

2026

CODING AND REIMBURSEMENT GUIDE

EFFECTIVE JANUARY 1, 2026



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 OPPOS; all covered Part B services on the claim are packaged with the primary “J1” service for the claim, except services with OPPOS SI=F, G, H, L and U.
- N** Payment is packaged into payment for other services; no separate APC payment.
- T** Paid under OPPOS; subject to multiple procedure discount.
- E1** Not paid by Medicare when submitted on outpatient claims.
- H** Pass-through device
- 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 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 OPPOS/ASC final rule, CMS estimated that ASCs should be paid about 65 percent of the OPPOS 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 OPPOS, with payment for the service portion of the ASC rate calculated at the usual percentage rate of the corresponding OPPOS 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 2025 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, 2026 – December 31, 2026. MS-DRG and Medicare Hospital Inpatient payment rates are effective October 1, 2025 – September 30, 2026.

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2026 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 (OBL)	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	\$3,658	Packaged	\$399	\$62
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	\$3,658	Packaged	\$810	\$183
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	\$6,174	\$4,265	\$3,498	\$202
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	\$6,174	\$4,500	\$3,976	\$367
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	\$6,174	\$4,015	\$3,960	\$376
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	\$6,174	\$3,365	\$1,183	\$294
+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	\$476	\$117

INPATIENT PAYMENT ^{5,6}

MS-DRG	Description	
435	Malignancy of hepatobiliary system or pancreas with MCC	\$13,365
436	Malignancy of hepatobiliary system or pancreas with CC	\$8,231
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$6,209
438	Disorders of pancreas except malignancy with MCC	\$11,863
439	Disorders of pancreas except malignancy with CC	\$6,121
440	Disorders of pancreas except malignancy without CC/MCC	\$4,522

MS-DRG	Description	
441	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with MCC	\$13,060
442	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with CC	\$7,024
443	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis w/o CC/MCC	\$5,092
444	Disorders of the biliary tract with MCC	\$12,159
445	Disorders of the biliary tract with CC	\$7,964
446	Disorders of the biliary tract without CC/ MCC	\$6,020

2026 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 (OBL)	FACILITY
DIAGNOSTIC PROCEDURES AND IMAGING					
93451 Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	J1	\$3,312	\$1,708	\$852	\$128
93452 Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	J1	\$3,312	\$1,708	\$877	\$231
93453 Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography imaging supervision and interpretation, when performed	J1	\$3,312	\$1,708	\$1,116	\$308
93454 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	J1	\$3,312	\$1,708	\$878	\$233
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	\$3,312	\$1,708	\$980	\$272
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	\$3,312	\$1,708	\$1,095	\$303
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	\$3,312	\$1,708	\$1,194	\$341
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	\$3,312	\$1,708	\$1,011	\$287
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	\$3,312	\$1,708	\$1,088	\$326
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	\$3,312	\$1,708	\$1,206	\$364
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	\$3,312	\$1,708	\$1,330	\$402
+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	\$93
+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	Packaged	Contractor Priced	\$73
+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	\$203	\$177
+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	Packaged	\$96	\$83

2026 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 (OBL)	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	Packaged	\$223	\$87	
+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	Packaged	\$26	\$23	
+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	\$22	
+93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaavalvar aortography (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$37	\$32	
+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	\$46	\$40	
+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	Packaged	\$37	\$32	
+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	\$93	
+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	\$73	
THERAPEUTIC INTERVENTIONS/PROCEDURES							
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	J1	\$5,815	\$3,849	N/A	\$387	
+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	\$11,794	\$8,448	N/A	\$469	
+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	\$11,794	\$7,309	N/A	\$463	
+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		
92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 2 or more distinct coronary lesions with 2 or more coronary stents deployed in 2 or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch	J1	\$18,729	\$12,842	N/A	\$505	
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	J1	\$18,729	N/A	N/A	\$553	
+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	\$11,794	\$7,906	N/A	\$556	

