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Health Economics Policy & Reimbursement

Cardiovascular* Reimbursement Update

*includes reimbursement information for Coronary, Renal Denervation, Aortic, Peripheral, Endovenous, Structural Heart and Cardiac Surgery

2025

About this document

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

The purpose of this interactive PDF is to provide reimbursement updates and information related to Medtronic's Coronary, Renal Denervation, Aortic, Peripheral Vascular, Structural Heart and Cardiac Surgery products.

For further information please see the links to the Inpatient, Outpatient and ASC rules as well as the Physician Fee Schedule in the bibliography section here.

Alternatively, please contact the Health Economics Policy and Payment Team at:

rs.cardiovascularhealtheconomics@medtronic.com

www.medtronic.com/cvreimbursement

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Navigating the document:
The buttons found in the top righthand corner can be used to help navigate the document.

Inpatient reimbursement:

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*Physician reimbursement includes OBL data
Note: Not all therapies have procedures that are payable in all sites of service so not all the above may be shown.

About this document

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

Notes:

- Medtronic doesn't offer products with approved indications for all procedures listed.
- This document doesn't include an exhaustive list of all related codes.
- National Unadjusted Reimbursement Rates:
  - Please note that all Medicare rates displayed in this table reflect the "national unadjusted" amounts inclusive of beneficiary cost-sharing and do not reflect any additional payment adjustments, such as the 2% sequester reduction mandated by the Budget Control Act of 2011
- "+" represents an add-on code
- Under physician reimbursement:
  - Facility reimbursement represents reimbursement to the physician in settings such as a hospital or Ambulatory Surgical Center (ASC)
  - Non-Facility includes office-based-labs (OBLs)
  - -TC represents the Technical Component modifier; -26 represents the Professional Component modifier
  - Physician rates shown are applicable from March 9, 2024, to December 31, 2024
- MS-DRG average payment is a weighted average based upon historical volumes for the MS-DRG group highlighted

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Contents

The following therapies are covered in this document. Please click on either the therapy name or sub-category below each to jump straight to that section. The icons in the top right-hand corner can also help with navigation.

NOTE: Not all the therapies shown above are indicated for all settings of care and therefore not all settings will be shown.

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Therapy-specific information

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

Coronary

- Inpatient
- Outpatient
- ASC
- Physician

Renal Denervation

Aortic

Peripheral

Endovenous

Structural Heart

Cardiac Surgery

Medtronic doesn't offer products with approved indications for all procedures listed.

Medtronic

Coronary

CMS Inpatient National Unadjusted Reimbursement Rates

The inpatient rates shown below cover the primary MS-DRGs that the Coronary procedures map to. The treatments are grouped by Percutaneous Coronary Intervention (PCI) with or without intraluminal device.

Therapy Examples	MS-DRG	MS-DRG Description	FY 2025 Payment
PCI w/Intraluminal Device	321	Perc. Cardiovascular Procedures w/Intraluminal Device w/MCC Or 4+ Arteries/Intraluminal Devices	$20,260
	322	Perc. Cardiovascular Procedures w/Intraluminal device without MCC	$12,875
	Average Payment		$15,916
PCI w/Intraluminal device w/Coronary Intravascular Lithotripsy (IVL)	323	Perc. Cardiovascular Proc w/ non-DES w/ MCC or 4+ vessels/ stents	$30,313
	324	Perc Cardiovascular Proc w/ non-DES w/o MCC	$22,739
	Average Payment		$26,382
PCI w/o Intraluminal device w/o Coronary IVL	250	Perc. Cardiovascular Proc w/o Intraluminal Device w/ MCC	$16.430
	251	Perc. Cardiovascular Proc w/o Intraluminal Device w/o MCC	$11,120
	Average Payment		$13,940
PCI without Intraluminal Device w/Coronary IVL	325	Coronary Intravascular Lithotripsy w/o Intraluminal Device	$20,369

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

Coronary

CMS Outpatient National Unadjusted Reimbursement Rates

The hospital outpatient rates shown below cover primary CPT® that describe the Coronary procedures. The procedures are grouped by diagnostic cardiac catheters and percutaneous coronary interventions (PCIs).

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
Diagnostic Coronary Caths	93451	Right heart catheterization	5191	$3,216
	93452	Left heart catheterization, inc. left ventriculography	5191	$3,216
	93453	Combined left and right heart catheterization, inc. left ventriculography	5191	$3,216
	93454	Coronary angiography only	5191	$3,216
	93455	Coronary angiography w/o left or right heart cath, with angiography of bypass graft(s)	5191	$3,216
	93456	Coronary angiography w/ right heart cath	5191	$3,216
	93457	Coronary angiography w/ angiography of bypass graft(s) & right heart cath	5191	$3,216
	93458	Coronary angiography w/ left heart cath, including left ventriculography	5191	$3,216
	93459	Coronary angiography w/ left heart cath w/ angiography of bypass graft(s) inc. left ventriculography	5191	$3,216
	93460	Coronary angiography w/ left & right heart cath, inc. left ventriculography	5191	$3,216
	93461	Coronary angiography w/ left & right heart cath, w/ angiography of bypass graft(s) inc. left ventriculography	5191	$3,216

Coronary

CMS Outpatient National Unadjusted Reimbursement Rates

The hospital outpatient rates shown below cover primary CPT® that describe the Coronary procedures. The procedures are grouped by diagnostic cardiac catheters and PCIs.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
PCIs	92920	Perc. coronary angioplasty; single major coronary artery or branch	5192	$5,702
	+92921	…each additional branch of a major coronary artery	N/A	$0
	92924	Perc. coronary atherectomy, w/ angioplasty; single major coronary artery or branch	5193	$11,341
	+92925	…each additional branch of a major coronary artery	N/A	$0
	92928	Perc. coronary stent(s), w/ angioplasty; single major coronary artery or branch	5193	$11,341
	+92929	…each additional branch of a major coronary artery	N/A	$0
	92933	Perc. coronary atherectomy & stent(s), w/ angioplasty; single major coronary artery or branch	5194	$17,957
	+92934	…each additional branch of a major coronary artery	N/A	$0
	92937	Perc. coronary revasc. of or through coronary artery bypass graft; single vessel	5193	$11,341
	+92938	…each additional branch subtended by the bypass graft	N/A	$0
	92941	Perc. coronary revasc. of acute total/ subtotal occlusion during AMI	N/A	Inpatient Only

Coronary

CMS Outpatient National Unadjusted Reimbursement Rates

The hospital outpatient rates shown below cover primary CPT® that describe the Coronary procedures. The procedures are grouped by diagnostic cardiac catheters and PCIs.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
PCIs	92943	Perc. coronary revasc. of chronic total occlusion	5193	$11,341
	+92944	…each additional coronary artery, coronary artery branch, or bypass graft	N/A	$0
	C9600	Perc. coronary drug-eluting stent(s), w/ angioplasty; single major coronary artery or branch	5193	$11,341
	C9601	…each additional branch of a major coronary artery	N/A	$0
	C9602	Perc. coronary atherectomy & drug-eluting stent(s), w/ angioplasty; single major coronary artery or branch	5194	$17,957
	C9603	…each additional branch of a major coronary artery	N/A	$0
	C9604	Perc. coronary revasc. of or through coronary artery bypass graft w/drug-eluting stent(s); single vessel	5193	$11,341
	C9605	…each additional branch subtended by the bypass graft	N/A	$0
	C9606	Perc. coronary revasc. of acute total/ subtotal occlusion during AMI w/drug-eluting stent(s)	N/A	Inpatient Only
	C9607	Perc. coronary revasc. of chronic total occlusion w/drug-eluting stent(s)	5194	$17,957
	C9608	…each additional coronary artery, coronary artery branch, or bypass graft	N/A	$0

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Coronary

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover primary CPT® that describe the Coronary procedures. The procedures are grouped by diagnostic cardiac catheters and PCIs. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
Diagnostic Coronary Caths	93451	Right heart catheterization	G2	$1,652
	93452	Left heart catheterization, inc. left ventriculography	G2	$1,652
	93453	Combined left and right heart catheterization, inc. left ventriculography	G2	$1,652
	93454	Coronary angiography only	G2	$1,652
	93455	Coronary angiography w/o left or right heart cath, with angiography of bypass graft(s)	G2	$1,652
	93456	Coronary angiography w/ right heart cath	G2	$1,652
	93457	Coronary angiography w/ angiography of bypass graft(s) & right heart cath	G2	$1,652
	93458	Coronary angiography w/ left heart cath, including left ventriculography	G2	$1,652
	93459	Coronary angiography w/ left heart cath w/ angiography of bypass graft(s) inc. left ventriculography	G2	$1,652
	93460	Coronary angiography w/ left & right heart cath, inc. left ventriculography	G2	$1,652
	93461	Coronary angiography w/ left & right heart cath, w/ angiography of bypass graft(s) inc. left ventriculography	G2	$1,652

Coronary

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover primary CPT® that describe the Coronary procedures. The procedures are grouped by diagnostic cardiac catheters and PCIs. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
PCIs	92920	Perc. coronary angioplasty; single major coronary artery or branch	J8	$3,628
	+92921	…each additional branch of a major coronary artery	N/A	N/A
	92924	Perc. coronary atherectomy, w/ angioplasty; single major coronary artery or branch	N/A	N/A
	+92925	…each additional branch of a major coronary artery	N/A	N/A
	92928	Perc. coronary stent(s), w/ angioplasty; single major coronary artery or branch	J8	$6,994
	+92929	…each additional branch of a major coronary artery	N/A	N/A
	92933	Perc. coronary atherectomy & stent(s), w/ angioplasty; single major coronary artery or branch	N/A	N/A
	+92934	…each additional branch of a major coronary artery	N/A	N/A
	92937	Perc. coronary revasc. of or through coronary artery bypass graft; single vessel	N/A	N/A
	+92938	…each additional branch subtended by the bypass graft	N/A	N/A
	92941	Perc. coronary revasc. of acute total/ subtotal occlusion during AMI	N/A	N/A

