

2025

CODING AND
REIMBURSEMENT
GUIDE

EFFECTIVE JANUARY 1, 2025



Hospital Outpatient Reimbursement

CPT¹ and HCPCS codes are used by facilities to report procedures performed in the outpatient setting. CMS assigns all CPT and HCPCS codes a status indicator (SI) which indicates when and how a service is considered for payment. The status indicators that apply to the procedures listed in this guide and their definitions are provided below:

- C** Inpatient procedure only.
- J1** Paid under OPSS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPSS SI=F, G, H, L and U.
- N** Payment is packaged into payment for other services; no separate APC payment.
- T** Paid under OPSS; subject to multiple procedure discount.
- E1** Not paid by Medicare when submitted on outpatient claims.
- O2** T-Packaged Codes; packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "T"; otherwise paid separately.

Once assigned a status indicator, the CPT and HCPCS codes are mapped to an Ambulatory Payment Classification (APC), which are assigned a payment rate based on the geometric mean average cost of all the procedures mapped to that APC.

Hospitals should report all services provided with the appropriate CPT/HCPCS codes even if payment is packaged for a given service as the charges related to the packaged services are used for future rate setting as well as outlier and Transitional Outpatient Payments (TOPs)

Ambulatory Surgery Center (ASC) Reimbursement

Ambulatory Surgery Centers report procedures performed with CPT and HCPCS codes. In the CY 2008 OPSS/ASC final rule, CMS estimated that ASCs should be paid about 65 percent of the OPSS payment rates for the same surgical procedures.² For device-intensive services (where device costs account for more than 30 percent of the total cost of the service), ASCs receive the same payment rate for the device cost as under the OPSS, with payment for the service portion of the ASC rate calculated at the usual percentage rate of the corresponding OPSS service payment. CMS has assigned APC-based payment rates in an Ambulatory Surgery Center only to surgical procedure codes deemed safe to perform in this setting. Radiology procedures, supplies, and devices are considered ancillary to the surgical procedure; while some are reimbursed additionally, others may be packaged.

Physician Coding and Reimbursement

Medicare Part B pays for physician services based upon the Medicare Physician Fee Schedule (MPFS). Fee schedule amounts are calculated according to the Resource-Based Relative Value Scale (RBRVS), which is updated each year. Procedures are reported using CPT codes and coding guidance can be found in the CPT codebook. In addition, individual payers may have

guidelines and coverage policies regarding certain services.

The "non-facility" rate is the payment to the physician for services performed in the office or freestanding setting (also known as the global rate). Office Based Laboratories (OBLs) are also paid at the "non-facility rate." The "facility" rate is the physician payment for services performed in the hospital inpatient, hospital outpatient or ambulatory surgical center (ASC) setting.

Inpatient Coding and Payment

Medicare reimburses inpatient hospital services under the Inpatient Prospective Payment System (IPPS) which bases payment on Medicare Severity Diagnosis-Related Groups (MS-DRGs). The MS-DRG payment system groups similar diagnoses into a single payment level according to the extent of resources typically required to treat patients with similar diagnoses undergoing similar treatments. Each inpatient stay is assigned to a single MS-DRG, primarily on the basis of patient diagnoses (reported with ICD-10-CM codes) and procedures performed (reported with ICD-10-PCS codes). The MS-DRGs provided represent the most likely assignment for a patient admitted for the procedures provided in this guide and not intended to be a comprehensive list. All services and supplies provided during the inpatient admission are bundled into a single MS-DRG payment, regardless of the length of the inpatient stay, the intensity of treatments, or the number of procedures performed for the specific individual.

