

Medtronic

Engineering the extraordinary

Health Economics Policy & Reimbursement

Peripheral Vascular

Reimbursement Guide

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 information related to Medtronic’s Peripheral Vascular products.

For further information please see the links to the Inpatient, Outpatient and ASC rules as well as the Physician Fee Schedule in the references section on slide 23.

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:



Outpatient reimbursement:



ASC reimbursement:



Physician* reimbursement:



Coding† information:



Previous slide:



*Physician reimbursement includes OBL data

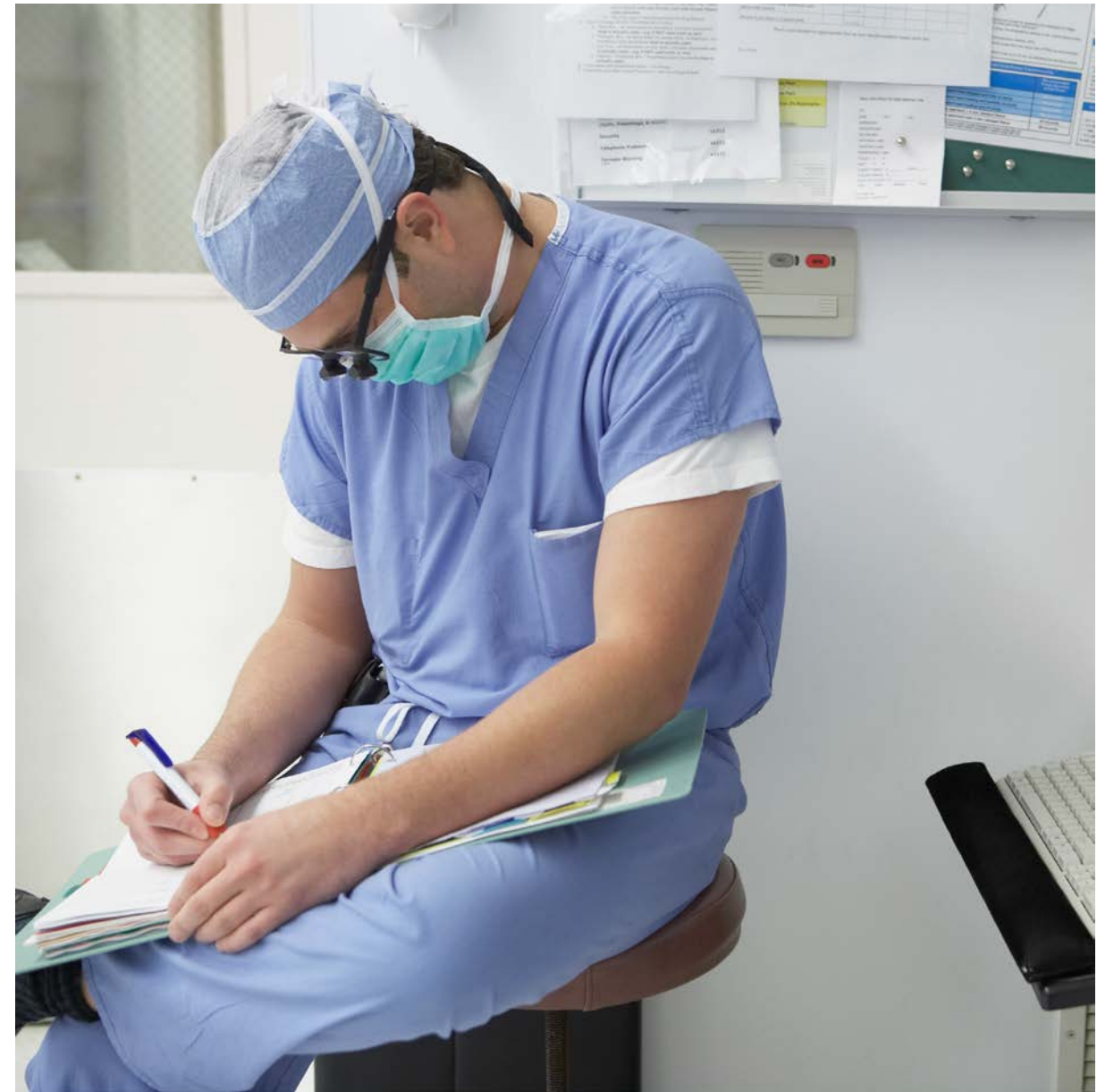
†Coding information general coding information and includes examples of:

- diagnosis codes (ICD-10-CM)
- inpatient procedure codes (ICD-10-PCS)
- place of service codes (POS)
- HCPCS C-Codes

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About this document

- 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.
- “+” represents an add-on code
- MS-DRG average payment is a weighted average based upon historical volumes for the MS-DRG group highlighted
- In the ASC section, “MPD” represents the “Multi-Procedure Discount”
- Under physician reimbursement:
 - Facility (“Fac”) reimbursement represents reimbursement to the physician in settings such as a hospital or Ambulatory Surgical Center (ASC)
 - Non-Facility (“NF”) includes office-based-labs (OBLs)
 - -TC represents the Technical Component modifier; -26 represents the Professional Component modifier
- Medtronic doesn’t offer products with approved indications for all procedures listed.



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CMS FY 2025 Inpatient National Unadjusted Reimbursement Rates (effective October 1st, 2024, to September 30th, 2025)

Therapy Examples	MS-DRG	MS-DRG Description	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
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.

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CMS CY 2025 Outpatient National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Status Indicator	APC	Payment
Lower Extremity Revasc.	37220	PTA, iliac artery, initial vessel, unilateral	J1	5192	\$5,702
	37221	Stent, iliac artery, w/wo PTA in same vessel, unilateral	J1	5193	\$11,341
	0238T	Atherectomy, iliac artery	J1	5194	\$17,957
	+37222	PTA, iliac artery, each addl ipsilateral iliac vessel (use with 37220, 37221)	N		\$0
	+37223	Stent, iliac artery, each addl ipsilateral iliac vessel, w/wo PTA in same vessel (use with 37221)	N		\$0
	37224	PTA, femoral/ popliteal artery, unilateral	J1	5192	\$5,702
	37225	Atherectomy, femoral/ popliteal artery, w/wo PTA, in same vessel, unilateral	J1	5194	\$17,957
	37226	Stent, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral	J1	5193	\$11,341
	37227	Stent and atherectomy, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral	J1	5194	\$17,957
	37228	PTA, tibial/ peroneal artery, initial vessel, unilateral	J1	5193	\$11,341
	37229	Atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	J1	5194	\$17,957
	37230	Stent, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	J1	5194	\$17,957
	37231	Stent and atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	J1	5194	\$17,957
	+37232	PTA, tibial/ peroneal artery, each addl vessel (use with 37228-37231)	N		\$0
	+37233	Atherectomy, tibial/ peroneal, each addl vessel, w/wo PTA in same vessel	N		\$0
	+37234	Stent, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel	N		\$0
	+37235	Stent and atherectomy, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel	N		\$0

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CMS CY 2025 Outpatient National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Status Indicator	APC	Payment
Lower Extremity Revasc.	C9764	IVL, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	J1	5193	\$11,341
	C9765	IVL and stent, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	J1	5194	\$17,957
	C9766	IVL and atherectomy, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	J1	5194	\$17,957
	C9767	IVL and stent and atherectomy, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	J1	5194	\$17,957
	C9772	IVL, tibial/ peroneal, w/wo PTA in same vessel	J1	5193	\$11,341
	C9773	IVL and stent,, tibial/ peroneal, w/wo PTA in same vessel	J1	5194	\$17,957
	C9774	IVL and atherectomy, tibial/ peroneal, w/wo PTA in same vessel	J1	5194	\$17,957
	C9775	IVL and stent and atherectomy, tibial/ peroneal, w/wo PTA in same vessel	J1	5194	\$17,957