Coronary

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover primary CPT® that describe the Coronary procedures. The procedures are grouped by diagnostic cardiac catheters and PCIs. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
PCIs	92943	Perc. coronary revasc. of chronic total occlusion	N/A	N/A
	+92944	…each additional coronary artery, coronary artery branch, or bypass graft	N/A	N/A
	C9600	Perc. coronary drug-eluting stent(s), w/ angioplasty; single major coronary artery or branch	J8	$7,062
	C9601	…each additional branch of a major coronary artery	N1	$0
	C9602	Perc. coronary atherectomy & drug-eluting stent(s), w/ angioplasty; single major coronary artery or branch	N/A	N/A
	C9603	…each additional branch of a major coronary artery	N/A	N/A
	C9604	Perc. coronary revasc. of or through coronary artery bypass graft w/drug-eluting stent(s); single vessel	N/A	N/A
	C9605	…each additional branch subtended by the bypass graft	N/A	N/A
	C9606	Perc. coronary revasc. of acute total/ subtotal occlusion during AMI w/drug-eluting stent(s)	N/A	N/A
	C9607	Perc. coronary revasc. of chronic total occlusion w/drug-eluting stent(s)	N/A	N/A
	C9608	…each additional coronary artery, coronary artery branch, or bypass graft	N/A	N/A

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Coronary

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover primary CPT® that describe the Coronary procedures. The procedures are grouped by diagnostic cardiac catheters and PCIs.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Diagnostic Coronary Caths	93451	Right heart catheterization	N/A	$792
	93451-TC		N/A	$669
	93451-26		$124	$124
	93452	Left heart catheterization, inc. left ventriculography	N/A	$830
	93452-TC		N/A	$607
	93452-26		$223	$223
	93453	Combined left and right heart catheterization, inc. left ventriculography	N/A	$1,059
	93453-TC		N/A	$761
	93453-26		$298	$298

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Coronary

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover primary CPT® that describe the Coronary procedures. The procedures are grouped by diagnostic cardiac catheters and PCIs.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Diagnostic Coronary Caths	93454	Coronary angiography only	N/A	$836
	93454-TC		N/A	$611
	93454-26		$225	$225
	93455	Coronary angiography w/o left or right heart cath, with angiography of bypass graft(s)	N/A	$933
	93455-TC		N/A	$670
	93455-26		$263	$263
	93456	Coronary angiography w/ right heart cath	N/A	$1041
	93456-TC		N/A	$747
	93456-26		$294	$294

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Coronary

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover primary CPT® that describe the Coronary procedures. The procedures are grouped by diagnostic cardiac catheters and PCIs.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Diagnostic Coronary Caths	93457	Coronary angiography w/ angiography of bypass graft(s) & right heart cath	N/A	$1,136
	93457-TC		N/A	$805
	93457-26		$330	$330
	93458	Coronary angiography w/ left heart cath, including left ventriculography	N/A	$963
	93458-TC		N/A	$685
	93458-26		$278	$278
	93459	Coronary angiography w/ left heart cath w/ angiography of bypass graft(s) inc. left ventriculography	N/A	$1,037
	93459-TC		N/A	$722
	93459-26		$315	$315

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Coronary

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover primary CPT® that describe the Coronary procedures. The procedures are grouped by diagnostic cardiac catheters and PCIs.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Diagnostic Coronary Caths	93460	Coronary angiography w/ left & right heart cath, inc. left ventriculography	N/A	$1,150
	93460-TC		N/A	$797
	93460-26		$362	$353
	93461	Coronary angiography w/ left & right heart cath, w/ angiography of bypass graft(s) inc. left ventriculography	N/A	$1,269
	93461-TC		N/A	$879
	93461-26		$390	$390

Medtronic

Coronary

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover primary CPT® that describe the Coronary procedures. The procedures are grouped by diagnostic cardiac catheters and PCIs.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
PCIs	92920	Perc. coronary angioplasty; single major coronary artery or branch	$501	N/A
	+92921	…each additional branch of a major coronary artery	N/A	N/A
	92924	Perc. coronary atherectomy, w/ angioplasty; single major coronary artery or branch	$597	N/A
	+92925	…each additional branch of a major coronary artery	N/A	N/A
	92928	Perc. coronary stent(s), w/ angioplasty; single major coronary artery or branch	$557	N/A
	+92929	…each additional branch of a major coronary artery	N/A	N/A
	92933	Perc. coronary atherectomy & stent(s), w/ angioplasty; single major coronary artery or branch	$625	N/A
	+92934	…each additional branch of a major coronary artery	N/A	N/A
	92937	Perc. coronary revasc. of or through coronary artery bypass graft; single vessel	$556	N/A
	+92938	…each additional branch subtended by the bypass graft	N/A	N/A
	92941	Perc. coronary revasc. of acute total/ subtotal occlusion during AMI	$626	N/A

Coronary

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover primary CPT® that describe the Coronary procedures. The procedures are grouped by diagnostic cardiac catheters and PCIs.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
PCIs	92943	Perc. coronary revasc. of chronic total occlusion	$626	N/A
	+92944	…each additional coronary artery, coronary artery branch, or bypass graft	N/A	N/A
	C9600	Perc. coronary drug-eluting stent(s), w/ angioplasty; single major coronary artery or branch	N/A	N/A
	C9601	…each additional branch of a major coronary artery	N/A	N/A
	C9602	Perc. coronary atherectomy & drug-eluting stent(s), w/ angioplasty; single major coronary artery or branch	N/A	N/A
	C9603	…each additional branch of a major coronary artery	N/A	N/A
	C9604	Perc. coronary revasc. of or through coronary artery bypass graft w/drug-eluting stent(s); single vessel	N/A	N/A
	C9605	…each additional branch subtended by the bypass graft	N/A	N/A
	C9606	Perc. coronary revasc. of acute total/ subtotal occlusion during AMI w/ drug-eluting stent(s)	N/A	N/A
	C9607	Perc. coronary revasc. of chronic total occlusion w/drug-eluting stent(s)	N/A	N/A
	C9608	…each additional coronary artery, coronary artery branch, or bypass graft	N/A	N/A

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Therapy-specific information

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

Coronary

Renal Denervation

- Inpatient
- Outpatient
- Physician

Aortic

Peripheral

Endovenous

Structural Heart

Cardiac Surgery

Medtronic doesn't offer products with approved indications for all procedures listed.

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Renal Denervation

CMS Inpatient National Unadjusted Reimbursement Rates

For Medicare, inpatient hospital reimbursement is facilitated through Medicare Severity Diagnosis Related Groups (MS-DRGs). MS-DRG assignment is based on the combination of diagnosis and procedure codes reported for the specific admission and is assigned by the contractor. If medical necessity criteria are met to support an inpatient admission for percutaneous radiofrequency ablation of the renal sympathetic nerve(s), the possible MS-DRG assignment may apply:

MS-DRG	Description	FY 2025 National Unadjusted Payment
264	Other Circulatory System O.R. Procedures	$24,873

The Symplicity Spyral™ multi-electrode renal denervation (RDN) catheter has been approved by Medicare for NTAP beginning October 1, 2024.

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2025 NTAP – Symplicity Spyral Catheter

NTAP for Symplicity Spyral effective October 1, 2024

The following criteria must be met for a case to be eligible for NTAP:

- Patient is a **Medicare fee-for-service beneficiary**
- Procedure using eligible technology performed during an **inpatient hospitalization**
- The claim includes the **appropriate ICD-10-PCS code: X05133A**
- **Costs of the case exceed the standard MS-DRG payment** (i.e., cases with operating loss)

The NTAP payment is not a fixed amount - it is calculated as a case-by-case stop loss. The maximum NTAP amount is 65% of the technology cost as determined by CMS.

The payment will vary based on the final DRG assignment of the individual case. The maximum NTAP payment for Symplicity Spyral is $10,400.

For additional information on the NTAP, including a detailed Symplicity NTAP Overview and FAQ, please contact the Reimbursement Support team at 877-347-9662

Sources: New Medical Services and New Technologies. cms.gov, www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/newtech. Accessed 23 Aug. 2023.
IPPS Final Rule Home Page. cms.gov https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipps-final-rule-home-page. Updated August 1, 2024. Accessed August 2, 2024.

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Renal Denervation

CMS Outpatient National Unadjusted Reimbursement Rates

CPT® Code	Description	Status Indicator	APC	CY 2025 National Unadjusted Payment
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	J1	5192	$5,702 + Medicare add-on payment†
0339T	Transcatheter renal sympathetic denervation, …bilateral	J1	5192	$5,702 + Medicare add-on payment†

†Medtronic Symplicity has been approved for the transitional pass-through (TPT) payment program by Medicare, effective January 1, 2025.

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Transitional Pass-Through Payment (TPT)

TPT approved for Symplicity Spyral as part of CY2025 HOPPS Final Rule

TPT payments support patient access to new technologies while Medicare evaluates costs and appropriate hospital outpatient payment

- Effective January 1, 2025
- Only hospital outpatient facilities may qualify for TPT, and TPT has no impact on physician or inpatient reimbursement
- Effective for up to **3 years**
- Only applicable to **Medicare fee-for-service** claims (TPT payments *do not* apply to Medicare Advantage or commercial insurance patients)
- CMS has also established a new pass-through payment device category (C-code) for Symplicity Spyral, effective January 1, 2025: **C1735** (Catheter, renal denervation, radiofrequency)

For a claim to be eligible for TPT ensure:

- **The C-code C1735 is appropriately billed with the appropriate RDN CPT® code: 0338T or 0339T.**
- **The number of Symplicity Spyral catheters used is correctly reported on the claim.**
- **Include the appropriate revenue code for the device. This is specific to each institution and should be reported by your coding/billing specialist on the claim.**
- **The charges for the Symplicity Spyral catheter are correctly reflected on the claim.**

2025 Medicare OPPS Final Rule (CMS-1809-FC): https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc Updated November 1, 2024, Accessed November 1, 2024

Renal Denervation

CMS Physician National Unadjusted Reimbursement Rates

CPT® Category III codes, such as 0338T and 0339T, are temporary codes for emerging technologies and procedures, and do not have relative value units (RVUs) assigned. CMS does not establish payment levels for Category III codes in the Medicare Physician Fee Schedule.

CPT®	Description	CY 2025 Facility Payment	CY 2025 Non-Facility Payment
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; **unilateral**	Carrier Priced	Carrier Priced
0339T	Transcatheter renal sympathetic denervation, …**bilateral**	Carrier Priced	Carrier Priced

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Therapy-specific information

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

Coronary

Renal Denervation

Aortic

- Inpatient
- Physician

Peripheral

Endovenous

Structural Heart

Cardiac Surgery

Medtronic's Aortic products are only covered in an inpatient setting so there will be no outpatient or ASC payments listed. Medtronic doesn't offer products with approved indications for all procedures listed.

