-DRGs

MS-DRG ³	DESCRIPTION	FY 2023 MEDICARE REIMBURSEMENT ³
034	Carotid artery stent procedure with major complication or comorbidity	\$27,434
035	Carotid artery stent procedure with complication or comorbidity	\$15,666
036	Carotid artery stent procedure without complication or comorbidity/major complication or comorbidity	\$12,901

CPT Procedure Codes

CPT [‡] CODE ⁴	CPT [‡] DESCRIPTION ⁴	2023 PHYSICIAN REIMBURSEMENT ⁴	
		FACILITY	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	\$983	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	\$983	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	\$818	N/A

N/A - There is no established Medicare reimbursement in this setting.

If you have any questions for procedures involving Abbott's devices, please contact the Reimbursement Hotline at 855-569-6430 or AbbottEconomics@abbott.com.

References

1. ICD-10-PCS 2023: The Complete Official Codebook. American Medical Association. 2023. <https://www.ama-assn.org/>
2. National Coverage Determination 20.7: Percutaneous Transluminal Angioplasty (PTA). CMS. 2013. Available at <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=201>
3. Hospital Inpatient Prospective Payment - Final Rule FY2023 Payment Rates. CMS-1771-F: <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-ippa-final-rule-home-page>
4. Revisions to Payment Policies under the Medicare Physician Fee Schedule Quality Payment Program and Other Revisions to Part B for CY 2023. CMS-1770-F: <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1770-f>

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