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CMS CY 2025 Outpatient National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Status Indicator	APC	Payment
Carotid Artery Stenting, Cervical and Intrathoracic	37215	Carotid stenting, cervical carotid, w/ distal embolic protection	C		\$0
	37216	Carotid stenting, cervical carotid, w/o distal embolic protection	E1		\$0
	37217	Carotid stenting, intrathoracic common carotid or innominate, retrograde, w/ open cervical carotid exposure	C		\$0
	37218	Carotid stenting, intrathoracic common carotid or innominate, antegrade approach	C		\$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	Q2	5183	\$3,148
	36222	Selective catheterization of common carotid or innominate, unilateral, with extracranial/cervical carotid angiography	Q2	5183	\$3,148
	36223	Selective catheterization of common carotid or innominate, unilateral, with intracranial/cerebral carotid angiography (including extracranial when performed)	Q2	5184	\$5,406
	36224	Selective catheterization of internal carotid, unilateral, with intracranial/cerebral carotid angiography	Q2	5184	\$5,406
	36225	Selective catheterization of subclavian or innominate, unilateral, with vertebral/vertebrobasilar angiography	Q2	5183	\$3,148
	36226	Selective catheterization of vertebral, unilateral, with vertebral/vertebrobasilar angiography	Q2	5184	\$5,406
	+36227	Selective catheterization of external carotid, unilateral, with external carotid angiography (use with 36222, 36223, or 36224)	N		\$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)	N		\$0

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CMS CY 2025 Outpatient National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Status Indicator	APC	Payment
Other Peripheral Procedures	37184	Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, initial vessel	J1	5194	\$17,957
	+37185	Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, each addl vessel within same family	N		\$0
	+37186	Secondary percutaneous thrombectomy (eg, snare basket, suction), w primary procedure other than thrombectomy	N		\$0
	37236	Stenting (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), incldg angioplasty within same vessel, initial artery	J1	5193	\$11,341
	+37237	- each addl artery	N		\$0
	37238	Stenting, incldg angioplasty within same vessel, initial vein	J1	5193	\$11,341
	+37239	- each addl vein	N		\$0
	37246	PTA (except lower extremity, intracranial, coronary, pulmonary artery, dialysis circuit) initial artery	J1	5192	\$5,702
	+37247	- each addl artery	N		\$0
	37248	PTA (except dialysis circuit), initial vein	J1	5192	\$5,702
	+37249	- each addl vein	N		\$0
	+37252	IVUS (noncoronary), initial vessel	N		\$0
	+37253	- each addl vessel	N		\$0

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CMS CY 2025 Outpatient National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Status Indicator	APC	Payment
Diagnostics	75625	Abdominal aortogram	Q2	5183	\$3,148
	75630	Abdominal aortogram w/ bilateral run-off	Q2	5183	\$3,148
	75710	Angiography, extremity, unilateral	Q2	5183	\$3,148
	75716	Angiography, extremity, bilateral	Q2	5183	\$3,148
	+75774	Angiography, selective, each additional vessel studied after basic examination	N		\$0

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CMS CY 2025 APC Complexity Adjustments

Comprehensive APC (C-APC) claims that contain: **two or more primary procedure codes** (J1 service units); **bilateral procedures** with modifier 50 (J1 bilateral service), or **certain add-on procedure codes** may be eligible for a **complexity adjustment**. This complexity adjustment **promotes the claim to the next higher cost APC within the primary procedure’s clinical family**. The complexity adjustments are developed for frequently occurring combinations that significantly increase the cost of the primary procedure claim.¹

