

2023 Coding and Reimbursement Guide

Effective January 1, 2023



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Hospital Outpatient Reimbursement

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 OPPTS; all covered Part B services on the claim are packaged with the primary “J1” service for the claim, except services with OPPTS SI=F, G, H, L and U.
- N** Payment is packaged into payment for other services; no separate APC payment.
- T** Paid under OPPTS; subject to multiple procedure discount.
- E1** Not paid by Medicare when submitted on outpatient claims.
- Q2** 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 and 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.

Depending upon the services provided, hospitals may receive payment for more than one APC per patient encounter. Hospitals should report all services provided with the appropriate CPT/HCPCS codes even if payment 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

In the CY 2008 OPPTS/ASC final rule, CMS estimated that ASCs should be paid about 65 percent of the OPPTS payment rates for the same surgical procedures.¹ 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 OPPTS, with payment for the service portion of the ASC rate calculated at the usual percentage rate of the corresponding OPPTS 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 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 in the hospital outpatient or ambulatory surgical center (ASC) setting (and may be known as the professional rate).

Inpatient Procedure Coding

ICD-10-PCS codes are used by facilities to report procedures performed in the inpatient setting. The ICD-10-PCS code series provided in this guide are those which map to the CPT codes also provided in this guide. It is not intended to be a comprehensive list of all possible ICD-10-PCS codes that may be reported. The first three characters of the ICD-10-PCS code outline the section, body system and operation. Once these have been identified, the procedure should be coded to greater specificity by choosing the most appropriate body part, approach, device, and qualifier as identified in the code set. Providers should code to the highest possible level of specificity. Mapping was conducted using Codify. If different methodologies are used in different sites, or if multiple root operations with different objectives are performed on the same body part, each procedure may have a separate code.

Inpatient Reimbursement

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 and reimburses the hospital according to the extent of resources typically required to treat patients with similar diagnoses undergoing similar treatments. DRGs are assigned to a patient upon using the principal diagnosis and additional diagnoses, procedures provided, sex and discharge status. The 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 reimbursement rate, regardless of the length of the inpatient stay, the intensity of treatments, or the number of procedures performed for the specific individual.

1. Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs Questions and Answers.

2023 Biliary Coding and Reimbursement

| CPT Description | Hospital Outpatient | | Ambulatory Surgery Center | Physician | |
|---|---------------------|------------|---------------------------|-------------------|----------|
| | OPPS | ASC | MPFS | | |
| | SI | PAYMENT | PAYMENT | NON-FACILITY | FACILITY |
| SURGICAL PROCEDURES | | | | | |
| 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 | \$3,541.33 | Packaged | \$435.79 | \$69.47 |
| 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 | \$3,541.33 | Packaged | \$858.36 | \$208.07 |
| 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 | \$5,212.15 | \$3,573.14 | \$3,872.29 | \$231.11 |
| 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 | \$5,212.15 | \$3,198.85 | \$4,316.55 | \$419.18 |
| 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 | \$5,212.15 | \$3,484.85 | \$4,354.84 | \$432.74 |
| 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 | \$3,541.33 | \$1,439.42 | \$1,189.10 | \$331.76 |
| +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 | N | Packaged | Packaged | \$510.68 | \$134.19 |
| RADIOLOGICAL IMAGING | | | | | |
| 74328 Endoscopic catheterization of the biliary ductal system, radiological, supervision and interpretation | N | Packaged | Packaged | Contractor Priced | \$23.04 |
| 74330 Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation | N | Packaged | Packaged | Contractor Priced | \$27.79 |
| 74363 Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation | N | Packaged | Packaged | Contractor Priced | \$41.68 |

Inpatient Procedure Coding

| ICD-10-PCS | Description |
|-----------------------------------|--|
| THERAPEUTIC PROCEDURES | |
| 0F7----- | Dilation, hepatobiliary system and pancreas (CPT 47538, 47539, and 47542) |
| 0F9----- | Drainage, hepatobiliary system and pancreas (CPT 47538, 47539, and 47542) |
| 0FD----- | Medical and Surgical, Hepatobiliary System and Pancreas, Extraction |
| OTHER SUPPORTIVE THERAPIES | |
| 3E0----- | Administration, Physiological Systems and Anatomical Regions, Introduction |
| IMAGING | |
| BF1----- | Imaging, hepatobiliary system and pancreas, fluoroscopy |
| BF4----- | Imaging, hepatobiliary system and pancreas, ultrasound |

Inpatient Reimbursement

| DRG | Description | |
|------------|---|--------------------|
| 435 | Malignancy of hepatobiliary system or pancreas with MCC | \$11,991.78 |
| 436 | Malignancy of hepatobiliary system or pancreas with CC | \$7,548.19 |
| 437 | Malignancy of hepatobiliary system or pancreas without CC/MCC | \$5,802.45 |
| 438 | Disorders of pancreas except malignancy with MCC | \$11,368.94 |
| 439 | Disorders of pancreas except malignancy with CC | \$5,966.39 |
| 440 | Disorders of pancreas except malignancy without CC/MCC | \$4,159.60 |