2026 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 (OBL)	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	\$11,794	\$7,906	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	\$589
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	\$11,794	Not ASC Approved	N/A	\$634
+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	
92945 Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches,	J1	\$11,794	\$7,438	N/A	\$632
+92972 Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	\$122
+92973 Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	\$81
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	\$11,794	\$7,500	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	\$18,729	\$13,206	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	\$11,794	\$7,354	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	\$18,729	\$12,790	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	

2026 Cardiology Coding and Payment

INPATIENT PAYMENT

CPT Description	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY (OBL)	FACILITY
DRUG-ELUTING TECHNOLOGY PROCEDURES (continued)					
0913T Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using IVUS or OCT when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	J1	\$11,794	\$7,438	N/A	
+0914T Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using IVUS or OCT when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	N	Packaged	Packaged	N/A	
C9610 Catheter transluminal drug delivery, coronary, nonlaser (insertable), Eligible for Transitional-Pass Through Payment (TPT)	H	Cath Coronary Drug Delivery		N/A	

MS-DRG Description

231	Coronary bypass with PTCA with MCC	\$61,342
232	Coronary bypass with PTCA with CC	\$44,116
233	Coronary bypass with cardiac catheterization or open ablation with MCC	\$55,632
234	Coronary bypass with cardiac catheterization or open ablation without MCC	\$39,751
235	Coronary bypass without cardiac catheterization with MCC	\$42,704
236	Coronary bypass without cardiac catheterization without MCC	\$30,481
321	Percutaneous cardiovascular procedures with intraluminal device with MCC or 4+ arteries/intraluminal devices	\$19,799
322	Percutaneous cardiovascular procedures with intraluminal device without MCC	\$12,829
323	Coronary intravascular lithotripsy with intraluminal device with MCC	\$31,489
324	Coronary intravascular lithotripsy with intraluminal device without MCC	\$22,929
325	Coronary intravascular lithotripsy without intraluminal device	\$23,361

MCC = major complication or comorbidity
CC = complication or comorbidity

2026 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 (OBL)	FACILITY
NONSELECTIVE AND SELECTIVE CATHETER PLACEMENT - ARTERIAL					
36100 Introduction of needle or intracatheter, carotid or vertebral artery	N	Packaged	Packaged	\$516	\$134
36140 Introduction of needle or intracatheter, upper or lower extremity artery	N	Packaged	Packaged	\$500	\$79
36200 Introduction of catheter, aorta	N	Packaged	Packaged	\$567	\$123
36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	N	Packaged	Packaged	\$1,065	\$188
36216 Initial second order thoracic or brachiocephalic branch, within a vascular family	N	Packaged	Packaged	\$1,081	\$243
36217 Initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	N	Packaged	Packaged	\$1,977	\$302
+36218 Additional second order, third order, and beyond, thoracic or brachiocephalic, within a vascular family	N	Packaged	Packaged	\$230	\$46
36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	Packaged	Packaged	\$1,199	\$207
36246 Initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	Packaged	Packaged	\$798	\$221
36247 Initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	Packaged	Packaged	\$1,357	\$259
+36248 Additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	Packaged	Packaged	\$112	\$41
DIAGNOSTIC IMAGING - ARTERIAL					
75600 Aortography, thoracic, without serialography, radiological S&I	Q2	\$3,226	Packaged	\$178	\$24
75605 Aortography, thoracic, by serialography, radiological S&I	Q2	\$5,685	Packaged	\$121	\$52
75625 Aortography, abdominal, by serialography, radiological S&I	Q2	\$3,226	Packaged	\$125	\$66
75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological S&I	Q2	\$3,148	Packaged	\$156	\$91
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	\$179	Packaged	\$411	\$110
75705 Angiography, spinal, selective, radiological S&I	Q2	\$5,685	Packaged	\$291	\$123
75710 Angiography, extremity, unilateral, radiological S&I	Q2	\$3,226	Packaged	\$149	\$80
75716 Angiography, extremity, bilateral, radiological S&I	Q2	\$3,148	Packaged	\$163	\$90
75726 Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological S&I	Q2	\$5,685	Packaged	\$168	\$91
75731 Angiography, adrenal, unilateral, selective, radiological S&I	J1	\$3,226	\$98	\$151	\$52
75733 Angiography, adrenal, bilateral, selective, radiological S&I	Q2	\$3,226	Packaged	\$175	\$60
75736 Angiography, pelvic, selective or supraseductive, radiological S&I	Q2	\$5,685	Packaged	\$143	\$50
75741 Angiography, pulmonary, unilateral, selective, radiological S&I	Q2	\$3,226	Packaged	\$128	\$58
75743 Angiography, pulmonary, bilateral, selective, radiological S&I	Q2	\$3,226	Packaged	\$146	\$74
75746 Angiography, pulmonary, by nonselective catheter or venous injection, radiological S&I	J1	\$3,226	\$80	\$134	\$51
75756 Angiography, internal mammary, radiological S&I	Q2	\$3,226	Packaged	\$167	\$54
+75774 Angiography, selective, each additional vessel studied after basic examination, radiological S&I	N	Packaged	Packaged	\$95	\$44