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Aortic

CMS Inpatient National Unadjusted Reimbursement Rates

The inpatient rates shown below cover the primary MS-DRGs that the Aortic procedures map to. The therapies covered include Abdominal Aortic Aneurysm (AAA) Repair (referred to as endovascular aneurysm repair, EVAR) and Thoracic Aortic Aneurysm (TAA) Repair (referred to as thoracic endovascular aneurysm repair, TEVAR).

Therapy Examples	MS-DRG	MS-DRG Description	FY 2025 Payment
AAA Repair (EVAR)	268	Aortic & Heart Assist Procedures (except Pulsation Balloon) w/ MCC	$47,451
	269	Aortic & Heart Assist Procedures (except Pulsation Balloon) w/o MCC	$29,610
	Average Payment		$33,083
TAA Repair (TEVAR)	219	Cardiac Valve & Other Major Cardiothoracic Proc w/o Cardiac Cath w/ MCC	$55,064
	220	Cardiac Valve & Other Major Cardiothoracic Proc w/o Cardiac Cath w/ CC	$37,694
	221	Cardiac Valve & Other Major Cardiothoracic Proc w/o Cardiac Cath w/o CC/ MCC	$32,683
	Average Payment		$46,674

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

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Aortic

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary CPT® that describe the Aortic procedures (EVAR and TEVAR) and other associated procedures. Medtronic's Aortic products are only covered in an inpatient setting so there will be no outpatient or ASC payments listed.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
AAA Repair (EVAR)	34703	Placement of aorto-uniiliac endograft	$1,299	N/A
	34704	Placement of aorto-uniiliac endograft, ruptured	$2,158	N/A
	34705	Placement of aorto-biiliac endograft	$1,443	N/A
	34706	Placement of aorto-biiliac endograft, ruptured	$2,155	N/A
	34707	Placement of ilio-iliac tube endograft	$1,101	N/A
	34708	Placement of ilio-iliac tube endograft, ruptured	$1,722	N/A
	+34709	Placement of extension , endovascular repair	$304	N/A
	34710	Delayed placement of extension, endovascular repair	$754	N/A
	+34711	Delayed placement of extension, endovascular repair, each additional	$278	N/A

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Aortic

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary CPT® that describe the Aortic procedures (EVAR and TEVAR) and other associated procedures. Medtronic's Aortic products are only covered in an inpatient setting so there will be no outpatient or ASC payments listed.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
TAA Repair (TEVAR)	33880	Endo TAA repair with coverage of LSA, to celiac if required	$1,691	N/A
	75956-26	Rad. S&I: endovascular TAA repair	$317	N/A
	33881	Endo TAA repair without coverage of LSA, to celiac if required	$1,452	N/A
	75957-26	Rad. S&I: endovascular TAA repair	$271	N/A
	33883	Ext. Proximal initial extension	$1,052	N/A
	+33884	Ext. Proximal each additional	$373	N/A
	75958-26	Rad. S&I: extension prosthesis	$180	N/A
	33886	Ext. Distal, delayed after initial endovascular repair	$910	N/A
	75959-26	Rad. S&I: extension prosthesis, delayed placement	$158	N/A

Medtronic

Aortic

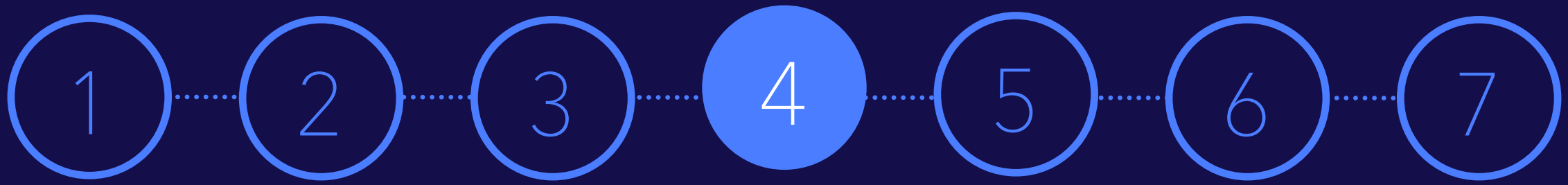
CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary CPT® that describe the Aortic procedures (EVAR and TEVAR) and other associated procedures. Medtronic's Aortic products are only covered in an inpatient setting so there will be no outpatient or ASC payments listed.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Supporting Procedure codes	+34713	Perc access and closure of femoral artery	$116	N/A
	+34812	Open femoral exposure	$294	N/A
	+34820	Open iliac exposure	$318	N/A
	34808	Placement of Iliac occlusion device	$191	N/A
Fixation Device	34712	Trans cath delivery of enhanced fixation device	$622	N/A

Therapy-specific information

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.



Coronary

Renal Denervation

Aortic

Peripheral

- Inpatient
- Outpatient
- ASC
- Physician

Endovenous

Structural Heart

Cardiac Surgery

Medtronic doesn't offer products with approved indications for all procedures listed.

Medtronic

Peripheral

CMS Inpatient National Unadjusted Reimbursement Rates

The inpatient rates shown below cover the primary MS-DRGs that the peripheral procedures map to. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy Examples	MS-DRG	MS-DRG Description	FY 2025 Payment
Peripheral Revascularization (eg, angioplasty, stenting)	252	Other Vascular Procedures w/ MCC	$24,413
	253	Other Vascular Procedures w/ CC	$18,169
	254	Other Vascular Procedures w/o CC/ MCC	$12,450
	Average Payment		$20,245
Peripheral Revascularization (eg, atherectomy, thrombectomy of lower extremity arteries, embolization and occlusion)	270	Other Major Cardiovascular Procedures w/ MCC	$36,530
	271	Other Major Cardiovascular Procedures w/ CC	$24,514
	272	Other Major Cardiovascular Procedures w/o CC/ MCC	$17,807
	Average Payment		$29,789

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

Peripheral

CMS Inpatient National Unadjusted Reimbursement Rates

The inpatient rates shown below cover the primary MS-DRGs that the peripheral procedures map to. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy Examples	MS-DRG	MS-DRG Description	FY 2025 Payment
Carotid Artery Stenting (ie, for carotid artery stenosis)	034	Carotid Artery Stent w/ MCC	$27,675
	035	Carotid Artery Stent w/ CC	$16,188
	036	Carotid Artery Stent w/o CC/ MCC	$13,045
	Average Payment		$15,995

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

Peripheral

CMS Inpatient National Unadjusted Reimbursement Rates

The inpatient rates shown below cover the primary MS-DRGs that the peripheral procedures map to. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy Examples	Diagnosis*	MS-DRG	MS-DRG Description	Payment
Percutaneous AV fistula creation	Primary diagnosis of hypertensive heart and chronic kidney disease with *heart* failure (I13.2) and N18.6 as secondary	264	Other Circulatory System O.R. Procedures	$22,867
	Primary diagnosis of end stage renal disease (N18.6): OR Primary diagnosis of (with N18.6 as secondary): - diabetes with chronic kidney disease (E08.22, E09.22, E10.22, E11.22, E13.22) - hypertensive chronic kidney disease (I12.0) - hypertensive heart and chronic kidney disease without heart failure (I13.11)	673	Other Kidney and Urinary Tract Procedures w/ MCC	$25,892
		674	Other Kidney and Urinary Tract Procedures w/ CC	$16,679
		675	Other Kidney and Urinary Tract Procedures w/o CC/ MCC	$11,108
		Average Payment		$23,061

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

Medtronic

Peripheral

CMS Outpatient National Unadjusted Reimbursement Rates

The hospital outpatient rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
Lower Extremity Revasc.	37220	PTA, iliac artery, initial vessel, unilateral	5192	$5,702
	37221	Stent, iliac artery, w/wo PTA in same vessel, unilateral	5193	$11,341
	0238T	Atherectomy, iliac artery	5194	$17,957
	+37222	PTA, iliac artery, each addl ipsilateral iliac vessel (use with 37220, 37221)		$0
	+37223	Stent, iliac artery, each addl ipsilateral iliac vessel, w/wo PTA in same vessel (use with 37221)		$0
	37224	PTA, femoral/ popliteal artery, unilateral	5192	$5,702
	37225	Atherectomy, femoral/ popliteal artery, w/wo PTA, in same vessel, unilateral	5194	$17,957
	37226	Stent, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral	5193	$11,341
	37227	Stent and atherectomy, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral	5194	$17,957
	37228	PTA, tibial/ peroneal artery, initial vessel, unilateral	5193	$11,341
	37229	Atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	5194	$17,957
	37230	Stent, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	5194	$17,957
	37231	Stent and atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	5194	$17,957

Medtronic

Peripheral

CMS Outpatient National Unadjusted Reimbursement Rates

The hospital outpatient rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
Lower Extremity Revasc.	+37232	PTA, tibial/ peroneal artery, each addl vessel (use with 37228-37231)		$0
	+37233	Atherectomy, tibial/ peroneal, each addl vessel, w/wo PTA in same vessel		$0
	+37234	Stent, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel		$0
	+37235	Stent and atherectomy, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel		$0
	C9764	IVL, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	5193	$11,341
	C9765	IVL and stent, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	5194	$17,957
	C9766	IVL and atherectomy, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	5194	$17,957
	C9767	IVL and stent and atherectomy, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	5194	$17,957
	C9772	IVL, tibial/ peroneal, w/wo PTA in same vessel	5193	$11,341
	C9773	IVL and stent,, tibial/ peroneal, w/wo PTA in same vessel	5194	$17,957
	C9774	IVL and atherectomy, tibial/ peroneal, w/wo PTA in same vessel	5194	$17,957
	C9775	IVL and stent and atherectomy, tibial/ peroneal, w/wo PTA in same vessel	5194	$17,957

