



VASCULAR PROCEDURES REIMBURSEMENT GUIDE

2024 CMS Physician Fee Schedule

The Centers for Medicare & Medicaid Services (CMS) made significant changes to calendar year 2024 (CY2024) 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 2, 2023, CMS released the CY 2024 PFS Final Rule Correction Notice effective for services on January 1, 2024. 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.

PERIPHERAL PROCEDURES

LOWER EXTREMITY REVASCULARIZATION

| | | PHYSICIAN REIMBURSEMENT | |
|-----------------------|--|-------------------------|-------------------|
| CPT ⁺ CODE | CPT ⁺ DESCRIPTION | 2024 FACILITY | 2024 NON-FACILITY |
| 37220 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty | \$381 | \$2,411 |
| 37221 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s) , includes angioplasty within same vessel, when performed | \$469 | \$2,960 |
| +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) | \$176 | \$595 |
| +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) | \$202 | \$1,221 |
| 37224 | Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty | \$424 | \$2,803 |
| 37225 | Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed | \$570 | \$8,404 |
| 37226 | Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | \$494 | \$7,785 |
| 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 | \$682 | \$10,732 |
| 37228 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty | \$515 | \$3,972 |
| 37229 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy , includes angioplasty within the same vessel, when performed | \$660 | \$8,551 |
| 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 | \$660 | \$8,565 |
| 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 | \$11,308 |
| +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) | \$190 | \$790 |
| +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) | \$306 | \$1,015 |
| +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) | \$268 | \$3,492 |
| +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) | \$350 | \$3,794 |

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.
 N/A - There is no established Medicare reimbursement in this setting.

THROMBECTOMY & THROMBOLYSIS

| | | PHYSICIAN REIMBURSEMENT | |
|--------------|---|-------------------------|----------------------|
| CPT# CODE | CPT# DESCRIPTION | 2024 FACILITY | 2024 NON-FACILITY |
| 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 | \$411 | \$1,645 |
| +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) | \$155 | \$457 |
| +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 | \$1,140 |
| 37187 | Percutaneous transluminal mechanical thrombectomy, vein(s) , including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance | \$375 | \$1,626 |
| 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 | \$1,393 |
| 37211 | Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day | \$369 | N/A |
| 37212 | Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day | \$322 | N/A |
| 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 | \$220 | N/A |
| 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 | N/A |

CAROTID ARTERY STENT PROCEDURES

| | | PHYSICIAN REIMBURSEMENT | |
|--------------|--|-------------------------|----------------------|
| CPT# CODE | CPT# DESCRIPTION | 2024 FACILITY | 2024 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 |

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.
N/A - There is no established Medicare reimbursement in this setting.

| | | PHYSICIAN REIMBURSEMENT | |
|-----------------------|--|-------------------------|-------------------|
| CPT ⁺ CODE | CPT ⁺ DESCRIPTION | 2024 FACILITY | 2024 NON-FACILITY |
| 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 |

OTHER PERIPHERAL VASCULAR PROCEDURES

| | | PHYSICIAN REIMBURSEMENT | |
|-----------------------|---|-------------------------|-------------------|
| CPT ⁺ CODE | CPT ⁺ DESCRIPTION | 2024 FACILITY | 2024 NON-FACILITY |
| 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 | \$332 | \$1,746 |
| +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 | \$568 |
| 37248 | 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; initial vein | \$283 | \$1,302 |
| +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 | \$426 |
| 37241 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles) | \$407 | \$4,441 |
| 37242 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (e.g., congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms) | \$453 | \$6,788 |
| 37243 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction | \$532 | \$8,226 |
| 37244 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation | \$628 | \$6,284 |
| 36140 | Introduction of needle or intracatheter, upper or lower extremity artery | \$85 | \$494 |
| 36160 | Introduction of needle or intracatheter, aortic, translumbar | \$118 | \$533 |
| 36200 | Introduction of catheter, aorta | \$133 | \$572 |

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.
N/A - There is no established Medicare reimbursement in this setting.

| | | PHYSICIAN REIMBURSEMENT | |
|-----------------------|--|-------------------------|---------------------|
| CPT [†] CODE | CPT [†] DESCRIPTION | 2024 FACILITY | 2024 NON-FACILITY |
| 75710 | Angiography, extremity, unilateral, radiological supervision and interpretation | \$80* | \$80 |
| 75716 | Angiography, extremity, bilateral, radiological supervision and interpretation | \$89* | \$89 |
| 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 | \$681 |
| 36902 | ... with transluminal balloon angioplasty , peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty | \$229 | \$1,163 |
| 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 | \$301 | \$4,076 |
| 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) | \$351 | \$1,740 |
| 36905 | ... with transluminal balloon angioplasty , peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty | \$421 | \$2,189 |
| 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 circuit | \$486 | \$5,188 |
| +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 | \$567 |
| +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) | \$197 | \$1,360 |
| +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) | \$192 | \$1,818 |
| +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) | \$118 | No separate payment |

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 \$177).

*Modifier 26 signifies the professional component of the hospital-based services

CORONARY PROCEDURES

| | | PHYSICIAN REIMBURSEMENT | |
|-----------------------|--|-------------------------|---------------------|
| CPT ⁺ CODE | CPT ⁺ DESCRIPTION | 2024 FACILITY | 2024 NON-FACILITY |
| 92920 | Percutaneous transluminal coronary angioplasty ; single major coronary artery or branch | \$506 | N/A |
| +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 |
| 92924 | Percutaneous transluminal coronary atherectomy , with coronary angioplasty when performed; single major coronary artery or branch | \$603 | N/A |
| +92925 | Percutaneous transluminal coronary atherectomy, 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 |
| 92928 | Percutaneous transcatheter placement of intracoronary stent(s) , with coronary angioplasty when performed; single major coronary artery or branch | \$563 | N/A |
| +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 |
| 92933 | Percutaneous transluminal coronary atherectomy , with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch | \$631 | 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 | \$563 | 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 | \$632 | N/A |
| 92942 | 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, each additional branch of a major coronary artery | N/A | 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 | \$632 | N/A |

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.
N/A - There is no established Medicare reimbursement in this setting.

| | | PHYSICIAN REIMBURSEMENT | |
|-----------------------|---|-------------------------|---------------------|
| CPT [‡] CODE | CPT [‡] DESCRIPTION | 2024 FACILITY | 2024 NON-FACILITY |
| +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) | \$69* | \$69* |
| +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) | \$50* | \$50* |
| +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) | \$72* | \$72* |

*Modifier 26 signifies the professional component of the hospital-based services.

References

- 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-notice/cms-1784-f>

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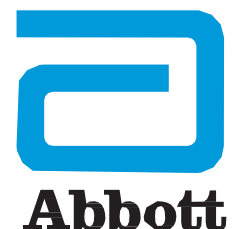
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(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.
N/A - There is no established Medicare reimbursement in this setting.