2026 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 (OBL)	FACILITY
NONSELECTIVE AND SELECTIVE CATHETER PLACEMENT - VENOUS					
36005 Injection procedure for extremity venography	N	Packaged	Packaged	\$245	\$42
36010 Introduction of catheter, superior or inferior vena cava	N	Packaged	Packaged	\$513	\$95
36011 Selective catheter placement, venous system; first order branch	N	Packaged	Packaged	\$783	\$137
36012 Selective catheter placement, venous system; second order, or more selective, branch	N	Packaged	Packaged	\$809	\$154
DIAGNOSTIC IMAGING - VENOUS					
75820 Venography, extremity, unilateral, radiological S&I	Q2	\$1,608	Packaged	\$107	\$48
75822 Venography, extremity, bilateral, radiological S&I	J1	\$1,608	\$66	\$134	\$67
75825 Venography, caval, inferior, with serialography, radiological S&I	Q2	\$3,226	Packaged	\$114	\$52
75827 Venography, caval, superior, with serialography, radiological S&I	Q2	\$1,608	Packaged	\$119	\$53
75831 Venography, renal, unilateral, selective, radiological S&I	Q2	\$3,226	Packaged	\$119	\$50
75833 Venography, renal, bilateral, selective, radiological S&I	Q2	\$3,226	Packaged	\$157	\$72
75840 Venography, adrenal, unilateral, selective, radiological S&I	Q2	\$3,226	Packaged	\$126	\$52
75842 Venography, adrenal, bilateral, selective, radiological S&I	Q2	\$5,685	Packaged	\$154	\$68
75860 Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological S&I	Q2	\$3,226	Packaged	\$130	\$53
75870 Venography, superior sagittal sinus, radiological S&I	J1	\$3,226	\$122	\$184	\$62
75872 Venography, epidural, radiological S&I	Q2	\$641	Packaged	\$126	\$52
75880 Venography, orbital, radiological S&I	Q2	\$641	Packaged	\$106	\$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	\$3,226	Packaged	\$1,226	\$224
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	\$3,226	Packaged	\$1,344	\$310
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	\$5,685	Packaged	\$1,899	\$305
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	\$3,226	Packaged	\$1,911	\$362

