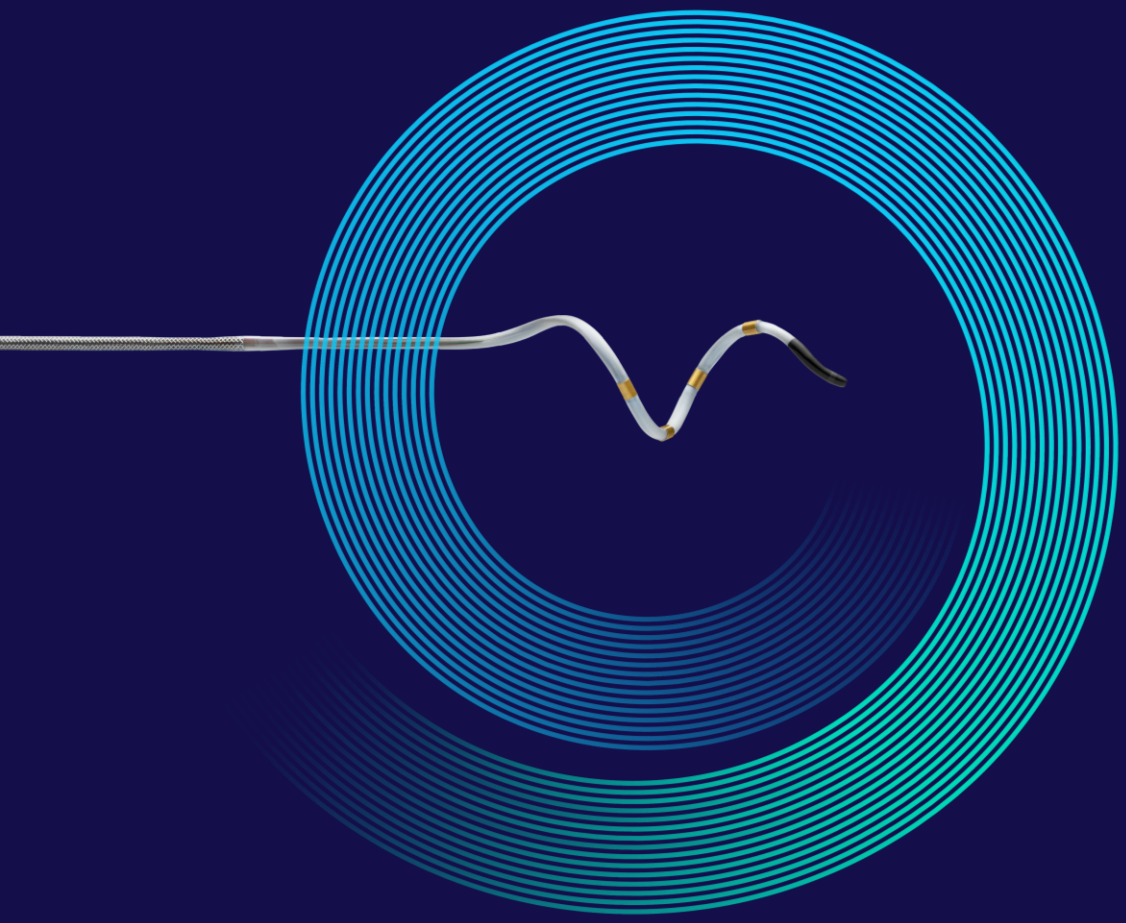
Medtronic



Symplicity™ blood pressure procedure

Physician Billing Guide

Coding and billing information for physicians

2025

This guide provides an overview of coverage, coding, and reimbursement for percutaneous catheter-based renal denervation procedures. Please check with your coding department on appropriate coding requirements. This does not constitute legal advice or a recommendation regarding clinical practice.