Primary CPT®	Primary CPT® Description	Primary APC Assigned	Secondary or add-on CPT®	Secondary or add-on CPT® Description	Secondary APC Assigned	Complexity Adjusted APC Assignment
37220	Iliac revasc	5192	37220	Iliac revasc	5192	5193
37224	Fem/popl revas w/tla	5192	37220	Iliac revasc	5192	5193
37224	Fem/popl revas w/tla	5192	37224	Fem/popl revas w/tla	5192	5193
37224	Fem/popl revas w/tla	5192	37252	Intrasc us noncoronary 1st		5193
37221	Iliac revasc w/stent	5193	37228	Tib/per revasc w/tla	5193	5194
37221	Iliac revasc w/stent	5193	C9600	Perc drug-el cor stent sing	5193	5194
37226	Fem/popl revasc w/stent	5193	37220	Iliac revasc	5192	5194
37226	Fem/popl revasc w/stent	5193	37221	Iliac revasc w/stent	5193	5194
37226	Fem/popl revasc w/stent	5193	37226	Fem/popl revasc w/stent	5193	5194
37226	Fem/popl revasc w/stent	5193	37228	Tib/per revasc w/tla	5193	5194
37226	Fem/popl revasc w/stent	5193	37236	Open/perq place stent 1st	5193	5194
37226	Fem/popl revasc w/stent	5193	37252	Intrasc us noncoronary 1st		5194

Note: This may not be an exhaustive list for all coding combinations and complexity adjustments. Please refer to Addendum J for the complete list

¹ <https://www.cms.gov/files/document/2025-nfrm-ops-claims-accounting.pdf>

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CMS CY 2025 APC Complexity Adjustments

Primary CPT®	Primary CPT® Description	Primary APC Assigned	Secondary or add-on CPT®	Secondary or add-on CPT® Description	Secondary APC Assigned	Complexity Adjusted APC Assignment
C9764	Revasc intravasc lithotripsy	5193	37221	Iliac revasc w/stent	5193	5194
C9764	Revasc intravasc lithotripsy	5193	37224	Fem/popl revas w/tla	5192	5194
C9764	Revasc intravasc lithotripsy	5193	37226	Fem/popl revasc w/stent	5193	5194
C9764	Revasc intravasc lithotripsy	5193	37228	Tib/per revasc w/tla	5193	5194
C9764	Revasc intravasc lithotripsy	5193	C9600	Perc drug-el cor stent sing	5193	5194
C9764	Revasc intravasc lithotripsy	5193	C9764	Revasc intravasc lithotripsy	5193	5194
C9772	Revasc lithotrip tibi/perone	5193	37224	Fem/popl revas w/tla	5192	5194
C9772	Revasc lithotrip tibi/perone	5193	37228	Tib/per revasc w/tla	5193	5194
C9772	Revasc lithotrip tibi/perone	5193	C9764	Revasc intravasc lithotripsy	5193	5194
37246	TrlumI balo angiop 1st art	5192	37247	TrlumI balo angiop addl art		5193
37246	TrlumI balo angiop 1st art	5192	37252	Intrasc us noncoronary 1st		5193
37248	TrlumI balo angiop 1st vein	5192	37248	TrlumI balo angiop 1st vein	5192	5193
37248	TrlumI balo angiop 1st vein	5192	75898	Follow-up angiography	5183	5193
37236	Open/perq place stent 1st	5193	37221	Iliac revasc w/stent	5193	5194
37236	Open/perq place stent 1st	5193	C9600	Perc drug-el cor stent sing	5193	5194
37238	Open/perq place stent same	5193	37193	Rem endovas vena cava filter	5183	5194
37238	Open/perq place stent same	5193	37238	Open/perq place stent same	5193	5194

Note: This may not be an exhaustive list for all coding combinations and complexity adjustments. Please refer to Addendum J for the complete list