The information contained in this document is provided for informational purposes only and represents no statement, promise, or guarantee by Cordis concerning levels of reimbursement, payment, or charge. Procedure coding should be based upon medical necessity and procedures and supplies provided to the patient. Coding and reimbursement information is intended as a suggestion only and does not assure coverage or payment of the specific item or service in a given case. All payment rates provided are Medicare national payment rates and providers should contact their local Medicare Administrative Contractor (MAC) or CMS for specific information as payment rates listed are subject to change and will vary by region. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. Current Procedural Terminology (CPT) codes and descriptions are copyright 2024 American Medical Association; ICD-10-PCS and Healthcare Common Procedure Coding System (HCPCS) Level II codes and descriptions are maintained by the CMS. The information contained in this document is taken from various publicly available documents, is current at the date of publication, and is subject to change at any time. CPT, HCPCS and Medicare Physician, Hospital Outpatient and Ambulatory Surgical Center payment rates are effective January 1, 2025- December 31, 2025. MS-DRG and Medicare Hospital Inpatient payment rates are effective October 1, 2024- September 30, 2025.

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2025 Biliary Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

CPT ¹	Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
		OPPS ³		ASC ³	MPFS ⁴	
		SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological S&I; existing access	Q2	\$3,529	Packaged	\$392	\$67
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (e.g., percutaneous transhepatic cholangiogram)	Q2	\$3,529	Packaged	\$786	\$201
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	J1	\$5,834	\$4,063	\$3,426	\$222
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	J1	\$5,834	\$4,120	\$3,826	\$400
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (e.g., external or internal-external)	J1	\$5,834	\$3,789	\$3,871	\$414
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (e.g., rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy), and all associated radiological S&I; new access	J1	\$6,240	\$4,019	\$1,092	\$318
+47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (e.g., fluoroscopy), and all associated radiological S&I, each duct (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$464	\$128

INPATIENT PAYMENT ^{5,6}

MS-DRG	Description	
435	Malignancy of hepatobiliary system or pancreas with MCC	\$13,201
436	Malignancy of hepatobiliary system or pancreas with CC	\$8,048
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,604
438	Disorders of pancreas except malignancy with MCC	\$11,873
439	Disorders of pancreas except malignancy with CC	\$6,139
440	Disorders of pancreas except malignancy without CC/MCC	\$4,390

MS-DRG	Description	
441	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with MCC	\$13,491
442	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with CC	\$6,895
443	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis w/o CC/MCC	\$5,015
444	Disorders of the biliary tract with MCC	\$12,021
445	Disorders of the biliary tract with CC	\$7,740
446	Disorders of the biliary tract without CC/ MCC	\$5,690

2025 Cardiology Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
DIAGNOSTIC PROCEDURES AND IMAGING					
93451 Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	J1	\$3,216	\$1,656	\$792	\$124
93452 Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	J1	\$3,216	\$1,656	\$830	\$223
93453 Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography imaging supervision and interpretation, when performed	J1	\$3,216	\$1,656	\$1,059	\$298
93454 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	J1	\$3,216	\$1,656	\$836	\$225
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	J1	\$3,216	\$1,656	\$933	\$263
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	J1	\$3,216	\$1,656	\$1,041	\$294
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	J1	\$3,216	\$1,656	\$1,136	\$330
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	J1	\$3,216	\$1,656	\$963	\$278
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	J1	\$3,216	\$1,656	\$1,037	\$315
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	J1	\$3,216	\$1,656	\$1,150	\$353
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	J1	\$3,216	\$1,656	\$1,269	\$390
+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)	N	Packaged	Packaged	Contractor Priced	\$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)	N	Packaged	Not ASC Approved	Contractor Priced	\$71
+93462 Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$196	\$196
+93463 Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	\$93	\$93

2025 **Cardiology** Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
DIAGNOSTIC PROCEDURES AND IMAGING (continued)					
+93464 Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	\$208	\$85
+93565 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	\$26	\$26
+93566 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$25	\$25
+93567 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$36	\$36
+93568 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$44	\$44
+93569 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	\$36	\$36
+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)	N	Packaged	Packaged	Contractor Priced	\$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)	N	Packaged	Packaged	Contractor Priced	\$49
THERAPEUTIC INTERVENTIONS/PROCEDURES					
92920 Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	J1	\$5,702	\$3,628	N/A	\$501
+92921 Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	N	Packaged	Packaged	Bundled	
92924 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	J1	\$11,341	Not ASC Approved	N/A	\$597
+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)	N	Packaged	Not ASC Approved	Bundled	
92928 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	J1	\$11,341	\$6,994	N/A	\$557
+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)	N	Packaged	Packaged	Bundled	
92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	J1	\$17,957	Not ASC Approved	N/A	\$625
+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)	N	Packaged	Not ASC Approved	Bundled	
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	J1	\$11,341	Not ASC Approved	N/A	\$556

