

2024 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 CODES¹

- 0 Medical and Surgical
- 3 Upper Arteries
- 7 Dilation Expanding an orifice or the lumen of a tubular body part

BODY PART	APPROACH	DEVICE	QUALIFIER
CHARACTER 4 ¹	CHARACTER 5 ¹	CHARACTER 6 ¹	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 not technically possible, *and not performed*, then the procedure *is not covered by Medicare*². Please view the <u>CMS national coverage determination</u> for additional information.

Hospital Inpatient MS-DRGs

MS-DRG ³	DESCRIPTION	FY 2024 MEDICARE REIMBURSEMENT ³	
034	Carotid artery stent procedure with major complication or comorbidity	\$27,316	
035	Carotid artery stent procedure with complication or comorbidity	\$16,100	
036	Carotid artery stent procedure without complication or comorbidity/major complication or comorbidity	\$12,660	

Effective Dates: October 1, 2023 - September 30, 2024

CPT[‡] Procedure Codes

CPT [‡] CODE ⁴	CPT [‡] DESCRIPTION⁴	2024 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	\$951	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	\$955	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	\$796	N/A

Effective Dates: January 1, 2024 - December 31, 2024

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

- CPT 2023. The Complete Official Codebook. American Medical Association. 2023. https://www.ama-assn.org/
- 2. CMS 2024 ICD-10-PCS: https://www.cms.gov/medicare/icd-10/2024-icd-10-pcs
- 3. 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
- 4. Hospital Inpatient Prospective Payment Final Rule FY2023 Payment Rates. CMS-1771-F:https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ipps-final-rule-home-page
- 5. Revisions to Payment Policies under the Medicare Physician Fee Schedule Quality Payment Program and Other Revisions to Part B for CY 2024. CMS-1784-F: https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f

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