Medtronic

Peripheral

CMS Outpatient National Unadjusted Reimbursement Rates

The hospital outpatient rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
Carotid Artery Stenting, Cervical and Intrathoracic	37215	Carotid stenting, cervical carotid, w/ distal embolic protection		$0
	37216	Carotid stenting, cervical carotid, w/o distal embolic protection		$0
	37217	Carotid stenting, intrathoracic common carotid or innominate, retrograde, w/ open cervical carotid exposure		$0
	37218	Carotid stenting, intrathoracic common carotid or innominate, antegrade approach		$0
Diagnostic Bundled Carotid Angiograms	36221	Non-selective catheterization of thoracic aorta with cervicocerebral angiography of all extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral	5183	$3,148
	36222	Selective catheterization of common carotid or innominate, unilateral, with extracranial/cervical carotid angiography	5183	$3,148
	36223	Selective catheterization of common carotid or innominate, unilateral, with intracranial/cerebral carotid angiography (including extracranial when performed)	5184	$5,406
	36224	Selective catheterization of internal carotid, unilateral, with intracranial/cerebral carotid angiography	5184	$5,406
	36225	Selective catheterization of subclavian or innominate, unilateral, with vertebral/vertebrobasilar angiography	5183	$3,148
	36226	Selective catheterization of vertebral, unilateral, with vertebral/vertebrobasilar angiography	5184	$5,406
	+36227	Selective catheterization of external carotid, unilateral, with external carotid angiography (use with 36222, 36223, or 36224)		$0
	+36228	Selective catheterization of each intracranial branch of internal carotid or vertebral, unilateral, with angiography of selected vessel (eg, MCA, ACA, PICA) (use with 36223, 36224, 36225, or 36226)		$0

Medtronic

Peripheral

CMS Outpatient National Unadjusted Reimbursement Rates

The hospital outpatient rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
Other Peripheral Procedures	37184	Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, initial vessel	5194	$17,957
	+37185	Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, each addl vessel within same family		$0
	+37186	Secondary percutaneous thrombectomy (eg, snare basket, suction), w primary procedure other than thrombectomy		$0
	37236	Stenting (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), incldg angioplasty within same vessel, initial artery	5193	$11,341
	+37237	- each addl artery		$0
	37238	Stenting, incldg angioplasty within same vessel, initial vein	5193	$11,341
	+37239	- each addl vein		$0
	37246	PTA (except lower extremity, intracranial, coronary, pulmonary artery, dialysis circuit) initial artery	5192	$5,702
	+37247	- each addl artery		$0
	37248	PTA (except dialysis circuit), initial vein	5192	$5,702
	+37249	- each addl vein		$0
	+37252	IVUS (noncoronary), initial vessel		$0
	+37253	- each addl vessel		$0

Medtronic

Peripheral

CMS Outpatient National Unadjusted Reimbursement Rates

The hospital outpatient rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
Diagnostics	75625	Abdominal aortogram	5183	$3,148
	75630	Abdominal aortogram w/ bilateral run-off	5183	$3,148
	75710	Angiography, extremity, unilateral	5183	$3,148
	75716	Angiography, extremity, bilateral	5183	$3,148
	+75774	Angiography, selective, each additional vessel studied after basic examination		$0

Medtronic

Peripheral

CMS Outpatient National Unadjusted Reimbursement Rates

The hospital outpatient rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
AV Fistula Procedures	36901	Dialysis Circuit Fistulogram	5182	$1,553
	36902	Dialysis Circuit PTA, Peripheral Segment	5192	$5,702
	36903	Dialysis Circuit Stent w/ or w/o PTA, Peripheral Segment	5193	$11,341
	36904	Dialysis Circuit Thrombectomy	5192	$5,702
	36905	Dialysis Circuit Thrombectomy w/ PTA, Peripheral Segment	5193	$11,341
	36906	Dialysis Circuit Thrombectomy & Stent w/ or w/o PTA, Peripheral Segment	5194	$17,957
	+36907	Central Segment PTA, Through Dialysis Segment		$0
	+36908	Central Segment Stent w/ or w/o PTA, Through Dialysis Segment		$0
	+36909	Dialysis Circuit Embolization or Occlusion		$0

Medtronic

Peripheral

CMS Outpatient National Unadjusted Reimbursement Rates

The hospital outpatient rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
Fistula Creation	36836	Percutaneous AVF creation, single access of both peripheral artery & vein	5194	$17,957
	36837	Percutaneous AVF creation, separate access of both peripheral artery & vein	5194	$17,957
Vessel Mapping, Preoperative	93985	Duplex scan of arterial inflow, venous outflow, bilateral study	5523	$242
	93986	Duplex scan of arterial inflow, venous outflow, unilateral study	5522	$106
Follow-up	93990	Duplex scan of hemodialysis access (inc. arterial inflow, body of access and venous outflow)	5522	$106
Maturation Procedures, During Separate Encounter from Fistula Creation*	36902	Dialysis circuit PTA, peripheral segment	5192	$5,702
	+36907	Central segment PTA, through dialysis circuit		$0
	+36909	Dialysis circuit embolization or occlusion		$0
	36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	5184	$5,406
	36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	5184	$5,406
	36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or non-autogenous dialysis graft (separate procedure)	5184	$5,406
	37246	PTA (outside dialysis circuit), initial artery	5192	$5,702
	37607	Ligation or banding of angioaccess arteriovenous fistula	5183	$3,148
	37799	Unlisted procedure, vascular surgery	5181	$618

*The codes listed here are shown in numerical order and not necessarily the order in which a patient may receive care. A patient may not receive all these procedures. It may also not be appropriate for a provider to bill for all other codes.

Medtronic

Peripheral

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
Lower Extremity Revasc.	37220	PTA, iliac artery, initial vessel, unilateral	J8	$3,426
	37221	Stent, iliac artery, w/wo PTA in same vessel, unilateral	J8	$7,176
	0238T	Atherectomy, iliac artery	J8	$11,532
	+37222	PTA, iliac artery, each addl ipsilateral iliac vessel (use with 37220, 37221)	N1	$0
	+37223	Stent, iliac artery, each addl ipsilateral iliac vessel, w/wo PTA in same vessel (use with 37221)	N1	$0
	37224	PTA, femoral/ popliteal artery, unilateral	J8	$3,640
	37225	Atherectomy, femoral/ popliteal artery, w/wo PTA, in same vessel, unilateral	J8	$12,445
	37226	Stent, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral	J8	$7,579
	37227	Stent and atherectomy, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral	J8	$12,540
	37228	PTA, tibial/ peroneal artery, initial vessel, unilateral	J8	$6,603
	37229	Atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	J8	$11,855
	37230	Stent, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	J8	$11,439
	37231	Stent and atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	J8	$12,261

Peripheral

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
Lower Extremity Revasc.	+37232	PTA, tibial/ peroneal artery, each addl vessel (use with 37228-37231)	N1	$0
	+37233	Atherectomy, tibial/ peroneal, each addl vessel, w/wo PTA in same vessel	N1	$0
	+37234	Stent, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel	N1	$0
	+37235	Stent and atherectomy, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel	N1	$0
	C9764	IVL, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	J8	$7,753
	C9765	IVL and stent, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	J8	$12,497
	C9766	IVL and atherectomy, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	J8	$12,749
	C9767	IVL and stent and atherectomy, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	J8	$12,668
	C9772	IVL, tibial/ peroneal, w/wo PTA in same vessel	J8	$7,574
	C9773	IVL and stent,, tibial/ peroneal, w/wo PTA in same vessel	J8	$11,636
	C9774	IVL and atherectomy, tibial/ peroneal, w/wo PTA in same vessel	J8	$11,882
	C9775	IVL and stent and atherectomy, tibial/ peroneal, w/wo PTA in same vessel	J8	$13,114

Medtronic

Peripheral

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
Carotid Artery Stenting, Cervical and Intrathoracic	37215	Carotid stenting, cervical carotid, w/ distal embolic protection	N/A	N/A
	37216	Carotid stenting, cervical carotid, w/o distal embolic protection	N/A	N/A
	37217	Carotid stenting, intrathoracic common carotid or innominate, retrograde, w/ open cervical carotid exposure	N/A	N/A
	37218	Carotid stenting, intrathoracic common carotid or innominate, antegrade approach	N/A	N/A
Diagnostic Bundled Carotid Angiograms	36221	Non-selective catheterization of thoracic aorta with cervicocerebral angiography of all extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral	N1	$0
	36222	Selective catheterization of common carotid or innominate, unilateral, with extracranial/cervical carotid angiography	N1	$0
	36223	Selective catheterization of common carotid or innominate, unilateral, with intracranial/cerebral carotid angiography (including extracranial when performed)	N1	$0
	36224	Selective catheterization of internal carotid, unilateral, with intracranial/cerebral carotid angiography	N1	$0
	36225	Selective catheterization of subclavian or innominate, unilateral, with vertebral/vertebrobasilar angiography	N1	$0
	36226	Selective catheterization of vertebral, unilateral, with vertebral/vertebrobasilar angiography	N1	$0
	+36227	Selective catheterization of external carotid, unilateral, with external carotid angiography (use with 36222, 36223, or 36224)	N1	$0
	+36228	Selective catheterization of each intracranial branch of internal carotid or vertebral, unilateral, with angiography of selected vessel (eg, MCA, ACA, PICA) (use with 36223, 36224, 36225, or 36226)	N1	$0

Medtronic

Peripheral

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
Other Peripheral Procedures	37184	Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, initial vessel	J8	$11,943
	+37185	Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, each addl vessel within same family	N1	$0
	+37186	Secondary percutaneous thrombectomy (eg, snare basket, suction), w primary procedure other than thrombectomy	N1	$0
	37236	Stenting (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), incldg angioplasty within same vessel, initial artery	J8	$7,024
	+37237	- each addl artery	N1	$0
	37238	Stenting, incldg angioplasty within same vessel, initial vein	J8	$7,102
	+37239	- each addl vein	N1	$0
	37246	PTA (except lower extremity, intracranial, coronary, pulmonary artery, dialysis circuit) initial artery	J8	$3,422
	+37247	- each addl artery	N1	$0
	37248	PTA (except dialysis circuit), initial vein	J8	$3,321
	+37249	- each addl vein	N1	$0
	+37252	IVUS (noncoronary), initial vessel	N1	$0
	+37253	- each addl vessel	N1	$0

Medtronic

Peripheral

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
Diagnostics	75625	Abdominal aortogram	N1	$0
	75630	Abdominal aortogram w/ bilateral run-off	N1	$0
	75710	Angiography, extremity, unilateral	N1	$0
	75716	Angiography, extremity, bilateral	N1	$0
	+75774	Angiography, selective, each additional vessel studied after basic examination	N1	$0

