

CAROTID ARTERY STENTING CODING GUIDE

Effective October 1, 2025

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INTRODUCTION

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

REIMBURSEMENT HOTLINE

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday at (855) 569-6430. This content and all supporting documents are available at: <https://www.cardiovascular.abbott/us/en/hcp/reimbursement/vas/peripheral.html>

Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

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COVERAGE OVERVIEW FOR CAROTID ARTERY STENTING

NATIONAL COVERAGE DETERMINATION (NCD)

Medicare covers Carotid Artery Stenting, including Transcarotid Artery Revascularization (TCAR), under the National Coverage Determination (NCD) 20.7 for Percutaneous Transluminal Angioplasty (PTA) of the Carotid Artery Concurrent with Stenting¹. Please review the NCD for detailed information, available at: [NCD - Percutaneous Transluminal Angioplasty \(PTA\) \(20.7\) \(cms.gov\)](#)

Carotid artery stenting, including TCAR, is covered as an inpatient procedure only. 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. Please view the CMS national coverage determination for additional information.

Medicare Advantage plans are managed by commercial payers who are required to provide their Medicare Advantage beneficiaries with all services and supplies that traditional Medicare covers.

PRIOR AUTHORIZATION REQUIREMENTS

Traditional Medicare does not require prior authorization. Medicare Advantage plans are managed by commercial payers and may require prior authorization. Most commercial plans require prior authorization; please check with your payers for any requirements.

Additional materials are available for physicians when seeking prior authorization for Carotid Artery Stenting and TCAR procedures. The materials can be accessed on Abbott website [Vascular Prior Authorization and Denial Management | Abbott \(cardiovascular.abbott\)](#)

CODING FOR CAROTID ARTERY STENTING

ICD-10 PCS PROCEDURE CODES²

ICD-10-PCS are used in the hospital inpatient setting. The 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	
0 Medical and Surgical	
3 Upper Arteries	
7 Dilation	
Body Part Character	
H Common Carotid Artery, Right	L Internal Carotid Artery, Left
J Common Carotid Artery, Left	M External Carotid Artery, Right
K Internal Carotid Artery, Right	N External Carotid Artery, Left
Approach Character	
3 Percutaneous	
Device Character	
D Intraluminal Device	F Intraluminal Device, Three
E Intraluminal Device, Two	G Intraluminal Device, Four or More
Qualifier Character	
Z No Qualifier	

CODING FOR TRANSCAROTID ARTERY REVASCULARIZATION (TCAR)

TCAR has two distinct ICD-10-PCS codes to identify carotid artery stenting and reverse flow embolic neuroprotection components. Report TCAR procedure with a combination of codes from [Table 1](#) + [Table 2](#).

TABLE 1

ICD-10 PCS (PROCEDURE) CODES	
0 Medical and Surgical	
3 Upper Arteries	
7 Dilation	
Body Part Character	
H Common Carotid Artery, Right	K Internal Carotid Artery, Right
J Common Carotid Artery, Left	L Internal Carotid Artery, Left
Approach Character	
3 Percutaneous	
Device Character	
D Intraluminal Device	F Intraluminal Device, Three
E Intraluminal Device, Two	G Intraluminal Device, Four or More
Qualifier Character	
Z No Qualifier	

TABLE 2

ICD-10-PCS CODES	DESCRIPTION
X2AH336	Cerebral Embolic Filtration, Extracorporeal Flow Reversal Circuit from Right Common Carotid Artery, Percutaneous Approach, New Technology Group 6
X2AJ336	Cerebral Embolic Filtration, Extracorporeal Flow Reversal Circuit from Left Common Carotid Artery, Percutaneous Approach, New Technology Group 6

CODING AND REIMBURSEMENT FOR CAROTID ARTERY STENTING

HOSPITAL INPATIENT³

Carotid Artery Stenting procedures, including Transcarotid Artery Revascularization (TCAR), are assigned to the MS-DRGs listed below.

MS-DRG	DESCRIPTION	NATIONAL MEDICARE RATE
034	Carotid artery stent procedure with MCC	\$28,166
035	Carotid artery stent procedure with CC	\$17,395
036	Carotid artery stent procedure without CC/MCC	\$14,137

MCC: major complications or comorbidities. CC: complications or comorbidities

CODING AND REIMBURSEMENT FOR CAROTID ARTERY STENTING

PHYSICIAN⁵

CPT# CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			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	17.75	\$938	NA
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	17.98	\$947	NA
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	14.75	\$790	NA

NA Carotid Artery Stenting, including TCAR, is an inpatient only procedure. There is no established Medicare reimbursement in non-facility setting.

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

Additional Resources

Visit the website below for Abbott Reimbursement and Coding page, where you will find reimbursement resources such as coding guides, prior authorization toolkit, and on-demand webinars.

[Vascular Resources for Medical Reimbursement | Abbott \(cardiovascular.abbott\)](#)

For additional information or questions, please contact the Abbott Vascular Reimbursement Hotline at **855-569-6430** or abboteconomics@abbott.com.

References

1. National Coverage Determination 20.7: Percutaneous Transluminal Angioplasty (PTA). CMS. 2024. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCID=201>
2. ICD-10-PCS 2026: <https://www.cms.gov/files/document/fy-2026-icd-10-cm-coding-guidelines.pdf>
3. Hospital Inpatient Final Rule FY 2026 CMS-1833-F: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipp-final-rule-home-page>
4. 2025 American Medical Association: <https://www.ama-assn.org/>
5. Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2025 CMS-1807-F: <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f>

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3200 Lakeside Dr., Santa Clara, CA 95054, USA, Tel: 1 800 227 9902

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