2026 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 (OBL)	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	\$3,226	Packaged	\$954	\$178
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	\$3,226	Packaged	\$1,261	\$253
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	\$5,685	Packaged	\$1,971	\$297
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	\$5,685	Packaged	\$2,352	\$332
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	\$3,226	Packaged	\$1,793	\$294
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	\$5,685	Packaged	\$2,287	\$329
+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	\$274	\$108
+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	\$1,542	\$225
LOWER EXTREMITY INTERVENTIONS					
37254 Iliac vascular territory angioplasty; initial vessel, straightforward lesion	J1	\$5,815	\$3,587	\$2,074	\$336
37256 Angioplasty, initial vessel, complex lesion	J1	\$5,815	\$3,587	\$2,432	\$492
37258 Iliac vascular territory stent placement (w/angioplasty if performed); initial vessel, straightforward lesion	J1	\$11,794	\$7,665	\$3,565	\$401
37260 Stent placement, initial vessel, complex lesion	J1	\$11,794	\$7,665	\$8,441	\$580
+37255 Angioplasty, each additional iliac vessel, straightforward lesion	N	Packaged	Packaged	\$510	\$136
+37257 Angioplasty, each additional iliac vessel, complex lesion	N	Packaged	Packaged	\$580	\$176
+37259 Stent placement, each additional vessel, with angioplasty, straightforward lesion	N	Packaged	Packaged	\$1,207	\$181
+37261 Stent placement, each additional vessel, with angioplasty, straightforward lesion	N	Packaged	Packaged	\$3,364	\$193
37263 Femoral, popliteal vascular territory angioplasty; initial vessel, straightforward lesion	J1	\$5,815	\$3,796	\$5,434	\$356
+37264 Angioplasty each additional femoral, popliteal vessel; straightforward lesion	N	Packaged	Packaged	\$2,185	\$136
37265 Initial vessel, complex lesion	V	\$5,815	\$3,796	\$6,834	\$481
+37266 Angioplasty each additional femoral, popliteal vessel; complex lesion	N	Packaged	Packaged	\$2,443	\$181
37271 Femoral, popliteal vascular territory atherectomy (w/angioplasty if performed); initial vessel, straightforward lesion	J1	\$18,729	\$13,100	\$5,213	\$401
+37272 Atherectomy, each additional femoral, popliteal vessel, straightforward lesion	N	Packaged	Packaged	\$3,363	\$181
37273 Atherectomy, initial vessel, complex lesion	J1	\$18,729	\$13,100	\$11,562	\$576
+37274 Atherectomy, each additional femoral, popliteal vessel, complex lesion	N	Packaged	Packaged	\$3,499	\$250
37267 Femoral, popliteal vascular territory stent placement (w/angioplasty if performed); initial vessel, straightforward lesion	J1	\$11,794	\$8,066	\$10,572	\$401
+37268 Stent placement, each additional femoral, popliteal vessel, straightforward lesion	N	Packaged	Packaged	\$2,339	\$170
37269 Stent placement, initial vessel, complex lesion	J1	\$11,794	\$8,066	\$13,240	\$674
+37270 Stent placement, each additional femoral, popliteal vessel, complex lesion	N	Packaged	Packaged	\$2,489	\$228