CPT® Codes for Renal Denervation

CPT®	Description	Total RVUs[1]	CY 2025 Medicare PFS Facility Payment[2]
Full description: 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;			
0338T	Transcatheter renal sympathetic denervation, percutaneous approach…; unilateral	N/A	Contractor Priced
0339T	Transcatheter renal sympathetic denervation, percutaneous approach…; bilateral	N/A	Contractor Priced

Potential Crosswalk Comparators

In the absence of established RVUs for Category III CPT® codes, providing a comparable Category I CPT® code can assist payers to process claims. The CPT® codes listed below are suggested as potential comparators for the Symplicity procedure, based on input from experienced proceduralists. Physicians must select the most appropriate crosswalk code that accurately reflects the physician time, work, complexity, and resources involved in the procedure.

CPT® Code	Code Description	Physician Work RVUs[1]	Total RVUs[1]	CY 2025 Medicare PFS Facility Payment[2] *National Unadjusted Rate*	Intra-operative Service Time[3]
37236	Transcatheter placement of an intravascular stent(s); initial artery	8.75	12.88	$416.62	90 minutes
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	10.96	17.21	$556.68	76 minutes
37246	Transluminal balloon angioplasty; initial artery	7.00	10.20	$329.93	60 minutes
	***and** (if applicable)*				
+37247	Transluminal balloon angioplasty (except lower extremity artery(ies); each additional artery (List separately in addition to code for primary procedure)	3.50	5.09	$164.64	+ 30 minutes

Billing recommendations for crosswalk comparators

Physicians are encouraged to work with their billing department to determine an appropriate Category I crosswalk for the Symplicity procedure and ensure documentation requirements are met. Physicians should report either 0338T or 0339T on claim forms and provide the crosswalk codes in the electronic claim form. Additional documentation with a cover letter may support claim processing.

When billing for the RDN procedure and including a comparable "crosswalk" code, the provider would report the following:

- Applicable CPT Code 0338T or 0339T in the appropriate field as the procedure performed on the CMS 1500 form.
- In addition to the procedure code, they may also report the comparable CPT code in **Field 19** on the CMS 1500 claim form (or electronic equivalent). Note that this is a *local-use text field* (i.e., free form field), and there is a limit of 71 characters.
- When reporting a 'crosswalk' code, be brief in explaining that 0338T or 0339T is comparable to the comparator code and pick only **one** code to list.
- While it is not a requirement, providers may submit additional information in a separate cover letter or using the contractor's specific cover sheet/form. Contractors/payers may ask for additional information as well, which would also be submitted separately with a cover letter. As always, it is at the payer's discretion as to whether they will cover and how much they will reimburse for the procedure reported.

Coverage

Medicare – Fee-for-service (Parts A/B) and Medicare Advantage (Part C)

Effective October 28th, 2025, the Centers for Medicare and Medicaid Services (CMS) published a National Coverage Determination (NCD) for renal denervation (RDN) for uncontrolled hypertension, including the Symplicity Spyral™ blood pressure procedure.[4] This NCD applies to Medicare beneficiaries enrolled in either traditional Medicare or Medicare Advantage. To view the full decision memo, please visit: RDN NCD

For traditional or fee-for-service Medicare, coverage is determined by the Medicare Administrative Contractor (MAC) at the time the claim is filed. Medicare Advantage payers are required to provide coverage to beneficiaries according to the NCD and typically require prior authorization. It is important to confirm requirements with the Medicare Advantage plan administrator.

Commercial Payers

Commercial payer plans develop their own RDN coverage policies, which can take time after new technologies receive FDA-approval. Commercial health plans are beginning to develop positive coverage policies for renal denervation; however, many still have non-coverage policies or no coverage policies. It is always recommended to obtain prior authorization for patients with commercial insurance.

Medicaid

Coverage guidelines for Medicaid vary by state. It is recommended to contact your state authority for specific requirements. Requesting prior authorization is strongly recommended and may be required.

Billing Considerations Under the Medicare NCD

Under the Medicare NCD, RDN is covered in the context of Coverage with Evidence Development (CED). Medicare will publish CED claims instructions via the Medicare Claims Processing Manual in the coming months, which will instruct billing staff on how to properly submit RDN claims under NCD CAG-00470N. Until these claims instructions are published, the following information is provided as an overview of what is typically required.