MCC = major complication or comorbidity
CC = complication or comorbidity

2023 Cardiology Coding and Reimbursement

| 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 | J1 | \$2,958.46 | \$1,488.58 | \$881.07 | \$129.11 | |
| 93452 Left heart catheterization | J1 | \$2,958.46 | \$1,488.58 | \$914.95 | \$232.47 | |
| 93453 Right and left heart catheterization | J1 | \$2,958.46 | \$1,488.58 | \$1,163.69 | \$311.08 | |
| 93454 Coronary angiography | J1 | \$2,958.46 | \$1,488.58 | \$918.68 | \$234.84 | |
| 93455 Coronary angiography with bypass grafts | J1 | \$2,958.46 | \$1,488.58 | \$1,023.39 | \$273.81 | |
| 93456 Coronary angiography with right heart catheterization | J1 | \$2,958.46 | \$1,488.58 | \$1,143.02 | \$306.00 | |
| 93457 Coronary angiography and bypass grafts, with right heart catheterization | J1 | \$2,958.46 | \$1,488.58 | \$1,245.35 | \$343.62 | |
| 93458 Coronary angiography with left heart catheterization | J1 | \$2,958.46 | \$1,488.58 | \$1,055.59 | \$289.74 | |
| 93459 Coronary angiography and bypass grafts, with left heart catheterization | J1 | \$2,958.46 | \$1,488.58 | \$1,135.56 | \$328.71 | |
| 93460 Coronary angiography with right and left heart catheterization | J1 | \$2,958.46 | \$1,488.58 | \$1,261.68 | \$368.01 | |
| 93461 Coronary angiography with bypass grafts, right and left heart catheterization | J1 | \$2,958.46 | \$1,488.58 | \$1,391.07 | \$406.65 | |
| +93462 Left heart access via transseptal or transapical puncture | N | Packaged | Packaged | \$207.05 | \$207.05 | |
| +93463 Pharmacological agent administration with hemodynamic assessment | N | Packaged | Not ASC Approved | \$97.26 | \$97.26 | |
| +93464 Physiologic exercise study with hemodynamic assessment | N | Packaged | Not ASC Approved | \$221.62 | \$87.43 | |
| +93565 Injection/imaging for left heart angiography with cath for congenital anomaly | N | Packaged | Not ASC Approved | \$26.77 | \$26.77 | |
| +93566 Injection/imaging for right heart angiography with cath for congenital anomaly | N | Packaged | Packaged | \$26.43 | \$26.43 | |
| +93567 Injection/imaging procedure for supravalvular aortography | N | Packaged | Packaged | \$37.61 | \$37.61 | |
| +93568 Injection/imaging procedure for pulmonary angiography | N | Packaged | Packaged | \$46.76 | \$46.76 | |
| +93569 Injection/imaging procedure for selective pulmonary arterial angiography, unilateral | N | Packaged | Packaged | \$37.61 | \$37.61 | |
| +93571 Intravascular coronary flow reserve measurement, initial vessel | N | Packaged | Packaged | Contractor Priced | \$71.50 | |
| +93572 Intravascular coronary flow reserve measurement, each additional vessel | N | Packaged | Packaged | Contractor Priced | \$51.85 | |
| +92978 Coronary vessel or graft imaging with IVUS or OCT, initial vessel | N | Packaged | Not ASC Approved | Contractor Priced | \$93.53 | |
| +92979 Coronary vessel or graft imaging with IVUS or OCT, each additional vessel | N | Packaged | Not ASC Approved | Contractor Priced | \$74.55 | |

2023 Cardiology Coding and Reimbursement

| CPT Description | Hospital Outpatient | | Ambulatory Surgery Center | | Physician | |
|--|---------------------|----------------|---------------------------|--------------|-----------|--|
| | OPPS | | ASC | MPFS | | |
| | SI | PAYMENT | PAYMENT | NON-FACILITY | FACILITY | |
| THERAPEUTIC INTERVENTIONS/PROCEDURES | | | | | | |
| 92920 Percutaneous transluminal coronary angioplasty; single major coronary artery or branch | J1 | \$5,215.40 | \$3,274.10 | N/A | \$521.52 | |
| +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 | N/A | Bundled | |
| 92924 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch | J1 | \$10,615.31 | Not ASC Approved | N/A | \$623.19 | |
| +92925 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery | N | Packaged | Not ASC Approved | N/A | Bundled | |
| 92928 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch | J1 | \$10,615.31 | \$6,339.26 | N/A | \$581.50 | |
| +92929 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery | N | Packaged | Packaged | N/A | Bundled | |
| 92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch | J1 | \$17,177.60 | Not ASC Approved | Bundled | \$651.65 | |
| +92934 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery | N | Packaged | Not ASC Approved | N/A | 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 | \$10,615.31 | Not ASC Approved | N/A | \$580.83 | |
| +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 | N | Packaged | Not ASC Approved | N/A | 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 | Not ASC Approved | N/A | \$652.33 | |
| 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 | \$10,615.31 | Not ASC Approved | N/A | \$653.01 | |
| +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 | N | Packaged | Not ASC Approved | N/A | Bundled | |
| +92973 Percutaneous transluminal coronary thrombectomy mechanical | N | Packaged | Not ASC Approved | N/A | \$173.50 | |

2023 Cardiology Coding and Reimbursement

| CPT | Description | Hospital Outpatient | | Ambulatory Surgery Center | Physician | |
|-------------------------------|--|---------------------|----------------|---------------------------|--------------|----------|
| | | OPPS | | ASC | MPFS | |
| | | SI | PAYMENT | PAYMENT | NON-FACILITY | FACILITY |
| DRUG ELUTING STENT PROCEDURES | | | | | | |
| C9600 | Perc transcatheter placement of drug eluting IC stent(s), w/coronary angioplasty when performed; single major coronary artery or branch | J1 | \$10,615.31 | \$6,489.32 | N/A | N/A |
| +C9601 | each additional branch of a major coronary artery | N | Packaged | Packaged | N/A | N/A |
| C9602 | Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch | J1 | \$17,177.60 | Not ASC Approved | N/A | N/A |
| C9603 | 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 | N/A |
| C9604 | Perc 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 | \$10,615.31 | Not ASC Approved | N/A | N/A |
| +C9605 | each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure) | N | Packaged | Not ASC Approved | N/A | N/A |
| C9606 | Perc transluminal revascularization of acute total/subtotal occlusion during acute MI, CA or CABG graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel | C | Inpatient Only | Not ASC Approved | N/A | N/A |
| C9607 | Perc 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 | \$17,177.60 | Not ASC Approved | N/A | N/A |
| +C9608 | 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 | N/A |
| | | | | | | |
| OTHER SUPPORTIVE THERAPIES | | | | | | |
| 92975 | Thrombolysis, coronary, by intracoronary infusion | C | Inpatient Only | Not ASC Approved | N/A | \$371.06 |
| 92977 | Thrombolysis, coronary, by intravenous infusion | T | \$332.62 | Not ASC Approved | \$53.54 | N/A |
| 33967 | Insertion of intra-aortic balloon assist device, percutaneous | C | Inpatient Only | Not ASC Approved | N/A | \$255.17 |
| 33968 | Removal of intra-aortic balloon assist device, percutaneous | C | Inpatient Only | Not ASC Approved | N/A | \$33.55 |
| 33990 | Insert ventricular assist device (VAD), percutaneous, arterial access only | C | Inpatient Only | Not ASC Approved | N/A | \$357.17 |
| 33991 | Insert VAD, percutaneous, arterial & venous access, transseptal | C | Inpatient Only | Not ASC Approved | N/A | \$449.68 |
| 33992 | Remove ventricular assist device, at separate session from insertion | C | Inpatient Only | Not ASC Approved | N/A | \$185.36 |
| 33993 | Reposition ventricular assist device, with imaging, at separate session | C | Inpatient Only | Not ASC Approved | N/A | \$164.35 |
| G0269 | Placement of occlusive device into vascular access site | N | Packaged | Not ASC Approved | N/A | Bundled |