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CMS CY 2025 ASC National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Payment Indicator	MPD	Payment
Lower Extremity Revasc.	37220	PTA, iliac artery, initial vessel, unilateral	J8	Y	\$3,426
	37221	Stent, iliac artery, w/wo PTA in same vessel, unilateral	J8	Y	\$7,176
	0238T	Atherectomy, iliac artery	J8	Y	\$11,532
	+37222	PTA, iliac artery, each addl ipsilateral iliac vessel (use with 37220, 37221)	N1	N	\$0
	+37223	Stent, iliac artery, each addl ipsilateral iliac vessel, w/wo PTA in same vessel (use with 37221)	N1	N	\$0
	37224	PTA, femoral/ popliteal artery, unilateral	J8	Y	\$3,640
	37225	Atherectomy, femoral/ popliteal artery, w/wo PTA, in same vessel, unilateral	J8	Y	\$12,445
	37226	Stent, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral	J8	Y	\$7,579
	37227	Stent and atherectomy, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral	J8	Y	\$12,540
	37228	PTA, tibial/ peroneal artery, initial vessel, unilateral	J8	Y	\$6,603
	37229	Atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	J8	Y	\$11,855
	37230	Stent, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	J8	Y	\$11,439
	37231	Stent and atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	J8	Y	\$12,261
	+37232	PTA, tibial/ peroneal artery, each addl vessel (use with 37228-37231)	N1	N	\$0
	+37233	Atherectomy, tibial/ peroneal, each addl vessel, w/wo PTA in same vessel	N1	N	\$0
	+37234	Stent, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel	N1	N	\$0
	+37235	Stent and atherectomy, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel	N1	N	\$0

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CMS CY 2025 ASC National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Payment Indicator	MPD	Payment
Lower Extremity Revasc.	C9764	IVL, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	J8	Y	\$7,753
	C9765	IVL and stent, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	J8	Y	\$12,497
	C9766	IVL and atherectomy, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	J8	Y	\$12,749
	C9767	IVL and stent and atherectomy, lower extremity artery(ies) except tibial/ peroneal, w/wo PTA in same vessel	J8	Y	\$12,668
	C9772	IVL, tibial/ peroneal, w/wo PTA in same vessel	J8	Y	\$7,574
	C9773	IVL and stent,, tibial/ peroneal, w/wo PTA in same vessel	J8	Y	\$11,636
	C9774	IVL and atherectomy, tibial/ peroneal, w/wo PTA in same vessel	J8	Y	\$11,882
	C9775	IVL and stent and atherectomy, tibial/ peroneal, w/wo PTA in same vessel	J8	Y	\$13,114

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CMS CY 2025 ASC National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Payment Indicator	MPD	Payment
Carotid Artery Stenting, Cervical and Intrathoracic	37215	Carotid stenting, cervical carotid, w/ distal embolic protection	N/A	N/A	N/A
	37216	Carotid stenting, cervical carotid, w/o distal embolic protection	N/A	N/A	N/A
	37217	Carotid stenting, intrathoracic common carotid or innominate, retrograde, w/ open cervical carotid exposure	N/A	N/A	N/A
	37218	Carotid stenting, intrathoracic common carotid or innominate, antegrade approach	N/A	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	N	\$0
	36222	Selective catheterization of common carotid or innominate, unilateral, with extracranial/cervical carotid angiography	N1	N	\$0
	36223	Selective catheterization of common carotid or innominate, unilateral, with intracranial/cerebral carotid angiography (including extracranial when performed)	N1	N	\$0
	36224	Selective catheterization of internal carotid, unilateral, with intracranial/cerebral carotid angiography	N1	N	\$0
	36225	Selective catheterization of subclavian or innominate, unilateral, with vertebral/vertebrobasilar angiography	N1	N	\$0
	36226	Selective catheterization of vertebral, unilateral, with vertebral/vertebrobasilar angiography	N1	N	\$0
	+36227	Selective catheterization of external carotid, unilateral, with external carotid angiography (use with 36222, 36223, or 36224)	N1	N	\$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	N	\$0

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CMS CY 2025 ASC National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

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

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CMS CY 2025 ASC National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