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HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY (OBL)	FACILITY
LOWER EXTREMITY INTERVENTIONS (continued)					
37275 Femoral, popliteal vascular territory stent placement & atherectomy (w/angioplasty if performed); initial vessel, straightforward lesion	J1	\$18,729	\$13,205	\$10,284	\$501
+37276 Stent placement & atherectomy, each additional femoral, popliteal vessel, straightforward lesion	N	Packaged	Packaged	\$3,461	\$192
37277 Stent placement & atherectomy, initial vessel, complex lesion	J1	\$18,729	\$13,205	\$15,434	\$682
37279 Intravascular lithotripsy(ies); femoral, popliteal vascular territory	N	Packaged	Packaged	\$3,878	\$271
37280 Tibial, peroneal vascular territory angioplasty; initial vessel, straightforward lesion	J1	\$11,794	\$7,078	\$2,699	\$448
37282 Tibial, peroneal vascular territory angioplasty; initial vessel, complex lesion	J1	\$11,794	\$7,078	\$6,103	\$561
37288 Tibial, peroneal vascular territory atherectomy; initial vessel, straightforward lesion	J1	\$18,729	\$12,373	\$7,802	\$609
37290 Tibial, peroneal vascular territory stent placement; initial vessel, straightforward lesion	J1	\$18,729	\$12,373	\$10,655	\$767
37284 Tibial, peroneal vascular territory stent placement; initial vessel, straightforward lesion	J1	\$18,729	\$12,207	\$5,635	\$461
37286 Tibial, peroneal vascular territory stent placement; initial vessel, complex lesion	J1	\$18,729	\$12,207	\$10,375	\$619
37292 Tibial, peroneal vascular territory stent placement & atherectomy; initial vessel, straightforward lesion	J1	\$18,729	\$12,207	\$10,240	\$679
37294 Tibial, peroneal vascular territory stent placement & atherectomy; initial vessel, complex lesion	J1	\$18,729	\$12,207	\$15,211	\$814
+37281 Each additional vessel, angioplasty, straightforward lesion	N	Packaged	Packaged	\$737	\$135
+37283 Each additional vessel, angioplasty, complex lesion	N	Packaged	Packaged	\$863	\$191
+37289 Each additional vessel, atherectomy, straightforward lesion	N	Packaged	Packaged	\$922	\$215
+37291 Each additional vessel, atherectomy, complex lesion	N	Packaged	Packaged	\$1,076	\$293
+37285 Each additional vessel, stent placement, straightforward lesion	N	Packaged	Packaged	\$2,791	\$152
+37287 Each additional vessel, stent placement, complex lesion	N	Packaged	Packaged	\$4,944	\$229
+37293 Each additional vessel, stent placement & atherectomy, straightforward lesion,	N	Packaged	Packaged	\$3,512	\$299
+37295 Each additional vessel, stent placement & atherectomy, complex lesion	N	Packaged	Packaged	\$6,006	\$376
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	\$11,794	\$8,249	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	\$18,729	\$13,269	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	\$18,729	\$13,628	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	\$18,729	\$13,908	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	\$11,794	\$8,000	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	\$18,729	\$12,025	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	\$18,729	\$13,064	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	\$18,729	\$14,121	N/A	N/A

2026 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 (OBL)	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	Inpatient Only	N/A	\$889
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 (NOT PAID BY MEDICARE)	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	\$979
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	\$742
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	\$11,794	\$7,532	\$2,601	\$390
+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	\$1,217	\$188
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	\$11,794	\$7,562	\$3,277	\$271
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	\$1,661	\$132
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	\$5,815	\$3,617	\$1,748	\$308
+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	\$600	\$152
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	\$5,815	\$3,499	\$1,306	\$260
+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	\$428	\$128
0234T Transluminal peripheral atherectomy, open or percutaneous, including radiological S&I; renal artery	J1	\$11,974	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	\$11,974	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	\$11,974	Not ASC Approved	Contractor Priced	Contractor Priced
0238T Transluminal peripheral atherectomy, open or percutaneous, including radiological S&I; Iliac artery, each vessel	J1	\$18,279	\$13,842	Contractor Priced	Contractor Priced

2026 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 (OBL)	FACILITY
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	Q2	\$5,685	\$4,362	\$1,886	\$191
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	Q2	\$3,226	\$2,211	\$1,197	\$311
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	Q2	\$3,226	\$1,624	\$1,413	\$302
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	\$1,608	\$563	\$687	\$147
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	\$5,815	\$2,727	\$1,191	\$210
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	\$11,794	\$7,799	\$4,806	\$278
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	\$5,815	\$3,621	\$1,742	\$321
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	\$11,794	\$6,895	\$2,206	\$386
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	\$18,729	\$12,365	\$5,920	\$445
+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	\$579	\$128
+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	\$1,392	\$182