Inpatient Procedure Coding

| ICD-10-PCS | Description |
|--------------------------------|--|
| HEART AND GREAT VESSELS | |
| 021 ——— | Medical and surgical, Heart and Great Vessels, Bypass |
| 027 ——— | Medical and surgical, Heart and Great Vessels, Dilation |
| 02B ——— | Medical and surgical, Heart and Great Vessels, Excision |
| 02C ——— | Medical and Surgical, Heart and Great Vessels, Extirpation |
| 02F ——— | Medical & Surgical, Heart & Great Vessels, Fragmentation |
| 02H ——— | Medical and surgical, Heart and Great Vessels, Insertion |
| 02N ——— | Medical and surgical, Heart and Great Vessels, Release |
| 02P ——— | Medical and surgical, Heart and Great Vessels, Removal |
| 02V ——— | Medical and surgical, Heart and Great Vessels, Reposition |
| 02W ——— | Medical and surgical, Heart and Great Vessels, Revision |
| UPPER ARTERIES | |
| 037 ——— | Medical and Surgical, Upper Arteries, Dilation |
| 03F ——— | Medical and Surgical, Upper Arteries, Fragmentation |
| 03H ——— | Medical and Surgical, Upper Arteries, Insertion |
| LOWER ARTERIES | |
| 047 ——— | Medical and Surgical, Lower Arteries, Dilation |

| ICD-10-PCS | Description |
|-----------------------------------|---|
| UPPER VEINS | |
| 05H ——— | Medical and Surgical, Upper Veins, Insertion |
| LOWER VEINS | |
| 06H ——— | Medical and Surgical, Lower Veins, Insertion |
| OTHER SUPPORTIVE THERAPIES | |
| 3E0 ——— | Administration, Physiological Systems and Anatomical Regions, Introduction |
| 4A0 ——— | Measuring and Monitoring, Physiologic Systems, Measurement |
| 4A1 ——— | Measuring and Monitoring, Physiologic Systems, Monitoring |
| 5A0 ——— | Extracorporeal or Systemic Assistance and Performance, Physiological Systems, Assistance |
| 5A1 ——— | Extracorporeal or Systemic Assistance and Performance, Physiological Systems, Performance |
| IMAGING | |
| B21 ——— | Imaging, Heart, Fluoroscopy |
| B24 ——— | Imaging, Heart, Ultrasonography |

2023 Cardiology Coding and Reimbursement

Inpatient Reimbursement

| DRG | Description | |
|-----|--|--------------|
| 001 | Heart Transplant or Implant of Heart Assist System with MCC | \$193,068.17 |
| 002 | Heart Transplant or Implant of Heart Assist System without MCC | \$92,418.73 |
| 215 | Other Heart Assist System Implant | \$70,674.80 |
| 216 | Cardiac Valve and Other Major Cardiothoracic Procedures with Cardiac Catheterization with MCC | \$66,824.56 |
| 217 | Cardiac Valve and Other Major Cardiothoracic Procedures with Cardiac Catheterization with CC | \$43,549.59 |
| 218 | Cardiac Valve and Other Major Cardiothoracic Procedures with Cardiac Catheterization without CC/MCC | \$40,736.51 |
| 219 | Cardiac Valve and Other Major Cardiothoracic Procedures without Cardiac Catheterization with MCC | \$55,756.07 |
| 220 | Cardiac Valve and Other Major Cardiothoracic Procedures without Cardiac Catheterization with CC | \$37,282.07 |
| 221 | Cardiac Valve and Other Major Cardiothoracic Procedures without Cardiac Catheterization without CC/MCC | \$32,456.41 |
| 222 | Cardiac Defibrillator Implant with Cardiac Catheterization With AMI, HF OR SHOCK with MCC | \$52,520.45 |
| 223 | Cardiac Defibrillator Implant with Cardiac Catheterization With AMI, HF OR SHOCK without MCC | \$35,797.67 |
| 224 | Cardiac Defibrillator Implant with Cardiac Catheterization Without AMI, HF OR SHOCK with MCC | \$48,628.37 |
| 225 | Cardiac Defibrillator Implant with Cardiac Catheterization Without AMI, HF OR SHOCK without MCC | \$34,693.29 |
| 226 | Cardiac Defibrillator Implant Without Cardiac Catheterization With MCC | \$43,906.97 |

| DRG | Description | |
|-----|---|-------------|
| 227 | Cardiac Defibrillator Implant Without Cardiac Catheterization Without MCC | \$34,439.49 |
| 228 | Other Cardiovascular Procedures with MCC | \$33,805.67 |
| 229 | Other Cardiovascular Procedures without MCC | \$22,642.52 |
| 231 | Coronary Bypass with PTCA with MCC | \$57,573.16 |
| 232 | Coronary Bypass with PTCA with CC | \$40,181.58 |
| 233 | Coronary Bypass with Cardiac Catheterization Or Open Ablation with MCC | \$53,126.14 |
| 234 | Coronary bypass with cardiac catheterization without MCC | \$35,575.42 |
| 235 | Coronary Bypass Without Cardiac Catheterization with MCC | \$41,088.41 |
| 236 | Coronary Bypass Without Cardiac Catheterization without MCC | \$27,975.78 |
| 246 | Percutaneous Cardiovascular Procedure with Drug-Eluting Stent with MCC or 4+ Vessels/Stents | \$20,546.95 |
| 247 | Percutaneous Cardiovascular Procedure with Drug-Eluting Stent without MCC | \$13,098.22 |
| 248 | Percutaneous Cardiovascular Procedure with Non-Drug-Eluting Stent with MCC or 4+ Vessels/Stents | \$20,645.72 |
| 249 | Percutaneous Cardiovascular Procedure with Non-Drug-Eluting Stent without MCC | \$12,461.65 |