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

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CMS CY 2025 ASC C Codes for Combined Procedures & National unadjusted Payment Rates

A **primary surgical procedure** and **add-on code combination** may be eligible for **complexity adjustments** performed in the ASC setting through the **assignment of new HCPCS C-codes**. Due to claims processing system limitations at this time, the billing of these new C-codes will be used a workaround to provide a complexity adjustment to ASCs when performing these specific code pairs.¹

CPT®	CPT® Description	National Unadjusted Payment
C7531	PTA, femoral/ popliteal artery, unilateral with IVUS (noncoronary), initial vessel	\$6,102
C7532	PTA (except lower extremity, intracranial, coronary, pulmonary artery, dialysis circuit) initial artery with IVUS (noncoronary), initial vessel	\$5,885
C7535	Stent, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral with IVUS (noncoronary), initial vessel	\$10,681

Note: This may not be an exhaustive list for all coding combinations and complexity adjustments. Please refer to the ASC final rule for a comprehensive list. Complexity adjustment explanation in the ASC setting can be found in the 2023 final rule: ¹ <https://www.cms.gov/files/document/mm13041-ambulatory-surgical-center-payment-system-january-2023-update.pdf>

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CMS CY 2025 Physician National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Work RVUs	NF Payment	Fac Payment
Lower Extremity Revasc.	37220	PTA, iliac artery, initial vessel, unilateral	7.90	\$2,288	\$377
	37221	Stent, iliac artery, w/wo PTA in same vessel, unilateral	9.75	\$2,801	\$465
	0238T	Atherectomy, iliac artery	0.00	\$0	\$0
	+37222	PTA, iliac artery, each addl ipsilateral iliac vessel (use with 37220, 37221)	3.73	\$573	\$175
	+37223	Stent, iliac artery, each addl ipsilateral iliac vessel, w/wo PTA in same vessel (use with 37221)	4.25	\$1,156	\$200
	37224	PTA, femoral/ popliteal artery, unilateral	8.75	\$2,653	\$419
	37225	Atherectomy, femoral/ popliteal artery, w/wo PTA, in same vessel, unilateral	11.75	\$7,901	\$563
	37226	Stent, femoral/popliteal artery, w/wo PTA in same vessel, unilateral	10.24	\$7,312	\$489
	37227	Stent and atherectomy, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral	14.25	\$10,091	\$675
	37228	PTA, tibial/ peroneal artery, initial vessel, unilateral	10.75	\$3,752	\$510
	37229	Atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	13.80	\$8,070	\$653
	37230	Stent, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	13.55	\$8,076	\$656
	37231	Stent and atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	14.75	\$10,596	\$699
	+37232	PTA, tibial/ peroneal artery, each addl vessel (use with 37228-37231)	4.00	\$751	\$188
	+37233	Atherectomy, tibial/ peroneal, each addl vessel, w/wo PTA in same vessel	6.50	\$979	\$304
	+37234	Stent, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel	5.50	\$3,283	\$266
	+37235	Stent and atherectomy, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel	7.80	\$3,639	\$352

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CMS CY 2025 Physician National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Work RVUs	NF Payment	Fac Payment
Carotid Artery Stenting, Cervical and Intrathoracic	37215	Carotid stenting, cervical carotid, w/ distal embolic protection	17.75	N/A	\$938
	37216	Carotid stenting, cervical carotid, w/o distal embolic protection	17.98	N/A	\$947
	37217	Carotid stenting, intrathoracic common carotid or innominate, retrograde, w/ open cervical carotid exposure	20.38	N/A	\$1,029
	37218	Carotid stenting, intrathoracic common carotid or innominate, antegrade approach	14.75	N/A	\$790
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	3.92	\$909	\$190
	36222	Selective catheterization of common carotid or innominate, unilateral, with extracranial/cervical carotid angiography	5.28	\$1,154	\$273
	36223	Selective catheterization of common carotid or innominate, unilateral, with intracranial/cerebral carotid angiography (including extracranial when performed)	5.75	\$1,601	\$318
	36224	Selective catheterization of internal carotid, unilateral, with intracranial/cerebral carotid angiography	6.25	\$1,951	\$357
	36225	Selective catheterization of subclavian or innominate, unilateral, with vertebral/vertebrobasilar angiography	5.75	\$1,520	\$316
	36226	Selective catheterization of vertebral, unilateral, with vertebral/vertebrobasilar angiography	6.25	\$1,902	\$355
	+36227	Selective catheterization of external carotid, unilateral, with external carotid angiography (use with 36222, 36223, or 36224)	2.09	\$235	\$117
	+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)	4.25	\$1,250	\$242