Peripheral

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
AV Fistula Procedures	36901	Dialysis Circuit Fistulogram	P3	$528
	36902	Dialysis Circuit PTA, Peripheral Segment	G2	$2,630
	36903	Dialysis Circuit Stent w/ or w/o PTA, Peripheral Segment	J8	$7,351
	36904	Dialysis Circuit Thrombectomy	J8	$3,516
	36905	Dialysis Circuit Thrombectomy w/ PTA, Peripheral Segment	J8	$6,491
	36906	Dialysis Circuit Thrombectomy & Stent w/ or w/o PTA, Peripheral Segment	J8	$11,783
	+36907	Central Segment PTA, Through Dialysis Segment	N1	$0
	+36908	Central Segment Stent w/ or w/o PTA, Through Dialysis Segment	N1	$0
	+36909	Dialysis Circuit Embolization or Occlusion	N1	$0

Medtronic

Peripheral

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover primary CPT® that describe the peripheral procedures. The therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
Fistula Creation	36836	Percutaneous AVF creation, single access of both peripheral artery & vein	J8	$11,571
	36837	Percutaneous AVF creation, separate access of both peripheral artery & vein	J8	$11,328
Vessel Mapping, Preoperative	93985	Duplex scan of arterial inflow, venous outflow, bilateral study	P2	$130
	93986	Duplex scan of arterial inflow, venous outflow, unilateral study	P2	$57
Follow-up	93990	Duplex scan of hemodialysis access (inc. arterial inflow, body of access and venous outflow)	N/A	N/A
Maturation Procedures, During Separate Encounter from Fistula Creation*	36902	Dialysis circuit PTA, peripheral segment	G2	$2,630
	+36907	Central segment PTA, through dialysis circuit	N1	$0
	+36909	Dialysis circuit embolization or occlusion	N1	$0
	36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	A2	$3,010
	36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	A2	$3,010
	36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or non-autogenous dialysis graft (separate procedure)	A2	$3,010
	37246	PTA (outside dialysis circuit), initial artery	J8	$3,422
	37607	Ligation or banding of angioaccess arteriovenous fistula	A2	$1,589
	37799	Unlisted procedure, vascular surgery	N/A	N/A

*The codes listed here are shown in numerical order and not necessarily the order in which a patient may receive care. A patient may not receive all these procedures. It may also not be appropriate for a provider to bill for all other codes.

Peripheral

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary CPT® that describe the peripheral therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Lower Extremity Revasc.	37220	PTA, iliac artery, initial vessel, unilateral	$377	$2,288
	37221	Stent, iliac artery, w/wo PTA in same vessel, unilateral	$465	$2,801
	0238T	Atherectomy, iliac artery	$0	$0
	+37222	PTA, iliac artery, each addl ipsilateral iliac vessel (use with 37220, 37221)	$175	$573
	+37223	Stent, iliac artery, each addl ipsilateral iliac vessel, w/wo PTA in same vessel (use with 37221)	$200	$1,156
	37224	PTA, femoral/ popliteal artery, unilateral	$419	$2,653
	37225	Atherectomy, femoral/ popliteal artery, w/wo PTA, in same vessel, unilateral	$563	$7,901
	37226	Stent, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral	$489	$7,312
	37227	Stent and atherectomy, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral	$675	$10,091
	37228	PTA, tibial/ peroneal artery, initial vessel, unilateral	$510	$3,752
	37229	Atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	$653	$8,070
	37230	Stent, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	$656	$8,076
	37231	Stent and atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	$699	$10,596

Medtronic

Peripheral

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary CPT® that describe the peripheral therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Lower Extremity Revasc.	+37232	PTA, tibial/ peroneal artery, each addl vessel (use with 37228-37231)	$188	$751
	+37233	Atherectomy, tibial/ peroneal, each addl vessel, w/wo PTA in same vessel	$304	$979
	+37234	Stent, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel	$266	$3,283
	+37235	Stent and atherectomy, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel	$352	$3,639

Medtronic

Peripheral

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary CPT® that describe the peripheral therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Carotid Artery Stenting, Cervical and Intrathoracic	37215	Carotid stenting, cervical carotid, w/ distal embolic protection	$938	N/A
	37216	Carotid stenting, cervical carotid, w/o distal embolic protection	$947	N/A
	37217	Carotid stenting, intrathoracic common carotid or innominate, retrograde, w/ open cervical carotid exposure	$1,029	N/A
	37218	Carotid stenting, intrathoracic common carotid or innominate, antegrade approach	$790	N/A
Diagnostic Bundled Carotid Angiograms	36221	Non-selective catheterization of thoracic aorta with cervicocerebral angiography of all extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral	$190	$909
	36222	Selective catheterization of common carotid or innominate, unilateral, with extracranial/cervical carotid angiography	$273	$1,154
	36223	Selective catheterization of common carotid or innominate, unilateral, with intracranial/cerebral carotid angiography (including extracranial when performed)	$318	$1,601
	36224	Selective catheterization of internal carotid, unilateral, with intracranial/cerebral carotid angiography	$357	$1,951
	36225	Selective catheterization of subclavian or innominate, unilateral, with vertebral/vertebrobasilar angiography	$316	$1,520
	36226	Selective catheterization of vertebral, unilateral, with vertebral/vertebrobasilar angiography	$355	$1,902
	+36227	Selective catheterization of external carotid, unilateral, with external carotid angiography (use with 36222, 36223, or 36224)	$117	$235
	+36228	Selective catheterization of each intracranial branch of internal carotid or vertebral, unilateral, with angiography of selected vessel (eg, MCA, ACA, PICA) (use with 36223, 36224, 36225, or 36226)	$242	$1,250

Medtronic

Peripheral

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary CPT® that describe the peripheral therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Other Peripheral Procedures	37184	Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, initial vessel	$408	$1,577
	+37185	Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, each addl vessel within same family	$154	$441
	+37186	Secondary percutaneous thrombectomy (eg, snare basket, suction), w primary procedure other than thrombectomy	$232	$1,095
	37236	Stenting (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), incldg angioplasty within same vessel, initial artery	$417	$2,506
	+37237	- each addl artery	$200	$1,184
	37238	Stenting, incldg angioplasty within same vessel, initial vein	$290	$3,137
	+37239	- each addl vein	$143	$1,570
	37246	PTA (except lower extremity, intracranial, coronary, pulmonary artery, dialysis circuit) initial artery	$330	$1,657
	+37247	- each addl artery	$165	$563
	37248	PTA (except dialysis circuit), initial vein	$281	$1,240
	+37249	- each addl vein	$139	$412
	+37252	IVUS (noncoronary), initial vessel	$84	$860
	+37253	- each addl vessel	$67	$164

Medtronic

Peripheral

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary CPT® that describe the peripheral therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Diagnostics	75625	Abdominal aortogram	N/A	$122
	75625-TC		N/A	$57
	75625-26		$65	$65
	75630	Abdominal aortogram w/ bilateral run-off	N/A	$151
	75630-TC		N/A	$62
	75630-26		$90	$90
	75710	Angiography, extremity, unilateral	N/A	$144
	75710-TC		N/A	$65
	75710-26		$78	$78

Medtronic

Peripheral

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary CPT® that describe the peripheral therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Diagnostics	75716	Angiography, extremity, bilateral	N/A	$158
	75716-TC		N/A	$69
	75716-26		$88	$88
	+75774	Angiography, selective, each additional vessel studied after basic examination	N/A	$93
	+75774-TC		N/A	$49
	+75774-26		$44	$44

Medtronic

Peripheral

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary CPT® that describe the peripheral therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
AV Fistula Procedures	36901	Dialysis Circuit Fistulogram	$160	$654
	36902	Dialysis Circuit PTA, Peripheral Segment	$227	$1,113
	36903	Dialysis Circuit Stent w/ or w/o PTA, Peripheral Segment	$298	$3,845
	36904	Dialysis Circuit Thrombectomy	$348	$1,667
	36905	Dialysis Circuit Thrombectomy w/ PTA, Peripheral Segment	$419	$2,087
	36906	Dialysis Circuit Thrombectomy & Stent w/ or w/o PTA, Peripheral Segment	$482	$4,905
	+36907	Central Segment PTA, Through Dialysis Segment	$139	$545
	+36908	Central Segment Stent w/ or w/o PTA, Through Dialysis Segment	$196	$1,298
	+36909	Dialysis Circuit Embolization or Occlusion	$190	$1,719

Medtronic

Peripheral

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary CPT® that describe the peripheral therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Fistula Creation	36836	Percutaneous AVF creation, single access of both peripheral artery & vein	$338	$7,382
	36837	Percutaneous AVF creation, separate access of both peripheral artery & vein	$436	$8,767
Vessel Mapping, Preoperative	93985	Duplex scan of arterial inflow, venous outflow, bilateral study	N/A	$239
	93985-TC		N/A	$202
	93985-26		$37	$37
	93986	Duplex scan of arterial inflow, venous outflow, unilateral study	N/A	$140
	93986-TC		N/A	$118
	93986-26		$22	$22
Follow-up	93990	Duplex scan of hemodialysis access (inc. arterial inflow, body of access and venous outflow)	N/A	$140
	93990-TC		N/A	$118
	93990-26		$22	$22

Medtronic

Peripheral

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary CPT® that describe the peripheral therapies covered include lower extremity revascularization, dialysis circuit interventions and percutaneous AV fistula creation.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Maturation Procedures, During Separate Encounter from Fistula Creation*	36902	Dialysis circuit PTA, peripheral segment	$227	$1,113
	+36907	Central segment PTA, through dialysis circuit	$139	$545
	+36909	Dialysis circuit embolization or occlusion	$190	$1,719
	36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	$656	N/A
	36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	$693	N/A
	36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or non-autogenous dialysis graft (separate procedure)	$720	N/A
	37246	PTA (outside dialysis circuit), initial artery	$330	$1,657
	37607	Ligation or banding of angioaccess arteriovenous fistula	$359	N/A
	37799	Unlisted procedure, vascular surgery	$0	$0

*The codes listed here are shown in numerical order and not necessarily the order in which a patient may receive care. A patient may not receive all these procedures. It may also not be appropriate for a provider to bill for all other codes.