MCC = major complication or comorbidity
CC = complication or comorbidity

2023 Cerebrovascular Coding and Reimbursement

| 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 arch, when performed | Q2 | \$2,978.97 | Packaged | \$1,007.47 | \$197.22 | |
| 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 arch | Q2 | \$2,978.97 | Packaged | \$1,239.59 | \$282.96 | |
| 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 | \$5,139.76 | Packaged | \$1,671.99 | \$325.99 | |
| 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 | \$5,139.76 | Packaged | \$2,077.29 | \$367.00 | |
| 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 arch, when performed | Q2 | \$2,978.97 | Packaged | \$1,578.80 | \$322.95 | |
| 36226 | Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological S&I, includes angiography of the arch, when performed | Q2 | \$5,139.76 | Packaged | \$2,019.34 | \$364.63 | |
| +36227 | Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological S&I | N | Packaged | Packaged | \$243.99 | \$119.96 | |
| +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 | N | Packaged | Packaged | \$1,281.95 | \$246.02 | |
| 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 | Not ASC Approved | N/A | \$983.07 | |
| 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 | E1 | Not Covered by Medicare | Not Covered by Medicare | N/A | \$982.73 [†] | |
| 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, and radiological S&I | C | Inpatient Only | Not ASC Approved | N/A | \$1,071.51 | |
| 37218 | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, and radiological S&I | C | Inpatient Only | Not ASC Approved | N/A | \$817.70 | |
| OTHER SUPPORTIVE PROCEDURES | | | | | | | |
| +37252 | Intravascular ultrasound; initial noncoronary vessel | N | Packaged | Packaged | \$973.58 | \$88.11 | |
| +37253 | Intravascular ultrasound; each additional noncoronary vessel | N | Packaged | Packaged | \$173.50 | \$69.81 | |

* Carotid stenting procedures are not approved in the ASC setting as they are expected to pose a significant safety risk to beneficiaries or that would be expected to require an overnight stay. Radiology procedures, supplies, and devices are considered ancillary to the surgical procedure; while some are reimbursed additionally, no separate payment is made for cerebrovascular diagnostic angiography codes 36221-36228 or intravascular ultrasound (IVUS).

† Not covered by Medicare

2023 Cerebrovascular Coding and Reimbursement

Inpatient Procedure Coding

| ICD-10-PCS | Description |
|---|--|
| HEART AND GREAT VESSELS | |
| 027 ----- | Medical and Surgical, Heart and Great Vessels, Dilation |
| 02F ----- | Medical and Surgical, Heart and Great Vessels, Fragmentation |
| 02H ----- | Medical and Surgical, Heart and Great Vessels, Insertion |
| 02J ----- | Medical and Surgical, Heart and Great Vessels, Inspection |
| HEART AND GREAT VESSELS | |
| 031 ----- | Medical and Surgical, Upper Arteries, Bypass |
| 037 ----- | Medical and Surgical, Upper Arteries, Dilation |
| 03C ----- | Medical and Surgical, Upper Arteries, Extirpation |
| 03F ----- | Medical and Surgical, Upper Arteries, Fragmentation |
| 03H ----- | Medical and Surgical, Upper Arteries, Insertion |
| 047 ----- | Medical and Surgical, Lower Arteries, Dilation |
| 04H ----- | Medical and Surgical, Lower Arteries, Insertion |
| UPPER AND LOWER VEINS | |
| 05F ----- | Medical and Surgical, Upper Veins, Extraction |
| 06F ----- | Medical and Surgical, Lower Veins |
| EXTRACORPOREAL OR SYSTEMIC THERAPIES | |
| 047 ----- | Medical and Surgical, Lower Arteries, Dilation |
| IMAGING | |
| B31 ----- | Imaging, Upper Arteries, Fluoroscopy |
| B34 ----- | Imaging, Upper Arteries, Plain Ultrasonography |
| NEW TECHNOLOGY | |
| X2V ----- | New Technology, Cardiovascular System, Restriction |

Inpatient Reimbursement

| DRG | Description* | |
|------------|---|--------------------|
| 034 | Carotid artery stent procedure with MCC | \$27,433.88 |
| 035 | Carotid artery stent procedure with CC | \$15,665.73 |
| 036 | Carotid artery stent procedure without CC/MCC | \$12,900.66 |
| 037 | Extracranial Procedures with MCC | \$23,137.09 |
| 038 | Extracranial Procedures with CC | \$11,218.71 |
| 039 | Extracranial Procedures without CC/MCC | \$7,906.95 |
| 166 | Other Respiratory System OR Procedures with MCC | \$25,145.56 |
| 167 | Other Respiratory System OR Procedures with MCC | \$13,040.60 |
| 168 | Other Respiratory System OR Procedures without CC/MCC | \$9,724.03 |
| 231 | Coronary Bypass with PTCA with MCC | \$57,573.16 |
| 232 | Coronary Bypass with PTCA with CC | \$40,181.58 |
| 233 | Coronary Bypass with Cardiac Catheterization Or Open Ablation with MCC | \$53,126.14 |
| 234 | Coronary bypass with cardiac catheterization without MCC | \$35,575.42 |
| 235 | Coronary Bypass Without Cardiac Catheterization with MCC | \$41,088.41 |
| 236 | Coronary Bypass Without Cardiac Catheterization without MCC | \$27,975.78 |
| 247 | Percutaneous Cardiovascular Procedure with Drug-Eluting Stent without MCC | \$13,098.22 |
| 248 | Percutaneous Cardiovascular Procedure with Non-Drug-Eluting Stent with MCC or 4+ Vessels/Stents | \$20,645.72 |
| 249 | Percutaneous Cardiovascular Procedure with Non-Drug-Eluting Stent without MCC | \$12,461.65 |
| 250 | Percutaneous Cardiovascular Procedure Without Coronary Artery Stent with MCC | \$16,597.93 |
| 251 | Percutaneous Cardiovascular Procedure Without Coronary Artery Stent without MCC | \$11,148.75 |
| 252 | Other Vascular Procedures with MCC | \$22,933.37 |
| 253 | Other Vascular Procedures with CC | \$18,342.30 |
| 254 | Other Vascular Procedures without CC/MCC | \$12,542.60 |
| 264 | Other Circulatory System OR Procedures | \$22,702.89 |

