

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 OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS SI=F, G, H, L and U.
- N** Payment is packaged into payment for other services; no separate APC payment.
- T** Paid under OPPS; 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 OPPS/ASC final rule, CMS estimated that ASCs should be paid about 65 percent of the OPPS 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 OPPS, with payment for the service portion of the ASC rate calculated at the usual percentage rate of the corresponding OPPS 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

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.

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.

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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 | NON-FACILITY (OBL) | FACILITY | |
| SI | PAYMENT | PAYMENT | | | | |
| 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 | MS-DRG | Description |
|------------|---|------------|---|
| 435 | Malignancy of hepatobiliary system or pancreas with MCC | 441 | Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with MCC |
| 436 | Malignancy of hepatobiliary system or pancreas with CC | 442 | Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with CC |
| 437 | Malignancy of hepatobiliary system or pancreas without CC/MCC | 443 | Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis w/o CC/MCC |
| 438 | Disorders of pancreas except malignancy with MCC | 444 | Disorders of the biliary tract with MCC |
| 439 | Disorders of pancreas except malignancy with CC | 445 | Disorders of the biliary tract with CC |
| 440 | Disorders of pancreas except malignancy without CC/MCC | 446 | Disorders of the biliary tract without CC/ MCC |

2026 Cardiology Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

| CPT Description | Hospital Outpatient | | Ambulatory Surgery Center | | Physician | |
|--|---------------------|----------|---------------------------|--------------------|-------------------|-------|
| | OPPS | ASC | MPFS | 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 | NON-FACILITY (OBL) | FACILITY | |
| SI | PAYMENT | PAYMENT | | | | |
| 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 supravalvular 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 | NON-FACILITY (OBL) | FACILITY | |
| SI | PAYMENT | PAYMENT | | | | |
| 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 | NON-FACILITY (OBL) | FACILITY | |
| SI | PAYMENT | PAYMENT | | | | |
| 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 supraselective (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 supraselective, 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 | NON-FACILITY (OBL) | FACILITY | |
| SI | PAYMENT | PAYMENT | | | | |
| 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 | NON-FACILITY (OBL) | FACILITY | |
| SI | PAYMENT | PAYMENT | | | | |
| 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 | |
| 32756 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 | |

2026 Endovascular Coding and Payment

HOSPITAL OUTPATIENT, ASC, AND PHYSICIAN

| CPT Description | Hospital Outpatient | | Ambulatory Surgery Center | | Physician | |
|--|---------------------|----------|---------------------------|--------------------|-----------|--|
| | OPPS | ASC | MPFS | NON-FACILITY (OBL) | FACILITY | |
| SI | PAYMENT | PAYMENT | | | | |
| 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 | NON-FACILITY (OBL) | FACILITY | |
| | SI | PAYMENT | PAYMENT | | | |
| 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 | 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 transseptal 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

| 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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Important information: Prior to use, refer to the instructions for use supplied with this device for indications, contraindications, suggested procedure, warnings, and precautions.

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