Peripheral Vascular Reimbursement Guide



CMS CY 2025 Physician National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Work RVUs	NF Payment	Fac Payment
Other Peripheral Procedures	37184	Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, initial vessel	8.41	\$1,577	\$408
	+37185	Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, each addl vessel within same family	3.28	\$441	\$154
	+37186	Secondary percutaneous thrombectomy (eg, snare basket, suction), w primary procedure other than thrombectomy	4.92	\$1,095	\$232
	37236	Stenting (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), incldg angioplasty within same vessel, initial artery	8.75	\$2,506	\$417
	+37237	- each addl artery	4.25	\$1,184	\$200
	37238	Stenting, incldg angioplasty within same vessel, initial vein	6.04	\$3,137	\$290
	+37239	- each addl vein	2.97	\$1,570	\$143
	37246	PTA (except lower extremity, intracranial, coronary, pulmonary artery, dialysis circuit) initial artery	7.00	\$1,657	\$330
	+37247	- each addl artery	3.50	\$563	\$165
	37248	PTA (except dialysis circuit), initial vein	6.00	\$1,240	\$281
	+37249	- each addl vein	2.97	\$412	\$139
	+37252	IVUS (noncoronary), initial vessel	1.80	\$860	\$84
	+37253	- each addl vessel	1.44	\$164	\$67

Peripheral Vascular Reimbursement Guide



CMS CY 2025 Physician National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

Therapy	CPT®	CPT® Description	Work RVUs	NF Payment	Fac Payment
Diagnostics	75625	Abdominal aortogram	1.44	\$122	N/A
	75625-TC		0.00	\$57	N/A
	75625-26		1.44	\$65	\$65
	75630	Abdominal aortogram w/ bilateral run-off	2.00	\$151	N/A
	75630-TC		0.00	\$62	N/A
	75630-26		2.00	\$90	\$90
	75710	Angiography, extremity, unilateral	1.75	\$144	N/A
	75710-TC		0.00	\$65	N/A
	75710-26		1.75	\$78	\$78
	75716	Angiography, extremity, bilateral	1.97	\$158	N/A
	75716-TC		0.00	\$69	N/A
	75716-26		1.97	\$88	\$88
	+75774	Angiography, selective, each additional vessel studied after basic examination	1.01	\$93	N/A
	+75774-TC		0.00	\$49	N/A
	+75774-26		1.01	\$44	\$44

Coding Information

Example Place of Service Codes

POS Code	POS Description	POS Code	POS Description
11	Physician Office	22	On-Campus Outpatient Hospital
19	Off-Campus Outpatient Hospital	24	Ambulatory Surgical Center
21	Hospital Inpatient		

Example Modifiers

Modifier	Description	Modifier	Description
26	Professional component	TC	Technical component
50	Bilateral procedure	51	Multiple procedures (50% reduction)
52	Reduced procedure	53	Discontinued procedure
59	Distinct procedural service		
	-XE Distinct service - separate encounter		
	-XS Distinct service - separate organ/structure		
	-XP Distinct service - different practitioner		
	-XU Distinct service - unusual (eg, non-overlapping)		

References

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

- The Inpatient rules can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html>
- 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/>

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