MCC = major complication or comorbidity
CC = complication or comorbidity

2023 Endovascular Coding and Reimbursement

| 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 | \$573.71 | \$152.49 |
| 36140 Introduction of needle or intracatheter, upper or lower extremity artery | N | Packaged | Packaged | \$519.83 | \$88.11 |
| 36200 Introduction of catheter, aorta | N | Packaged | Packaged | \$603.87 | \$137.24 |
| 36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family | N | Packaged | Packaged | \$1,053.89 | \$210.10 |
| 36216 Initial second order thoracic or brachiocephalic branch, within a vascular family | N | Packaged | Packaged | \$1,083.37 | \$267.71 |
| 36217 Initial third order or more selective thoracic or brachiocephalic branch, within a vascular family | N | Packaged | Packaged | \$1,815.00 | \$327.35 |
| +36218 Additional second order, third order, and beyond, thoracic or brachiocephalic, within a vascular family | N | Packaged | Packaged | \$211.46 | \$51.51 |
| 36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family | N | Packaged | Packaged | \$1,267.72 | \$232.81 |
| 36246 Initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family | N | Packaged | Packaged | \$848.87 | \$248.39 |
| 36247 Initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family | N | Packaged | Packaged | \$1,449.36 | \$294.82 |
| +36248 Additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family | N | Packaged | Packaged | \$118.94 | \$47.78 |
| DIAGNOSTIC IMAGING - ARTERIAL | | | | | |
| 75600 Aortography, thoracic, without serialography, radiological S&I | Q2 | \$2,978.97 | Packaged | \$187.74 | \$23.72 |
| 75605 Aortography, thoracic, by serialography, radiological S&I | Q2 | \$5,139.76 | Packaged | \$122.33 | \$53.20 |
| 75625 Aortography, abdominal, by serialography, radiological S&I | Q2 | \$2,978.97 | Packaged | \$128.09 | \$67.10 |
| 75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological S&I | Q2 | \$2,978.97 | Packaged | \$158.93 | \$93.53 |
| 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s) | Q2 | \$180.34 | Packaged | \$431.38 | \$112.84 |
| 75705 Angiography, spinal, selective, radiological S&I | Q2 | \$5,139.76 | Packaged | \$252.12 | \$116.57 |
| 75710 Angiography, extremity, unilateral, radiological S&I | Q2 | \$2,978.97 | Packaged | \$152.49 | \$82.35 |
| 75716 Angiography, extremity, bilateral, radiological S&I | Q2 | \$2,978.97 | Packaged | \$164.69 | \$91.83 |
| 75726 Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological S&I | Q2 | \$5,139.76 | Packaged | \$173.84 | \$94.88 |
| 75731 Angiography, adrenal, unilateral, selective, radiological S&I | J1 | \$2,978.97 | \$96.87 | \$155.54 | \$54.90 |
| 75733 Angiography, adrenal, bilateral, selective, radiological S&I | Q2 | \$2,978.97 | Packaged | \$171.47 | \$61.00 |
| 75736 Angiography, pelvic, selective or supraseductive, radiological S&I | Q2 | \$5,139.76 | Packaged | \$145.04 | \$52.53 |
| 75741 Angiography, pulmonary, unilateral, selective, radiological S&I | Q2 | \$2,978.97 | Packaged | \$132.84 | \$60.66 |
| 75743 Angiography, pulmonary, bilateral, selective, radiological S&I | Q2 | \$2,978.97 | Packaged | \$150.46 | \$76.92 |
| 75746 Angiography, pulmonary, by nonselective catheter or venous injection, radiological S&I | Q2 | \$2,978.97 | \$81.00 | \$136.90 | \$53.20 |
| 75756 Angiography, internal mammary, radiological S&I | Q2 | \$2,978.97 | Packaged | \$164.01 | \$55.24 |
| +75774 Angiography, selective, each additional vessel studied after basic examination, radiological S&I | N | Packaged | Packaged | \$98.61 | \$46.43 |

2023 Endovascular Coding and Reimbursement

| 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 | \$261.27 | \$47.78 | |
| 36010 Introduction of catheter, superior or inferior vena cava | N | Packaged | Packaged | \$552.02 | \$107.08 | |
| 36011 Selective catheter placement, venous system; first order branch | N | Packaged | Packaged | \$821.76 | \$154.53 | |
| 36012 Second order, or more selective, branch | N | Packaged | Packaged | \$851.25 | \$170.79 | |
| DIAGNOSTIC IMAGING - VENOUS | | | | | | |
| 75820 Venography, extremity, unilateral, radiological S&I | Q2 | \$1,487.85 | Packaged | \$110.81 | \$49.48 | |
| 75822 Venography, extremity, bilateral, radiological S&I | J1 | \$1,487.85 | \$64.47 | \$134.87 | \$68.45 | |
| 75825 Venography, caval, inferior, with serialography, radiological S&I | Q2 | \$2,978.97 | Packaged | \$115.89 | \$53.20 | |
| 75827 Venography, caval, superior, with serialography, radiological S&I | Q2 | \$1,487.85 | Packaged | \$121.32 | \$53.88 | |
| 75831 Venography, renal, unilateral, selective, radiological S&I | Q2 | \$2,978.97 | Packaged | \$122.33 | \$52.19 | |
| 75833 Venography, renal, bilateral, selective, radiological S&I | Q2 | \$2,978.97 | Packaged | \$149.10 | \$69.81 | |
| 75840 Venography, adrenal, unilateral, selective, radiological S&I | Q2 | \$2,978.97 | Packaged | \$131.48 | \$54.90 | |
| 75842 Venography, adrenal, bilateral, selective, radiological S&I | Q2 | \$5,139.76 | Packaged | \$161.64 | \$71.84 | |
| 75860 Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological S&I | Q2 | \$2,978.97 | Packaged | \$128.09 | \$53.88 | |
| 75870 Venography, superior sagittal sinus, radiological S&I | J1 | \$2,978.97 | \$96.87 | \$159.27 | \$59.30 | |
| 75872 Venography, epidural, radiological S&I | Q2 | \$578.50 | Packaged | \$131.48 | \$54.90 | |
| 75880 Venography, orbital, radiological S&I | Q2 | \$578.50 | Packaged | \$110.13 | \$33.89 | |
| RENAL ANTERIOR ANGIOGRAPHY | | | | | | |
| 36251 Selective catheter placement and radiological S&I, main renal artery and any accessory renal artery(s) and renal angiography S&I; unilateral | Q2 | \$2,978.97 | Packaged | \$1,313.81 | \$253.48 | |
| 36252 Selective catheter placement and radiological S&I, main renal artery and any accessory renal artery(s) and renal angiography S&I; bilateral | Q2 | \$2,978.97 | Packaged | \$1,414.11 | \$352.43 | |
| 36253 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) and renal angiography S&I; unilateral | Q2 | 5,139.76 | Packaged | \$2,054.24 | \$348.70 | |
| 36254 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) and renal angiography S&I; unilateral; bilateral | Q2 | \$2,978.97 | Packaged | \$2,019.00 | \$410.04 | |