2025 **Cardiology** Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
THERAPEUTIC INTERVENTIONS/PROCEDURES (continued)					
+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)	N	Packaged	Not ASC Approved	Bundled	
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	C	Inpatient Only	Inpatient Only	N/A	\$626
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	J1	\$11,341	Not ASC Approved	N/A	\$626
+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)	N	Packaged	Not ASC Approved	Bundled	
+92972 Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	\$139
+92973 Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	\$167

DRUG ELUTING TECHNOLOGY PROCEDURES					
C9600 Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	J1	\$11,341	\$7,602	N/A	
+C9601 Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery	N	Packaged	Packaged	N/A	
C9602 Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	J1	\$17,957	Not ASC Approved	N/A	
+C9603 Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery graft (list separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	
C9604 Percutaneous transluminal revascularization of or through CABG (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	J1	\$11,341	Not ASC Approved	N/A	
+C9605 Percutaneous transluminal revascularization of or through CABG (internal mammary, free arterial, venous), any combination of drug-eluting 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)	N	Packaged	Not ASC Approved	N/A	
C9606 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or CABG graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	C	Inpatient Only	Inpatient Only	N/A	
C9607 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or CABG, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	J1	\$17,957	Not ASC Approved	N/A	
+C9608 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or CABG, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	
C9610 Catheter transluminal drug delivery with or without angioplasty, coronary, non-laser; (insertable)	J1	\$5702	\$3,268	NA	\$501

2025 **Cardiology** Coding and Payment

INPATIENT PAYMENT

DRG	Description	
231	Coronary bypass with PTCA with MCC	\$60,474
232	Coronary bypass with PTCA with CC	\$43,595
233	Coronary bypass with cardiac catheterization or open ablation with MCC	\$55,782
234	Coronary bypass with cardiac catheterization or open ablation without MCC	\$37,968
235	Coronary bypass without cardiac catheterization with MCC	\$41,993
236	Coronary bypass without cardiac catheterization without MCC	\$29,346
321	Percutaneous cardiovascular procedures with intraluminal device with MCC or 4+ arteries/intraluminal devices	\$20,316
322	Percutaneous cardiovascular procedures with intraluminal device without MCC	\$12,911
323	Coronary intravascular lithotripsy with intraluminal device with MCC	\$30,397
324	Coronary intravascular lithotripsy with intraluminal device without MCC	\$22,802
325	Coronary intravascular lithotripsy without intraluminal device	\$20,425