Medtronic

Therapy-specific information

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

Coronary

Renal Denervation

Aortic

Peripheral

Endovenous

- Inpatient
- Outpatient
- ASC
- Physician

Structural Heart

Cardiac Surgery

Medtronic doesn't offer products with approved indications for all procedures listed.

Medtronic

Endovenous

CMS Inpatient National Unadjusted Reimbursement Rates

The inpatient rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include embolization and deep venous stenting. Medtronic's superficial venous products are rarely performed in an inpatient setting (unless due to certain co-morbidities) and therefore are not included.

Therapy Examples	MS-DRG	MS-DRG Description	FY 2025 Payment
Deep Venous Stenting & Embolization of Pulmonary arteriovenous Malformation	252	Other Vascular Procedures w/ MCC	$24,413
	253	Other Vascular Procedures w/ CC	$18,168
	254	Other Vascular Procedures w/o CC/ MCC	$12,450
	Average Payment		$20,245
Embolization of collateral vessel(s) in conjunction with placement of AAA endograft	268	Aortic & Heart Assist Procedures (except Pulsation Balloon) w/ MCC	$47,451
	269	Aortic & Heart Assist Procedures (except Pulsation Balloon) w/o MCC	$29,610
	Average Payment		$33,083
Embolization procedures including: • Embolization of renal arteriovenous malformation • Embolization to exclude unruptured peripheral aneurysms from circulation (e.g., unruptured aneurysm of other peripheral arteries) • Embolization to occlude ruptured peripheral aneurysms (e.g., ruptured aneurysm of other peripheral arteries)	270	Other Major Cardiovascular Procedures w/ MCC	$36,530
	271	Other Major Cardiovascular Procedures w/ CC	$24,514
	272	Other Major Cardiovascular Procedures w/o CC/ MCC	$17,087
	Average Payment		$29,789

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

Endovenous

CMS Inpatient National Unadjusted Reimbursement Rates

The inpatient rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include embolization and deep venous stenting. Medtronic's superficial venous products are rarely performed in an inpatient setting (unless due to certain co-morbidities) and therefore are not included.

Therapy Examples	MS-DRG	MS-DRG Description	FY 2025 Payment
Embolization of portal vein to increase the size of the remaining left lobe of liver (prior to resection of the right lobe of the liver for liver cancer)	423	Other Hepatobiliary or Pancreas OR Procedures w/ MCC	$28,946
	424	Other Hepatobiliary or Pancreas OR Procedures w/ CC	$16,249
	425	Other Hepatobiliary or Pancreas OR Procedures w/o CC/ MCC	$11,001
	Average Payment		$24,613
Embolization procedures including: • Embolization to exclude unruptured peripheral aneurysms from circulation (e.g., unruptured aneurysm of renal artery) • Embolization to occlude ruptured peripheral aneurysms (e.g., ruptured aneurysm of renal artery)	673	Other Kidney & Urinary Tract Procedures w/ MCC	$29,820
	674	Other Kidney & Urinary Tract Procedures w/ CC	$16,428
	675	Other Kidney & Urinary Tract Procedures w/o CC/ MCC	$11,140
	Average Payment		$23,629
Embolization for Varicocele	717	Other Male Reproductive System O.R. Proc Exc Malignancy w/ CC/ MCC	$13,205
	718	Other Male Reproductive System O.R. Proc Exc Malignancy w/o CC/ MCC	$8,767
	Average Payment		$12,371

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

Endovenous

CMS Inpatient National Unadjusted Reimbursement Rates

The inpatient rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include embolization and deep venous stenting. Medtronic's superficial venous products are rarely performed in an inpatient setting (unless due to certain co-morbidities) and therefore are not included.

Therapy Examples	MS-DRG	MS-DRG Description	FY 2025 Payment
Embolization for uterine fibroids Embolization for pelvic congestion syndrome (pelvic varices)	749	Other Female Reproductive System O.R. Procedures w/ CC/ MCC	$18,422
	750	Other Female Reproductive System O.R. Procedures w/o CC/ MCC	$ 9,177
	Average Payment		$17,443
Embolization to occlude vessel with hemorrhage due to trauma or vessel injury (e.g., injuries in a single body system)	907	Other O.R. Procedures For Injuries Procedures w/ MCC	$28,351
	908	Other O.R. Procedures For Injuries Procedures w/ CC	$14,355
	909	Other O.R. Procedures For Injuries Procedures w/o CC/ MCC	$ 9,026
	Average Payment		$20,627
Embolization to occlude vessels with hemorrhage due to trauma or vessel injury (e.g., major injuries in two or more different body systems)	957	Other O.R. Procedures For Multiple Significant Trauma w/ MCC	$53,119
	958	Other O.R. Procedures For Multiple Significant Trauma w/ CC	$29,247
	959	Other O.R. Procedures For Multiple Significant Trauma w/o CC/ MCC	$18,815
	Average Payment		$42,613

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

Endovenous

CMS Inpatient National Unadjusted Reimbursement Rates

The inpatient rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include embolization and deep venous stenting. Medtronic's superficial venous products are rarely performed in an inpatient setting (unless due to certain co-morbidities) and therefore are not included.

Therapy Examples	MS-DRG	MS-DRG Description	FY 2025 Payment
Embolization procedures including: • Embolization of uterine arteriovenous malformation	981	Extensive O.R. Procedure Unrelated To Principal Diagnosis w/ MCC	$33,836
	982	Extensive O.R. Procedure Unrelated To Principal Diagnosis w/ CC	$17,426
	983	Extensive O.R. Procedure Unrelated To Principal Diagnosis w/o CC/ MCC	$11,872
	Average Payment		$27,490
Embolization of non-target vascular beds (prior to Yttrium-90 radioembolization of liver cancer)	987	Non-extensive O.R. Proc Unrelated To Principal Diagnosis w/ MCC	$24,931
	988	Non-extensive O.R. Proc Unrelated To Principal Diagnosis w/ CC	$12,213
	989	Non-extensive O.R. Proc Unrelated To Principal Diagnosis w/o CC/ MCC	$ 8,223
	Average Payment		$18,929

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

Endovenous

CMS Outpatient National Unadjusted Reimbursement Rates

The outpatient rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
Endovenous Polidocanol Microfoam (PEM)	36465	Injection of non-compounded foam sclerosant, single vein	5054	$1,829
	36466	Injection of non-compounded foam sclerosant multiple veins, same leg	5054	$1,829
Sclerotherapy	36470	Injection of sclerosing solution, single vein	5052	$400
	36471	Injection of sclerosing solution, multiple veins, same leg	5052	$400
Endovenous Mechanochemical (MOCA)	36473	Endovenous ablation, mechanochemical, 1st vein	5183	$3,148
	+36474	Endovenous ablation, mechanochemical, subsequent vein(s)		$0
Endovenous Radiofrequency (RF) Ablation	36475	Endovenous ablation, radiofrequency, 1st vein	5183	$3,148
	+36476	Endovenous ablation, radiofrequency, subsequent vein(s)		$0
Endovenous Laser	36478	Endovenous ablation, laser, 1st vein	5183	$3,148
	+36479	Endovenous ablation, laser, subsequent vein(s)		$0
Endovenous Cyanoacrylate Adhesive Ablation (CCA)	36482	Endovenous ablation, chemical adhesive, 1st vein	5184	$5,406
	+36483	Endovenous ablation, chemical adhesive, subsequent vein(s)		$0

Medtronic

Endovenous

CMS Outpatient National Unadjusted Reimbursement Rates

The outpatient rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
Stab Phlebectomy	37765	Stab phlebectomy, varicose veins, 1 extremity, 10-20 incisions	5183	$3,148
	37766	Stab phlebectomy, varicose veins, 1 extremity, > 20 incisions	5183	$3,148
Ultrasound Guidance	+76942	Ultrasound guidance for needle placement (eg, injection)		$0
Duplex Scans	93970	Duplex scan of extremity, complete bilateral study	5523	$242
	93971	Duplex scan of extremity, unilateral or limited study	5522	$106

Endovenous

CMS Outpatient National Unadjusted Reimbursement Rates

The outpatient rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
Deep Venous Stenting	37238	Intravascular stent, initial vein	5193	$11,341
	+37239	Intravascular stent, each additional vein		$0
	36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)		$0
	36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)		$0
	+37252	IVUS, noncoronary vessel; initial vessel		$0
	+37253	IVUS, noncoronary vessel; each additional noncoronary vessel		$0
	75820	Venography, extremity, unilateral	5182	$1,553
	75822	Venography, extremity, bilateral	5182	$1,553
	75825	Venography, caval, inferior, with serialography	5183	$3,148
	+76937	Ultrasound guidance for vascular access		$0
	93970	Duplex scan of extremity, complete, bilateral	5523	$242
	93971	Duplex scan of extremity, limited, unilateral	5522	$106

Medtronic

Endovenous

CMS Outpatient National Unadjusted Reimbursement Rates

The outpatient rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
Embolization	37241	Vascular embolization or occlusion, venous, other than hemorrhage	5193	$11,341
	37242	Vascular embolization or occlusion, arterial, other than hemorrhage or tumor	5194	$17,957
	37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	5193	$11,341
	37244	Vascular embolization or occlusion, for arterial or venous hemorrhage or lymphatic extravasation	5193	$11,341
Arterial Catheterization	36215	Selective catheter placement, arterial system; 1st order thoracic or brachiocephalic branch		$0
	36216	Selective catheter placement, arterial system; 2nd order thoracic or brachiocephalic branch		$0
	36217	Selective catheter placement, arterial system; 3rd order thoracic or brachiocephalic branch		$0
	+36218	Selective catheter placement, arterial system; additional 2nd or 3rd order thoracic or brachiocephalic branch		$0
	36245	Selective catheter placement, arterial system; 1st order abdominal, pelvic, or lower extremity artery branch		$0
	36246	Selective catheter placement, arterial system; 2nd order abdominal, pelvic, or lower extremity artery branch		$0
	36247	Selective catheter placement, arterial system; 3rd order abdominal, pelvic, or lower extremity artery branch		$0
	+36248	Selective catheter placement, arterial system; additional 2nd or 3rd order abdominal, pelvic, or lower extremity artery branch		$0

Medtronic

Endovenous

CMS Outpatient National Unadjusted Reimbursement Rates

The outpatient rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting.