2023 Endovascular Coding and Reimbursement

| 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 arch, when performed | Q2 | \$2,978.97 | Packaged | \$1,007.47 | \$197.22 | |
| 36222 | Selective catheter placement, common carotid orinnominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological S&I, includes arch | Q2 | \$2,978.97 | Packaged | \$1,239.59 | \$282.96 | |
| 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 | \$5,139.76 | Packaged | \$1,671.99 | \$325.99 | |
| 36224 | Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation, includes angiography of the extracranial carotid and cervicocerebral arch | Q2 | \$5,139.76 | Packaged | \$2,077.29 | \$367.00 | |
| 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 arch, when performed | Q2 | \$2,978.97 | Packaged | \$1,578.80 | \$322.95 | |
| 36226 | Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological S&I, includes angiography of the arch, when performed | Q2 | \$5,139.76 | Packaged | \$2,019.34 | \$364.63 | |
| +36227 | Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and radiological S&I | N | Packaged | Packaged | \$243.99 | \$119.96 | |
| +36228 | Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation | N | Packaged | Packaged | \$1,281.95 | \$246.02 | |
| LOWER EXTREMITY INTERVENTIONS | | | | | | | |
| 37220 | Angioplasty, iliac artery, unilateral, initial vessel | J1 | \$5,215.40 | \$3,074.03 | \$2,559.84 | \$394.45 | |
| 37221 | Stent placement(s), iliac artery, unilateral, initial vessel; | J1 | \$10,615.31 | \$6,598.92 | \$3,149.82 | \$485.60 | |
| +37222 | Angioplasty, iliac artery, each additional ipsilateral iliac vessel | N | Packaged | Packaged | \$626.24 | \$182.65 | |
| +37223 | Stent placement(s), iliac artery, each additional ipsilateral iliac vessel | N | Packaged | Packaged | \$1,301.27 | \$208.41 | |
| 37224 | Angioplasty, femoral, popliteal artery(s), unilateral | J1 | \$5,215.40 | \$3,229.76 | \$2,986.82 | \$437.82 | |
| 37225 | Atherectomy, femoral, popliteal artery(s), unilateral | J1 | \$10,615.31 | \$7,056.29 | \$8,957.40 | \$588.96 | |
| 37226 | Stent placement(s), femoral, popliteal artery(s), unilateral | J1 | \$10,615.31 | \$6,968.61 | \$8,336.59 | \$511.36 | |
| 37227 | Stent placement(s) and atherectomy, femoral, popliteal artery(s), unilateral | J1 | \$17,177.60 | \$11,791.62 | \$11,472.85 | \$706.55 | |
| 37228 | Angioplasty, tibial, peroneal artery, unilateral, initial vessel | J1 | \$10,615.31 | \$6,085.49 | \$4,240.98 | \$533.38 | |
| 37229 | Atherectomy, tibial, peroneal artery, unilateral, initial vessel | J1 | \$17,177.60 | \$11,119.11 | \$9,102.44 | \$683.50 | |
| 37230 | Stent placement(s), tibial, peroneal artery, unilateral, initial vessel | J1 | \$17,177.60 | \$11,352.39 | \$9,115.66 | \$682.49 | |
| 37231 | Stent and atherectomy, tibial/peroneal artery, unilateral, initial vessel | J1 | \$17,177.60 | \$11,322.27 | \$12,040.46 | \$723.15 | |
| +37232 | Angioplasty, tibial, peroneal artery, unilateral, each additional vessel | N | Packaged | Packaged | \$836.34 | \$195.87 | |
| +37233 | Atherectomy, tibial/peroneal artery, unilateral, each additional vessel | N | Packaged | Packaged | \$1,062.02 | \$317.52 | |
| +37234 | Stent placement(s), tibial/peroneal artery, unilateral, each additional vessel | N | Packaged | Packaged | \$3,711.67 | \$276.52 | |
| +37235 | Stent and atherectomy, tibial/peroneal artery, unilateral, each additional vessel | N | Packaged | Packaged | \$4,047.49 | \$365.30 | |
| 0238T | Transluminal atherectomy; iliac artery, each vessel | J1 | \$17,177.60 | \$9,781.80 | Contractor Priced | Contractor Priced | |

2023 Endovascular Coding and Reimbursement

| CPT Description | Hospital Outpatient | | Ambulatory Surgery Center | | Physician | | |
|---|---|---------|---------------------------|----------------|------------------|-------------------|-------------------|
| | OPPS | | ASC | MPFS | | | |
| | SI | PAYMENT | PAYMENT | NON-FACILITY | FACILITY | | |
| 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 | Not ASC Approved | N/A | \$983.07 |
| 37216 | Without distal embolic protection | | E1 | Not Covered | Not Covered | N/A | \$982.73 |
| 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, and radiological S&I | | C | Inpatient Only | Not ASC Approved | N/A | \$1,071.51 |
| 37218 | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, and radiological S&I | | C | Inpatient Only | Not ASC Approved | N/A | \$817.70 |
| ANGIOPLASTY/ATHERECTOMY/STENTING IN OTHER VESSELS | | | | | | | |
| 37236 | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological S&I and angioplasty; initial artery | | J1 | \$10,615.31 | \$6,385.63 | \$2,807.22 | \$435.79 |
| +37237 | Each additional artery | | N | Packaged | Packaged | \$1,319.23 | \$207.05 |
| 37238 | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological S&I and angioplasty; initial vein | | J1 | \$10,615.31 | \$6,458.97 | \$3,525.96 | \$301.60 |
| 37239 | Each additional vein | | N | Packaged | Packaged | \$1,750.95 | \$148.09 |
| 37246 | Transluminal balloon angioplasty, open or percutaneous, including radiological S&I; initial artery | | J1 | \$5,215.40 | \$3,036.97 | \$1,854.65 | \$342.94 |
| +37247 | Each additional artery | | N | Packaged | Packaged | \$574.73 | \$169.77 |
| 37248 | Transluminal balloon angioplasty, open or percutaneous, including radiological S&I; initial vein | | J1 | \$5,215.40 | \$2,327.07 | \$1,384.97 | \$292.45 |
| +37249 | Each additional vein | | N | Packaged | Packaged | \$449.34 | \$143.34 |
| 0234T | Transluminal atherectomy, open or percutaneous, including radiological S&I; renal artery | | J1 | \$10,615.31 | Not ASC Approved | Contractor Priced | Contractor Priced |
| 0235T | Visceral artery (except renal), each vessel | | C | Inpatient only | Not ASC Approved | Contractor Priced | Contractor Priced |
| 0236T | Abdominal aorta | | J1 | \$10,615.31 | Not ASC Approved | Contractor Priced | Contractor Priced |
| 0237T | Brachiocephalic trunk and branches, each vessel | | J1 | \$10,615.31 | Not ASC Approved | Contractor Priced | Contractor Priced |
| 0238T | Iliac artery, each vessel | | J1 | \$17,177.60 | \$9,781.80 | Contractor Priced | Contractor Priced |
| VENA CAVA FILTERS | | | | | | | |
| 37191 | Insertion of intravascular vena cava filter, endovascular approach | | Q1 | \$5,139.73 | Not ASC Approved | \$2,079.66 | \$218.91 |
| 37192 | Repositioning of intravascular vena cava filter, endovascular approach | | Q1 | \$2,978.97 | Not ASC Approved | \$1,302.62 | \$339.55 |
| 37193 | Retrieval (removal) of intravascular vena cava filter, endovascular approach | | Q1 | \$2,978.97 | Not ASC Approved | \$1,530.35 | \$341.92 |