MCC = major complication or comorbidity
CC = complication or comorbidity

2025 Endovascular Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
NONSELECTIVE AND SELECTIVE CATHETER PLACEMENT - ARTERIAL					
36100 Introduction of needle or intracatheter, carotid or vertebral artery	N	Packaged	Packaged	\$509	\$145
36140 Introduction of needle or intracatheter, upper or lower extremity artery	N	Packaged	Packaged	\$469	\$84
36200 Introduction of catheter, aorta	N	Packaged	Packaged	\$545	\$133
36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	N	Packaged	Packaged	\$964	\$203
36216 Initial second order thoracic or brachiocephalic branch, within a vascular family	N	Packaged	Packaged	\$995	\$259
36217 Initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	N	Packaged	Packaged	\$1,738	\$322
+36218 Additional second order, third order, and beyond, thoracic or brachiocephalic, within a vascular family	N	Packaged	Packaged	\$198	\$50
36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	Packaged	Packaged	\$1,144	\$224
36246 Initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	Packaged	Packaged	\$770	\$239
36247 Initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	Packaged	Packaged	\$1,310	\$282
+36248 Additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	Packaged	Packaged	\$110	\$46
DIAGNOSTIC IMAGING - ARTERIAL					
75600 Aortography, thoracic, without serialography, radiological S&I	Q2	\$3,148	Packaged	\$168	\$22
75605 Aortography, thoracic, by serialography, radiological S&I	Q2	\$5,406	Packaged	\$117	\$51
75625 Aortography, abdominal, by serialography, radiological S&I	Q2	\$3,148	Packaged	\$122	\$65
75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological S&I	Q2	\$3,148	Packaged	\$151	\$90
75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Q2	\$178	Packaged	\$405	\$108
75705 Angiography, spinal, selective, radiological S&I	Q2	\$5,406	Packaged	\$249	\$114
75710 Angiography, extremity, unilateral, radiological S&I	Q2	\$3,148	Packaged	\$144	\$78
75716 Angiography, extremity, bilateral, radiological S&I	Q2	\$3,148	Packaged	\$158	\$88
75726 Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological S&I	Q2	\$5,406	Packaged	\$166	\$91
75731 Angiography, adrenal, unilateral, selective, radiological S&I	J1	\$3,148	\$97	\$150	\$52
75733 Angiography, adrenal, bilateral, selective, radiological S&I	Q2	\$3,148	Packaged	\$168	\$58
75736 Angiography, pelvic, selective or supraseductive, radiological S&I	Q2	\$5,406	Packaged	\$140	\$49
75741 Angiography, pulmonary, unilateral, selective, radiological S&I	Q2	\$3,148	Packaged	\$125	\$57
75743 Angiography, pulmonary, bilateral, selective, radiological S&I	Q2	\$3,148	Packaged	\$143	\$74
75746 Angiography, pulmonary, by nonselective catheter or venous injection, radiological S&I	J1	\$3,148	\$80	\$131	\$50
75756 Angiography, internal mammary, radiological S&I	Q2	\$3,148	Packaged	\$158	\$53
+75774 Angiography, selective, each additional vessel studied after basic examination, radiological S&I	N	Packaged	Packaged	\$93	\$44

2025 Endovascular Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
NONSELECTIVE AND SELECTIVE CATHETER PLACEMENT - VENOUS					
36005 Injection procedure for extremity venography	N	Packaged	Packaged	\$234	\$45
36010 Introduction of catheter, superior or inferior vena cava	N	Packaged	Packaged	\$492	\$102
36011 Selective catheter placement, venous system; first order branch	N	Packaged	Packaged	\$740	\$148
36012 Selective catheter placement, venous system; second order, or more selective, branch	N	Packaged	Packaged	\$772	\$166
DIAGNOSTIC IMAGING - VENOUS					
75820 Venography, extremity, unilateral, radiological S&I	Q2	\$1,553	Packaged	\$103	\$47
75822 Venography, extremity, bilateral, radiological S&I	J1	\$1,553	\$62	\$129	\$66
75825 Venography, caval, inferior, with serialography, radiological S&I	Q2	\$3,148	Packaged	\$111	\$51
75827 Venography, caval, superior, with serialography, radiological S&I	Q2	\$1,553	Packaged	\$114	\$51
75831 Venography, renal, unilateral, selective, radiological S&I	Q2	\$3,148	Packaged	\$116	\$49
75833 Venography, renal, bilateral, selective, radiological S&I	Q2	\$3,148	Packaged	\$143	\$67
75840 Venography, adrenal, unilateral, selective, radiological S&I	Q2	\$3,148	Packaged	\$124	\$52
75842 Venography, adrenal, bilateral, selective, radiological S&I	Q2	\$5,406	Packaged	\$154	\$68
75860 Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological S&I	Q2	\$3,148	Packaged	\$123	\$52
75870 Venography, superior sagittal sinus, radiological S&I	J1	\$3,148	\$101	\$159	\$58
75872 Venography, epidural, radiological S&I	Q2	\$618	Packaged	\$124	\$52
75880 Venography, orbital, radiological S&I	Q2	\$618	Packaged	\$104	\$32
RENAL ANTERIOR ANGIOGRAPHY					
36251 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	Q2	\$3,148	Packaged	\$1,183	\$241
36252 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	Q2	\$3,148	Packaged	\$1,286	\$338
36253 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	Q2	\$5,406	Packaged	\$1,858	\$335
36254 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	Q2	\$3,148	Packaged	\$1,804	\$395