2026 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(OBL)	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	\$26,704	\$19,716	N/A	\$711	
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	\$26,704	\$19,482	N/A	\$857	
+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	Packaged	N/A	\$261	
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	\$26,704	\$20,256	N/A	\$807	
+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	Packaged	N/A	\$261	
+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	N	Packaged	N/A	Contractor Priced	\$69	
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	\$896	\$79	
+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	\$170	\$62	
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	Q2	\$3,226	\$167	Contractor Priced	\$106	
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	Q2	\$3,226	\$1,624	\$1,480	\$265	

2026 Endovascular Coding and Payment

INPATIENT PAYMENT

MS-DRG	Description	
034	Carotid artery stent procedure with MCC	\$28,166
035	Carotid artery stent procedure with CC	\$17,395
036	Carotid artery stent procedure without CC/MCC	\$14,137
037	Extracranial procedures with MCC	\$23,956
038	Extracranial procedures with CC	\$11,807
039	Extracranial procedures without CC/MCC	\$8,554
163	Major chest procedures with MCC	\$32,613
164	Major chest procedures with CC	\$18,367
165	Major chest procedures with CC/MCC	\$13,929
166	Other respiratory system O.R. procedures with MCC	\$27,198
167	Other respiratory system O.R. procedures with CC	\$13,123
168	Other respiratory system O.R. procedures without CC/MCC	\$9,943
228	Other cardiothoracic procedures with MCC	\$36,001
229	Other cardiothoracic procedures without MCC	\$22,918
231	Coronary bypass with PTCA with MCC	\$61,342
232	Coronary bypass with PTCA without MCC	\$44,116
233	Coronary bypass with cardiac catheterization or open ablation with MCC	\$55,632
234	Coronary bypass with cardiac catheterization or open ablation without MCC	\$39,751

MS-DRG	Description	
235	Coronary bypass without cardiac catheterization with MCC	\$42,074
236	Coronary bypass without cardiac catheterization without MCC	\$30,481
250	Percutaneous cardiovascular procedures without intraluminal device with MCC	\$15,882
251	Percutaneous cardiovascular procedures without intraluminal device without MCC	\$10,875
252	Other vascular procedures with MCC	\$25,384
253	Other vascular procedures with CC	\$18,888
254	Other vascular procedures without CC/MCC	\$12,965
264	Other circulatory systems O.R. procedures	\$24,309
270	Other major cardiovascular procedures with MCC	\$38,394
271	Other major cardiovascular procedures with CC	\$25,878
272	Other major cardiovascular procedures without CC/ MCC	\$18,578
273	Percutaneous and other intracardiac procedures with MCC	\$30,020
274	Percutaneous and other intracardiac procedures without MCC	\$23,953
299	Peripheral vascular disorders with MCC	\$11,881
300	Peripheral vascular disorders with CC	\$7,768
301	Peripheral vascular disorders without CC/MCC	\$5,237

MCC = major complication or comorbidity
CC = complication or comorbidity

2026 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/noncovered, 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:

1. 2026 CPT® Professional Edition. Current Procedural Terminology (CPT®) is copyright 2025 by the American Medical Association, Chicago, IL. CPT is a registered trademark of the American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
2. Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs Questions and Answers.
3. CMS-1834-FC CY 2026 Medicare Hospital Outpatient Prospective Payment and Ambulatory Payment Systems Final Rule.
4. CMS-1832-F CY 2026 Medicare Physician Fee Schedule Final Rule; National payments calculated using the conversion factor of \$33.4009 effective January 1, 2026.
5. ICD-10-CM/PCS MS-DRG v43.0 Definitions Manual: https://www.cms.gov/icd10m/FY2026-nprm-version43-fullcode-cms/fullcode_cms/P0001.html
6. CMS-1833-F, FY 2026 Medicare Inpatient Prospective Payment System Final Rule; MS-DRG rates listed represent Medicare payment rate before any adjustments for hospitals with a wage index > 1, and meet quality and EHR requirements.
7. HCPCS Level II, 2025 Expert. Copyright 2024 Optum 360, LLC.

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