Therapy	CPT®	CPT® Description	C-APC	CY 2025 Payment
Venous Catheterization	36011	Selective catheter placement, venous system; 1st order branch (eg, renal vein, jugular vein)		$0
	36012	Selective catheter placement, venous system; 2nd order or more selective (eg, left adrenal vein, petrosal sinus)		$0
Pulmonary Artery Catheterization	36015	Selective catheter placement, segmental or subsegmental pulmonary artery		$0
Portal Vein Catheterization	36481	Percutaneous portal vein catheterization by any method		$0

Medtronic

Endovenous

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
Endovenous Polidocanol Microfoam (PEM)	36465	Injection of non-compounded foam sclerosant, single vein	P2	$981
	36466	Injection of non-compounded foam sclerosant multiple veins, same leg	P2	$981
Sclerotherapy	36470	Injection of sclerosing solution, single vein	P3	$82
	36471	Injection of sclerosing solution, multiple veins, same leg	P3	$134
Endovenous Mechanochemical (MOCA)	36473	Endovenous ablation, mechanochemical, 1st vein	P3	$960
	+36474	Endovenous ablation, mechanochemical, subsequent vein(s)	N1	$0
Endovenous Radiofrequency (RF) Ablation	36475	Endovenous ablation, radiofrequency, 1st vein	A2	$1,589
	+36476	Endovenous ablation, radiofrequency, subsequent vein(s)	N1	$0
Endovenous Laser	36478	Endovenous ablation, laser, 1st vein	A2	$1,589
	+36479	Endovenous ablation, laser, subsequent vein(s)	N1	$0
Endovenous Cyanoacrylate Adhesive Ablation (CCA)	36482	Endovenous ablation, chemical adhesive, 1st vein	P3	$1,395
	+36483	Endovenous ablation, chemical adhesive, subsequent vein(s)	N1	$0

Endovenous

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
Stab Phlebectomy	37765	Stab phlebectomy, varicose veins, 1 extremity, 10-20 incisions	P3	$208
	37766	Stab phlebectomy, varicose veins, 1 extremity, > 20 incisions	P3	$233
Ultrasound Guidance	+76942	Ultrasound guidance for needle placement (eg, injection)	N1	$0
Duplex Scans	93970	Duplex scan of extremity, complete bilateral study	N/A	N/A
	93971	Duplex scan of extremity, unilateral or limited study	N/A	N/A

Endovenous

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
Deep Venous Stenting	37238	Intravascular stent, initial vein	J8	$7,102
	+37239	Intravascular stent, each additional vein	N1	$0
	36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	N1	$0
	36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	N1	$0
	+37252	IVUS, noncoronary vessel; initial vessel	N1	$0
	+37253	IVUS, noncoronary vessel; each additional noncoronary vessel	N1	$0
	75820	Venography, extremity, unilateral	N1	$0
	75822	Venography, extremity, bilateral	Z3	$62
	75825	Venography, caval, inferior, with serialography	N1	$0
	+76937	Ultrasound guidance for vascular access	N1	$0
	93970	Duplex scan of extremity, complete, bilateral	N/A	N/A
	93971	Duplex scan of extremity, limited, unilateral	N/A	N/A

Medtronic

Endovenous

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
Embolization	37241	Vascular embolization or occlusion, venous, other than hemorrhage	J8	$6,454
	37242	Vascular embolization or occlusion, arterial, other than hemorrhage or tumor	J8	$11,861
	37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	J8	$6,530
	37244	Vascular embolization or occlusion, for arterial or venous hemorrhage or lymphatic extravasation	N/A	N/A
Arterial Catheterization	36215	Selective catheter placement, arterial system; 1st order thoracic or brachiocephalic branch	N1	$0
	36216	Selective catheter placement, arterial system; 2nd order thoracic or brachiocephalic branch	N1	$0
	36217	Selective catheter placement, arterial system; 3rd order thoracic or brachiocephalic branch	N1	$0
	+36218	Selective catheter placement, arterial system; additional 2nd or 3rd order thoracic or brachiocephalic branch	N1	$0
	36245	Selective catheter placement, arterial system; 1st order abdominal, pelvic, or lower extremity artery branch	N1	$0
	36246	Selective catheter placement, arterial system; 2nd order abdominal, pelvic, or lower extremity artery branch	N1	$0
	36247	Selective catheter placement, arterial system; 3rd order abdominal, pelvic, or lower extremity artery branch	N1	$0
	+36248	Selective catheter placement, arterial system; additional 2nd or 3rd order abdominal, pelvic, or lower extremity artery branch	N1	$0

Medtronic

Endovenous

CMS ASC National Unadjusted Reimbursement Rates

The ambulatory surgical center (ASC) rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting. For information on the Payment Indicators, please see the ASC Final Rule (link included in the References section).

Therapy	CPT®	CPT® Description	Payment Indicator	CY 2025 Payment
Venous Catheterization	36011	Selective catheter placement, venous system; 1st order branch (eg, renal vein, jugular vein)	N1	$0
	36012	Selective catheter placement, venous system; 2nd order or more selective (eg, left adrenal vein, petrosal sinus)	N1	$0
Pulmonary Artery Catheterization	36015	Selective catheter placement, segmental or subsegmental pulmonary artery	N1	$0
Portal Vein Catheterization	36481	Percutaneous portal vein catheterization by any method	N1	$0

Endovenous

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Endovenous Polidocanol Microfoam (PEM)	36465	Injection of non-compounded foam sclerosant, single vein	$115	$1,183
	36466	Injection of non-compounded foam sclerosant multiple veins, same leg	$145	$1,242
Sclerotherapy	36470	Injection of sclerosing solution, single vein	$37	$112
	36471	Injection of sclerosing solution, multiple veins, same leg	$72	$192
Endovenous Mechanochemical (MOCA)	36473	Endovenous ablation, mechanochemical, 1st vein	$172	$1,097
	+36474	Endovenous ablation, mechanochemical, subsequent vein(s)	$85	$237
Endovenous Radiofrequency (RF) Ablation	36475	Endovenous ablation, radiofrequency, 1st vein	$264	$990
	+36476	Endovenous ablation, radiofrequency, subsequent vein(s)	$127	$266
Endovenous Laser	36478	Endovenous ablation, laser, 1st vein	$265	$912
	+36479	Endovenous ablation, laser, subsequent vein(s)	$129	$288
Endovenous Cyanoacrylate Adhesive Ablation (CCA)	36482	Endovenous ablation, chemical adhesive, 1st vein	$171	$1,531
	+36483	Endovenous ablation, chemical adhesive, subsequent vein(s)	$84	$133

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Endovenous

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Stab Phlebectomy	37765	Stab phlebectomy, varicose veins, 1 extremity, 10-20 incisions	$257	$398
	37766	Stab phlebectomy, varicose veins, 1 extremity, > 20 incisions	$318	$472
Ultrasound Guidance	+76942	Ultrasound guidance for needle placement (eg, injection)	N/A	$57
	+76942-TC		N/A	$28
	+76942-26		$29	$29
Duplex Scans	93970	Duplex scan of extremity, complete bilateral study	N/A	$179
	93970-TC		N/A	$148
	93970-26		$31	$31
	93971	Duplex scan of extremity, unilateral or limited study	N/A	$115
	93971-TC		N/A	$94
	93971-26		$20	$20

Endovenous

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Deep Venous Stenting	37238	Intravascular stent, initial vein	$290	$3,137
	+37239	Intravascular stent, each additional vein	$143	$1,570
	36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	$148	$740
	36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	$166	$772
	+37252	IVUS, noncoronary vessel; initial vessel	$84	$860
	+37253	IVUS, noncoronary vessel; each additional noncoronary vessel	$67	$164
	75820	Venography, extremity, unilateral	N/A	$103
	75820-TC		N/A	$56
	75820-26		$47	$47
	75822	Venography, extremity, bilateral	N/A	$129
	75822-TC		N/A	$63
	75822-26		$66	$66

Endovenous

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Deep Venous Stenting	75825	Venography, caval, inferior, with serialography	N/A	$111
	75825-TC		N/A	$59
	75825-26		$51	$51
	+76937	Ultrasound guidance for vascular access	N/A	$37
	+76937-TC		N/A	$24
	+76937-26		$13	$13
	93970	Duplex scan of extremity, complete, bilateral	N/A	$179
	93970-TC		N/A	$148
	93970-26		$31	$31
	93971	Duplex scan of extremity, limited, unilateral	N/A	$115
	93971-TC		N/A	$94
	93971-26		$20	$20

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Endovenous

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Embolization	37241	Vascular embolization or occlusion, venous, other than hemorrhage	$404	$4,198
	37242	Vascular embolization or occlusion, arterial, other than hemorrhage or tumor	$449	$6,466
	37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	$530	$7,841
	37244	Vascular embolization or occlusion, for arterial or venous hemorrhage or lymphatic extravasation	$624	$5,993
Arterial Catheterization	36215	Selective catheter placement, arterial system; 1st order thoracic or brachiocephalic branch	$203	$964
	36216	Selective catheter placement, arterial system; 2nd order thoracic or brachiocephalic branch	$259	$995
	36217	Selective catheter placement, arterial system; 3rd order thoracic or brachiocephalic branch	$322	$1,738
	+36218	Selective catheter placement, arterial system; additional 2nd or 3rd order thoracic or brachiocephalic branch	$50	$198
	36245	Selective catheter placement, arterial system; 1st order abdominal, pelvic, or lower extremity artery branch	$224	$1,144
	36246	Selective catheter placement, arterial system; 2nd order abdominal, pelvic, or lower extremity artery branch	$239	$770
	36247	Selective catheter placement, arterial system; 3rd order abdominal, pelvic, or lower extremity artery branch	$282	$1,310
	+36248	Selective catheter placement, arterial system; additional 2nd or 3rd order abdominal, pelvic, or lower extremity artery branch	$46	$110

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Endovenous

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the primary MS-DRGs that the Endovenous procedures map to. The therapies covered include superficial venous, embolization and deep venous stenting.