2025 Endovascular Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
CEREBROVASCULAR ANGIOGRAPHY					
36221 Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/ or intracranial vessels, unilateral or bilateral, and all associated radiological S&I, includes angiography of the cervicocerebral arch, when performed	Q2	\$3,148	Packaged	\$909	\$192
36222 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological S&I, includes angiography of the cervicocerebral arch, when performed	Q2	\$3,148	Packaged	\$1,154	\$276
36223 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological S&I, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	Q2	\$5,406	Packaged	\$1,601	\$319
36224 Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological S&I, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	Q2	\$5,406	Packaged	\$1,951	\$357
36225 Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological S&I, includes angiography of the cervicocerebral arch, when performed	Q2	\$3,148	Packaged	\$1,520	\$316
36226 Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological S&I, includes angiography of the cervicocerebral arch, when performed	Q2	\$5,406	Packaged	\$1,902	\$355
+36227 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological S&I (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$235	\$117
+36228 Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological S&I (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$1,250	\$242
LOWER EXTREMITY INTERVENTIONS					
37220 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	J1	\$5,702	\$3,426	\$2,288	\$377
37221 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	J1	\$11,341	\$7,176	\$2,801	\$465
+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)	N	Packaged	Packaged	\$573	\$175
+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)	N	Packaged	Packaged	\$1,156	\$200
37224 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	J1	\$5,702	\$3,640	\$2,653	\$419
37225 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	J1	\$17,957	\$12,445	\$7,901	\$563
37226 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	J1	\$11,341	\$7,579	\$7,312	\$489
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	J1	\$17,957	\$12,540	\$10,091	\$675
37228 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	J1	\$11,341	\$6,603	\$3,752	\$510
37229 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	J1	\$17,957	\$11,855	\$8,070	\$653
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	J1	\$17,957	\$11,439	\$8,076	\$656
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	J1	\$17,957	\$12,261	\$10,596	\$699
+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)	N	Packaged	Packaged	\$751	\$188

2025 Endovascular Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
LOWER EXTREMITY INTERVENTIONS (continued)					
+37233 Atherectomy, tibial/peroneal artery, unilateral, each additional vessel	N	Packaged	Packaged	\$979	\$304
+37234 Stent placement(s), tibial/peroneal artery, unilateral, each additional vessel	N	Packaged	Packaged	\$3,283	\$266
+37235 Stent and atherectomy, tibial/peroneal artery, unilateral, each additional vessel	N	Packaged	Packaged	\$3,639	\$352
0238T Transluminal atherectomy; iliac artery, each vessel	J1	\$17,957	\$11,532	Contractor Priced	Contractor Priced
C9764 Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	J1	\$11,341	\$7,753	N/A	N/A
C9765 Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	J1	\$17,957	\$12,498	N/A	N/A
C9766 Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	J1	\$17,957	\$12,749	N/A	N/A
C9767 Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	J1	\$17,957	\$12,668	N/A	N/A
C9772 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	J1	\$11,341	\$7,574	N/A	N/A
C9773 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	J1	\$17,957	\$11,636	N/A	N/A
C9774 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	J1	\$17,957	\$11,882	N/A	N/A
C9775 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	J1	\$17,957	\$13,114	N/A	N/A
CAROTID ARTERY STENT PLACEMENT					
37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological S&I; with distal embolic protection	C	Inpatient Only	Inpatient Only	N/A	\$938
37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological S&I; without distal embolic protection	E1	Not Covered	Not Covered	Not Covered	
37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological S&I	C	Inpatient Only	Inpatient Only	N/A	\$1,029
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 S&I	C	Inpatient Only	Inpatient Only	N/A	\$790