* Not covered by Medicare

2023 Endovascular Coding and Reimbursement

| 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 inferior or superior vena cava; | J1 | \$1,487.85 | \$573.60 | \$719.09 | \$166.39 | |
| 36902 | with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty | J1 | \$5,215.40 | \$2,327.07 | \$1,230.78 | \$236.53 | |
| 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 | J1 | \$10,615.31 | \$6,835.40 | \$4,371.45 | \$310.75 | |
| 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); | J1 | \$5,215.40 | \$3,070.60 | \$1,846.85 | \$363.61 | |
| 36905 | with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty | J1 | \$10,615.31 | \$5,907.18 | \$2,325.68 | \$437.14 | |
| 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 | J1 | \$17,177.60 | \$11,245.21 | \$5,542.59 | \$503.90 | |
| +36907 | Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty | N | Packaged | Packaged | \$601.84 | \$144.36 | |
| +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 | N | Packaged | Packaged | \$1,445.97 | \$203.66 | |
| +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 | N | Packaged | Packaged | \$1,954.27 | \$198.58 | |
| THROMBOLYSIS | | | | | | | |
| 37211 | Transcatheter arterial infusion for thrombolysis, initial treatment day | Q2 | \$5,139.76 | \$3,394.82 | N/A | \$380.89 | |
| 37212 | Transcatheter venous infusion for thrombolysis, initial treatment day | Q2 | \$2,978.97 | \$1,443.95 | N/A | \$333.11 | |
| 37213 | Transcatheter arterial or venous infusion for thrombolysis, continued treatment on subsequent day; including follow-up catheter contrast injection, position change, or exchange, when performed; | Q2 | \$2,978.97 | Not ASC Approved | N/A | \$227.72 | |
| 37214 | Cessation of thrombolysis including removal of catheter and vessel closure by any method | Q2 | \$2,978.97 | Not ASC Approved | N/A | \$120.64 | |
| MECHANICAL THROMBECTOMY | | | | | | | |
| 37184 | Primary percutaneous transluminal mechanical thrombectomy; initial vessel | J1 | \$10,615.31 | \$6,563.09 | \$1,745.19 | \$425.28 | |
| +37185 | Second and all subsequent vessel(s) in the same vascular family | N | Packaged | Packaged | \$480.86 | \$160.96 | |
| +37186 | Secondary percutaneous transluminal thrombectomy in conjunction with another percutaneous intervention | N | Packaged | Packaged | \$1,210.11 | \$239.58 | |
| 37187 | Percutaneous transluminal mechanical thrombectomy, vein(s) | J1 | \$10,615.31 | \$7,321.44 | \$1,738.75 | \$387.33 | |
| 37188 | Percutaneous transluminal mechanical thrombectomy, vein(s), repeat treatment on subsequent day during course of thrombolytic therapy | Q2 | \$2,978.97 | \$2,488.30 | \$1,501.54 | \$277.20 | |

2023 Endovascular Coding and Reimbursement

| CPT Description | Hospital Outpatient | | Ambulatory Surgery Center | | Physician | |
|--|---------------------|-------------|---------------------------|-------------------|-----------|--|
| | OPPS | | ASC | MPFS | | |
| | SI | PAYMENT | PAYMENT | NON-FACILITY | FACILITY | |
| EMBOLIZATION/OCCCLUSION | | | | | | |
| 37241 Vascular embolization or occlusion, inclusive of all radiological S&I; venous, other than hemorrhage | J1 | \$10,615.31 | \$5,889.47 | \$4,772.33 | \$423.93 | |
| 37242 Arterial, other than hemorrhage or tumor | J1 | \$10,615.31 | \$6,720.33 | \$7,286.09 | \$470.02 | |
| 37243 For tumors, organ ischemia, or infarction | J1 | \$10,615.31 | \$4,579.33 | \$8,849.30 | \$552.70 | |
| 37244 For arterial or venous hemorrhage or lymphatic extravasation | J1 | \$10,615.31 | Not ASC Approved | \$6,752.36 | \$653.01 | |
| 75894 Transcatheter therapy, embolization, any method, radiological S&I | N | Packaged | Packaged | Contractor Priced | \$71.16 | |
| OTHER SUPPORTIVE PROCEDURES | | | | | | |
| +37252 Intravascular ultrasound; initial noncoronary vessel | N | Packaged | Packaged | \$973.58 | \$88.11 | |
| +37253 Each additional noncoronary vessel | N | Packaged | Packaged | \$173.50 | \$69.81 | |
| 75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis | J1 | \$2,978.97 | \$1,443.95 | Contractor Priced | \$90.48 | |
| 37197 Transcatheter retrieval, percutaneous, of intravascular foreign body | J1 | \$2,978.97 | \$1,443.95 | \$1,589.31 | \$296.17 | |