Therapy	CPT®	CPT® Description	CY 2025 Facility	CY 2025 Non-Facility
Venous Catheterization	36011	Selective catheter placement, venous system; 1st order branch (eg, renal vein, jugular vein)	$148	$740
	36012	Selective catheter placement, venous system; 2nd order or more selective (eg, left adrenal vein, petrosal sinus)	$166	$772
Pulmonary Artery Catheterization	36015	Selective catheter placement, segmental or subsegmental pulmonary artery	$164	$776
Portal Vein Catheterization	36481	Percutaneous portal vein catheterization by any method	$308	$1,602

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Therapy-specific information

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

Coronary

Renal Denervation

Aortic

Peripheral

Endovenous

Structural Heart

- Inpatient
- Physician

Cardiac Surgery

Medtronic's Aortic products are only covered in an inpatient setting so there will be no outpatient or ASC payments listed. Medtronic doesn't offer products with approved indications for all procedures listed.

Medtronic

Structural Heart

CMS Inpatient National Unadjusted Reimbursement Rates

The inpatient rates shown below cover the MS-DRGs for Structural Heart procedures. The therapies covered include transcatheter aortic and pulmonary valve procedures.

Therapy Examples	MS-DRG	MS-DRG Description	5 nt
Endovascular Cardiac Valve Replacement & Supplement Procedures	266	Endovascular Cardiac Valve Replacement and Supplement Procedures w/ MCC	$42,754
	267	Endovascular Cardiac Valve Replacement and Supplement Procedures w/o MCC	$33,575
	Average Payment		$36,801

Note: Slide was updated with FY2025 rates Dec 8, 2024

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

Medtronic

Structural Heart

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the CPT® codes that describe Structural Heart procedures. The therapies covered include transcatheter aortic and pulmonary valve replacement.

Note: Slide was updated with CY2025 rates Dec 8, 2024

Therapy	CPT®	CPT® Description	*CY Facility	**CY 2025 Non-Facility
Transcatheter Aortic Valve Replacement (TAVR)	33361	Replace aortic valve perc.; femoral	$718	N/A
	33362	Replace aortic valve open; femoral artery	$783	N/A
	33363	Replace aortic valve open; axillary artery	$811	N/A
	33364	Replace aortic valve open; iliac artery	$809	N/A
	33365	Trcath replace aortic valve, transapical	$845	N/A
	+33367	Replace aortic valve w/byp open peripheral artery and venous cannulation	$578	N/A
	+33368	Replace aortic valve w/byp central arterial and venous cannulation	$700	N/A
	+33369	Trcath replace aortic valve, transapical	$923	N/A
Trcath Pulm Valve (TPV)	33477	Trcath replace pulmonary valve	$1,234	N/A

*CPT codes 33361 – 33365: Modifier 62 payment for EACH provider applies. Payment is 62.5% of the total payment

**Inpatient only procedure.

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Therapy-specific information

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

Coronary

Renal Denervation

Aortic

Peripheral

Endovenous

Structural Heart

Cardiac Surgery

- Inpatient
- Physician

Medtronic's Aortic products are only covered in an inpatient setting so there will be no outpatient or ASC payments listed. Medtronic doesn't offer products with approved indications for all procedures listed.

Medtronic

Cardiac Surgery

CMS Inpatient National Unadjusted Reimbursement Rates

The inpatient rates shown below cover the primary MS-DRGs that the Cardiac Surgery procedures map to. The therapies covered include surgical valve replacement and repair, coronary artery bypass (CABG), Left atrial appendage exclusion (LAAE), and extracorporeal membrane oxygenation (ECMO) procedures.

Therapy Examples	MS-DRG	MS-DRG Description	FY 2025 Payment
		Note: Slide was updated with FY2025 rates Dec 8, 2024	
Surgical Valves & Repair	216	Cardiac Valve & Other Major Cardiothoracic Procedure w/ Cardiac Cath w/ MCC	$68,875
	217	Cardiac Valve & Other Major Cardiothoracic Procedure w/ Cardiac Cath w/ CC	$46,087
	218	Cardiac Valve & Other Major Cardiothoracic Procedure w/ Cardiac Cath w/o CC/ MCC	$42,457
	219	Cardiac Valve & Other Major Cardiothoracic Procedure w/o Cardiac Cath w/ MCC	$55,219
	220	Cardiac Valve & Other Major Cardiothoracic Procedure w/o Cardiac Cath w/ CC	$37,800
	221	Cardiac Valve & Other Major Cardiothoracic Procedure w/o Cardiac Cath w/o CC/ MCC	$32,775
	Average Payment		$50,306
Concomitant Valves	212	Concomitant aortic and mitral valve procedures	$77,745

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

Cardiac Surgery

CMS Inpatient National Unadjusted Reimbursement Rates

The inpatient rates shown below cover the primary MS-DRGs that the Cardiac Surgery procedures map to. The therapies covered include surgical valve replacement and repair, coronary artery bypass (CABG), Left atrial appendage exclusion (LAAE), and extracorporeal membrane oxygenation (ECMO) procedures.

Note: Slide was updated with FY2025 rates Dec 8, 2024

Therapy Examples	MS-DRG	MS-DRG Descri	FY 2025 Payment
CABG	231	Coronary Bypass w/ PTCA w/ MCC	$60,474
	232	Coronary Bypass w/ PTCA w/o MCC	$43,595
	233	Coronary Bypass w/ Cardiac Cath w/ MCC	$55,782
	234	Coronary Bypass w/ Cardiac Cath w/o MCC	$37,968
	235	Coronary Bypass w/o Cardiac Cath w/ MCC	$41,993
	236	Coronary Bypass w/o Cardiac Cath w/o MCC	$29,346
	Average Payment		$40,086
ECMO	003	ECMO or Tracheostomy with MV 96+ Hours or PDX Except Face, Mouth and Neck	$152,947
LAAE and Ablation	317	Concomitant left atrial appendage closure and cardiac ablation	$44,149

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

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Cardiac Surgery

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the CPT® codes that describe procedures for Cardiac Surgery. The therapies covered include surgical valve replacement and repair, coronary artery bypass (CABG), Left atrial appendage exclusion (LAAE), and extracorporeal membrane oxygenation (ECMO) procedures.

Note: Slide was updated with CY2025 rates Dec 8, 2024

Therapy	CPT®	CPT® Description	CY 2025 Facility	*CY 2025 Non-Facility
Aortic & Mitral Valve	33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	$2,167	N/A
	33430	Replacement, mitral valve, with cardiopulmonary bypass	$2,674	N/A
	33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	$2,429	N/A
	33863	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with aortic root replacement using composite prosthesis and coronary reconstruction	$2,991	N/A
Annuloplasty	33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	$2,275	N/A
	33464	Valvuloplasty, tricuspid valve; with ring insertion	$2,324	N/A
Congenital	33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	$1,727	N/A
	33697	Complete repair tetralogy of fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	$1,961	N/A

*Inpatient only procedure.

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Cardiac Surgery

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the CPT® codes that describe procedures for Cardiac Surgery. The therapies covered include surgical valve replacement and repair, coronary artery bypass (CABG), Left atrial appendage exclusion (LAAE), and extracorporeal membrane oxygenation (ECMO) procedures.

Note: Slide was updated with CY2025 rates Dec 8, 2024

Therapy	CPT®	CPT® Description	CY 2025 Facility	*CY 2025 Non-Facility
CABG – Vein Grafts	33510	Coronary artery bypass, vein only; single coronary venous graft	$1,847	N/A
	33511	Coronary artery bypass, vein only; two coronary venous grafts	$2,028	N/A
	33512	Coronary artery bypass, vein only; three coronary venous grafts	$2,308	N/A
	33513	Coronary artery bypass, vein only; four coronary venous grafts	$2,358	N/A
	33514	Coronary artery bypass, vein only; five coronary venous grafts	$2,481	N/A
	33516	Coronary artery bypass, vein only; six or more coronary venous grafts	$2,568	N/A
CABG – Arterial Grafts	33533	Coronary artery bypass, using arterial graft(s); single arterial graft	$1,789	N/A
	33534	Coronary artery bypass, using arterial graft(s); two coronary arterial grafts	$2,102	N/A
	33535	Coronary artery bypass, using arterial graft(s); three coronary arterial grafts	$2,334	N/A
	33536	Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts	$2,515	N/A

*Inpatient only procedure.

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Cardiac Surgery

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the CPT® codes that describe procedures for Cardiac Surgery. The therapies covered include surgical valve replacement and repair, coronary artery bypass (CABG), Left atrial appendage exclusion (LAAE), and extracorporeal membrane oxygenation (ECMO) procedures.

Therapy	CPT®	CPT® Description	**Note:** Slide was updated with CY2025 rates Dec 8, 2024	CY 2025 Facility	*CY 2025 Non-Facility
CABG - Arterial-Venous Grafts	33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)		$177	N/A
	33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (List separately in addition to code for primary procedure)		$390	N/A
	33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (List separately in addition to code for primary procedure)		$515	N/A
	33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (List separately in addition to code for primary procedure)		$618	N/A
	33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (List separately in addition to code for primary procedure)		$694	N/A
	33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (List separately in addition to code for primary procedure)		$781	N/A

*Inpatient only procedure.

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Cardiac Surgery

CMS Physician National Unadjusted Reimbursement Rates

The physician rates shown below cover the CPT® codes that describe procedures for Cardiac Surgery. The therapies covered include surgical valve replacement and repair, coronary artery bypass (CABG), Left atrial appendage exclusion (LAAE), and extracorporeal membrane oxygenation (ECMO) procedures.

Therapy	CPT®	CPT® Description	**Note:** Slide was updated with CY2025 rates Dec 8, 2024	CY 2025 Facility	*CY 2025 Non-Facility
ECMO**	33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous		$294	N/A
	33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial		$326	N/A
	33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous		$228	N/A
LAAE	+33268	Exclusion of the left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure (s), any method (e.g, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)		$123	N/A

*Inpatient only procedure.
** Sample ECMO codes. Please refer to the CPT code for a complete list of ECMO billing codes.

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References, Copyright Notice & Disclaimers

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

- The Inpatient rules can be found at: https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipps-final-rule-home-page
- Outpatient rules can be found at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html
- ASC rules (including an explanation of Payment Indicators) can be found at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/index.html
- Physician Fee Schedules can be found at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/

Code descriptions have been abbreviated in this document. For specific AMA descriptions of current CPT® coding, please refer to the most recent version of the CPT® Coding Book.

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