2025 Endovascular Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
ANGIOPLASTY/ATHERECTOMY/STENTING IN OTHER VESSELS					
37236 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological S&I and including angioplasty within the same vessel when performed; initial artery	J1	\$11,341	\$7,024	\$2,506	\$417
+37237 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological S&I and including angioplasty within the same vessel when performed; each additional artery (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$1,184	\$200
37238 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological S&I and including angioplasty within the same vessel, when performed; initial vein	J1	\$11,341	\$7,102	\$3,137	\$290
37239 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological S&I and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$1,570	\$143
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 S&I necessary to perform the angioplasty within the same artery; initial artery	J1	\$5,702	\$3,422	\$1,657	\$330
+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 S&I necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$563	\$165
37248 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological S&I necessary to perform the angioplasty within the same vein; initial vein	J1	\$5,702	\$3,321	\$1,240	\$281
+37249 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological S&I necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$412	\$139
0234T Transluminal peripheral atherectomy, open or percutaneous, including radiological S&I; renal artery	J1	\$11,341	Not ASC Approved	Contractor Priced	Contractor Priced
0235T Transluminal peripheral atherectomy, open or percutaneous, including radiological S&I; visceral artery (except renal), each vessel	C	Inpatient only	Inpatient only	Contractor Priced	Contractor Priced
0236T Transluminal peripheral atherectomy, open or percutaneous, including radiological S&I; abdominal aorta	J1	\$11,341	Not ASC Approved	Contractor Priced	Contractor Priced
0237T Transluminal peripheral atherectomy, open or percutaneous, including radiological S&I; brachiocephalic trunk and branches, each vessel	J1	\$11,341	Not ASC Approved	Contractor Priced	Contractor Priced
0238T Transluminal peripheral atherectomy, open or percutaneous, including radiological S&I; Iliac artery, each vessel	J1	\$17,957	\$11,532	Contractor Priced	Contractor Priced
VENA CAVA FILTERS					
37191 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological S&I, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	J1	\$5,406	Not ASC Approved	\$1,844	\$209
37192 Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	J1	\$3,148	\$2,164	\$1,183	\$326
37193 Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	J1	\$3,148	\$1,589	\$1,384	\$328

2025 Endovascular Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
DIALYSIS CIRCUIT IMAGING AND INTERVENTIONS					
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 S&I and image documentation and report	J1	\$1,553	\$528	\$654	\$160
36902 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 S&I and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological S&I necessary to perform the angioplasty	J1	\$5,702	\$2,630	\$1,113	\$227
36903 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 S&I and image documentation and report; 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	J1	\$11,341	\$7,351	\$3,845	\$298
36904 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological S&I, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	J1	\$5,702	\$3,516	\$1,667	\$348
36905 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological S&I, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological S&I necessary to perform the angioplasty	J1	\$11,341	\$6,491	\$2,087	\$419
36906 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological S&I, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological S&I necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	J1	\$17,957	\$11,783	\$4,905	\$482
+36907 Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological S&I required to perform the angioplasty (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$545	\$139
+36908 Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological S&I required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$1,298	\$196

2025 Endovascular Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
CARDIAC ABLATION					
93653 Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	J1	\$24,532	Not ASC Approved	N/A	\$791
93654 Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	J1	\$24,532	Not ASC Approved	N/A	\$954
+93655 Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	\$290
93656 Comprehensive electrophysiologic evaluation with transeptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed	J1	\$24,532	Not ASC Approved	N/A	\$897
+93657 Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	\$291
+93662 Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	Contractor Priced	\$67
OTHER SUPPORTIVE PROCEDURES					
+37252 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological S&I; initial noncoronary vessel (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$860	\$84
+37253 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological S&I; each additional noncoronary vessel (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$164	\$67
75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	J1	\$3,148	\$1,589	Contractor Priced	\$88
37197 Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological S&I, and imaging guidance (ultrasound or fluoroscopy), when performed	J1	\$3,148	\$1,589	\$1,428	\$285