Inpatient Procedure Coding

| ICD-10-PCS | Description |
|--------------------------------|--|
| HEART AND GREAT VESSELS | |
| 027 ----- | Medical and Surgical, Heart and Great Vessels, Dilation |
| 02C ----- | Medical and Surgical, Heart and Great Vessels, Extirpation |
| 02F ----- | Medical and Surgical, Heart and Great Vessels, Fragmentation |
| 02H ----- | Medical and Surgical, Heart and Great Vessels, Insertion |
| 02J ----- | Medical and Surgical, Heart and Great Vessels, Inspection |
| 02L ----- | Medical and Surgical, Heart and Great Vessels, Occlusion |
| 02P ----- | Medical and Surgical, Heart and Great Vessels, Removal |
| 02W ----- | Medical and Surgical, Heart and Great Vessels, Revision |
| UPPER ARTERIES | |
| 031 ----- | Medical and Surgical, Upper Arteries, Bypass |
| 037 ----- | Medical and Surgical, Upper Arteries, Dilation |
| 039 ----- | Medical and Surgical, Upper Arteries, Drainage |
| 03C ----- | Medical and Surgical, Upper Arteries, Extirpation |
| 03F ----- | Medical and Surgical, Upper Arteries, Fragmentation |
| 03H ----- | Medical and Surgical, Upper Arteries, Insertion |
| 03L ----- | Medical and Surgical, Upper Arteries, Occlusion |
| 03P ----- | Medical and Surgical, Upper Arteries, Removal |
| LOWER ARTERIES | |
| 041 ----- | Medical and Surgical, Lower Arteries, Bypass |
| 047 ----- | Medical and Surgical, Lower Arteries, Dilation |
| 04C ----- | Medical and Surgical, Lower Arteries, Extirpation |
| 04F ----- | Medical and Surgical, Lower Arteries, Fragmentation |
| 04L ----- | Medical and Surgical, Lower Arteries, Occlusion |
| 04P ----- | Medical and Surgical, Lower Arteries, Removal |
| 04V ----- | Medical and Surgical, Lower Arteries, Restriction |
| 057 ----- | Medical and Surgical, Upper Arteries, Dilation |
| 05C ----- | Medical and Surgical, Upper Veins, Extirpation |
| 05F ----- | Medical and Surgical, Upper Veins, Fragmentation |

| ICD-10-PCS | Description |
|-----------------------------------|--|
| LOWER ARTERIES (continued) | |
| 05F ----- | Medical and Surgical, Upper Veins, Fragmentation |
| 05H ----- | Medical and Surgical, Upper Veins, Insertion |
| 05L ----- | Medical and Surgical, Upper Veins, Occlusion |
| 05P ----- | Medical and Surgical, Upper Veins, Removal |
| 06F ----- | Medical and Surgical, Upper Veins, Fragmentation |
| 06H ----- | Medical and Surgical, Lower Veins, Insertion |
| 06L ----- | Medical and Surgical, Lower Veins, Occlusion |
| 06P ----- | Medical and Surgical, Lower Veins, Removal |
| 06W ----- | Medical and Surgical, Lower Veins, Revision |
| OTHER SUPPORTIVE THERAPIES | |
| 3E0 ----- | Administration, Physiological Systems and Anatomical Regions, Introduction |
| 3E1 ----- | Administration, Physiological Systems and Anatomical Regions, Irrigation |
| IMAGING | |
| B30 ----- | Imaging, Upper Arteries, Radiography |
| B31 ----- | Imaging, Upper Arteries, Fluoroscopy |
| B40 ----- | Imaging, Lower Arteries, Plain Radiography (|
| B41 ----- | Imaging, Lower Arteries, Fluoroscopy |
| B42 ----- | Imaging, Lower Arteries, CT Scan |
| B50 ----- | Imaging, Veins, Plain Radiography |
| B51 ----- | Imaging, Veins, Fluoroscopy |
| NEW TECHNOLOGY | |
| X27 ----- | New Technology, Cardiovascular System, Dilation |
| X2C ----- | New Technology, Cardiovascular System, Extirpation |

2023 Endovascular Coding and Reimbursement

Inpatient Reimbursement

| DRG | Description* | |
|------------|---|--------------------|
| 034 | Carotid artery stent procedure with MCC | \$27,433.88 |
| 035 | Carotid artery stent procedure with CC | \$15,665.73 |
| 036 | Carotid artery stent procedure without CC/MCC | \$12,900.66 |
| 163 | Major Chest Procedures with MCC | \$33,225.36 |
| 164 | Major Chest Procedures with CC | \$17,716.03 |
| 165 | Major Chest Procedures with CC/MCC | \$13,217.57 |
| 166 | Other respiratory system O.R. procedures with MCC | \$25,145.56 |
| 167 | Other respiratory system O.R. procedures with CC | \$13,040.60 |
| 168 | Other respiratory system O.R. procedures without CC/MCC | \$9,724.03 |
| 250 | Percutaneous Cardiovascular Procedures with Coronary Artery Stent with MCC | \$16,597.93 |
| 251 | Percutaneous Cardiovascular Procedures with Coronary Artery Stent without MCC | \$11,148.75 |
| 252 | Other vascular procedures with MCC | \$22,933.37 |
| 253 | Other vascular procedures with CC | \$18,342.30 |

| DRG | Description* | |
|------------|---|--------------------|
| 254 | Other vascular procedures without CC/MCC | \$12,542.60 |
| 264 | Other Circulatory Systems OR Procedures | \$22,702.89 |
| 270 | Other major cardiovascular procedures with MCC | \$35,069.88 |
| 271 | Other major cardiovascular procedures with CC | \$23,897.13 |
| 272 | Other major cardiovascular procedures without CC/ MCC | \$17,810.01 |
| 299 | Peripheral vascular disorders with MCC | \$10,549.91 |
| 300 | Peripheral vascular disorders with CC | \$7,072.83 |
| 301 | Peripheral vascular disorders without CC/MCC | \$4,912.77 |

MCC = major complication or comorbidity
CC = complication or comorbidity

References:

- CY 2023 Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule with Comment and Final CY2023 Payment Rates (CMS-1772-FC); Addendum B and ASC Addenda.
- CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-1770-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$34.8872 effective January 1, 2023.
- DRG values were calculated using a base rate of \$6,375.74 and Capital Standard Payment of \$483.76. The base payment rate assumes the hospital submitted quality data and is a user of EHR. A hospital's base payment rate will change if the hospital does not meet either or both of these measures. Calculations were based on data provided in FY 2023 IPPS Final Rule CN (Tables 1A, 1D, and 5CN).
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