2025 Endovascular Coding and Payment

INPATIENT PAYMENT

DRG	Description	
034	Carotid artery stent procedure with MCC	\$27,752
035	Carotid artery stent procedure with CC	\$16,234
036	Carotid artery stent procedure without CC/MCC	\$13,082
037	Extracranial procedures with MCC	\$23,700
038	Extracranial procedures with CC	\$11,499
039	Extracranial procedures without CC/MCC	\$8,123
163	Major chest procedures with MCC	\$32,894
164	Major chest procedures with CC	\$17,963
165	Major chest procedures with CC/MCC	\$13,302
166	Other respiratory system O.R. procedures with MCC	\$27,478
167	Other respiratory system O.R. procedures with CC	\$13,040
168	Other respiratory system O.R. procedures without CC/MCC	\$9,662
228	Other cardiothoracic procedures with MCC	\$35,563
229	Other cardiothoracic procedures without MCC	\$22,168
231	Coronary bypass with PTCA with MCC	\$60,474
232	Coronary bypass with PTCA without MCC	\$43,595
233	Coronary bypass with cardiac catheterization or open ablation with MCC	\$55,782
234	Coronary bypass with cardiac catheterization or open ablation without MCC	\$37,968

DRG	Description	
235	Coronary bypass without cardiac catheterization with MCC	\$41,993
236	Coronary bypass without cardiac catheterization without MCC	\$29,346
250	Percutaneous cardiovascular procedures without intraluminal device with MCC	\$16,504
251	Percutaneous cardiovascular procedures without intraluminal device without MCC	\$11,152
252	Other vascular procedures with MCC	\$24,481
253	Other vascular procedures with CC	\$18,220
254	Other vascular procedures without CC/MCC	\$12,485
264	Other circulatory systems O.R. procedures	\$24,943
270	Other major cardiovascular procedures with MCC	\$36,632
271	Other major cardiovascular procedures with CC	\$24,581
272	Other major cardiovascular procedures without CC/ MCC	\$17,857
273	Percutaneous and other intracardiac procedures with MCC	\$27,906
274	Percutaneous and other intracardiac procedures without MCC	\$22,273
299	Peripheral vascular disorders with MCC	\$11,544
300	Peripheral vascular disorders with CC	\$7,640
301	Peripheral vascular disorders without CC/MCC	\$5,091

MCC = major complication or comorbidity
CC = complication or comorbidity

2025 HCPCS Codes

INPATIENT PAYMENT

HCPCS	Description
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1760	Closure device, vascular (implantable/insertable)
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away
C1769	Guide wire
C1773	Retrieval device, insertable (used to retrieve fractured medical devices)
C1876	Stent, non-coated/non-covered, with delivery system
C1877	Stent, non-coated/non-covered, without delivery system
C1880	Vena cava filter
C1885	Catheter, transluminal angioplasty, laser
C1887	Catheter, guiding (may include infusion/perfusion capability)
C2617	Stent, non-coronary, temporary, without delivery system
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser
C2625	Stent, non-coronary, temporary, with delivery system
C2629	Introducer/sheath, other than guiding, intracardiac electrophysiological, laser

References:

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2. Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs Questions and Answers
3. CMS-1809-FC CY 2025 Medicare Hospital Outpatient Prospective Payment and Ambulatory Payment Systems Final Rule
4. CMS-1807-F CY 2025 Medicare Physician Fee Schedule Final Rule; National payments calculated using CF of \$32.3465 effective January 1, 2025.
5. ICD-10-CM/PCS MS-DRG v42.0 Definitions Manual https://www.cms.gov/icd10m/FY2025-NPRM-Version42-fullcode-cms/fullcode_cms/P0001.html
6. CMS-1808-CN (Table 5) & CMS-1808-IFC (Tables 1A-1E), FY 2025 Medicare Inpatient Prospective Payment System Final Rule Correction Notice and Interim Final Action, effective October 1, 2024- September 30, 2025
7. HCPCS Level II, 2024 Expert. Copyright 2023 Optum 360, LLC

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