- These instructions apply for both traditional Medicare and Medicare Advantage claims.
- For non-Medicare payers, coverage and specific billing instructions may vary. We recommend contacting each individual plan for information.

Professional Claim Requirements with NCD		
CPT® Procedure Codes*		**CMS 1500 Form Locator Physician Claim (or electronic equivalent)**
Professional – All places of service	0338T Transcatheter renal sympathetic denervation, …; unilateral 0339T Transcatheter renal sympathetic denervation, …; bilateral	**Field 24d:** Report CPT code(s) for services and appropriate modifier (Q0, Q1).
Diagnosis Codes		
Primary diagnosis code	Applicable diagnosis code: I10, I11.0, I11.9, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I16.0, I16.1, I16.9, I1A.0 *When coding I1A.0 for resistant hypertension: code first the specific type of hypertension (e.g., I10 for essential hypertension) before coding I1A.0.*	**Field 21**
Secondary diagnosis code	Z00.6 Encounter for examination for normal comparison and control in clinical research program	**Field 21:** Report ICD-10 Diagnosis Code: **Z00.6** (in either primary or secondary position)
Professional Claim Requirements		
National clinical trial (NCT) number**	07174622 SPYRAL CARE study: for claims using Symplicity Spyral device only	**Field 19:** Additional Claims Information "CT" must precede the number on paper 1500 form *Example: CT07174622*
Modifier to CPT procedure code	Q0 (zero) Investigational clinical service provided in a clinical research study that is in approved clinical research study	**Field 24d:** Report CPT code(s) for services and appropriate modifier (Q0, Q1)
Prior authorization number	Include prior authorization number, if applicable (Medicare Advantage claims only)	**Field 23**

***Note that the NCT# is reported in field 19 for commercially available devices for the CED, in contrast to reporting in field 23 when participating in IDE trials.*

Patient Documentation

The provider is responsible for determining whether RDN is medically necessary and submitting appropriate documentation for the service provided. It is up to the provider to ensure that specific payer coverage criteria are reflected in the patient record.

- For **traditional Medicare** patients, the RDN NCD patient criteria should be documented clearly in the patient record. Detailed criteria are available at RDN NCD.
- **Medicare Advantage** patients are also subject to the NCD criteria, but it is important to confirm prior authorization and documentation requirements with the plan administrator.
- **Commercial** payer policies vary, so it is critical to confirm the coverage criteria, documentation requirements, and obtain prior authorization before scheduling the procedure.

Medicare NCD Key Patient Criteria

- ✓ BP ≥140/90 mm Hg
- ✓ Uncontrolled blood pressure confirmed with ambulatory (ABPM) or serial home blood pressure
- ✓ On lifestyle modifications and stable maximally tolerated guideline directed medical therapy (GDMT) for ≥6 weeks
- ✓ At least 3 encounters with primary clinician in past 6 months, with no more than 2 being virtual
- ✓ Secondary hypertension must be evaluated & treated
- ✓ No contraindications to RDN, consistent with the FDA labeling of the device used
- ✓ No prior RDN procedure

The following is provided for consideration only and does not guarantee authorization or payment. This does not constitute legal advice or a recommendation regarding clinical practice.

Some information payers commonly look for when reviewing for medical necessity:

- Hypertension diagnosis, e.g., essential/primary, resistant, uncontrolled
- Onset, symptoms, severity and status of related conditions, e.g., CV disease, diabetes, obesity
- Blood pressure readings/logs, e.g., ambulatory (ABPM), office, home, and/or remote
- Related cardiovascular events, interventions, hospitalizations
- Antihypertensive medications (drug name, class, dose, duration of use, patient adherence)
    - Currently prescribed
    - History of medications tried and failed
    - Any intolerances/allergy to medications (please specify)
- Recent relevant visit history
- Lifestyle modifications, e.g., diet, weight, exercise, limiting alcohol, smoking cessation
- Screening and treatment of secondary causes of hypertension prior to RDN referral
- Screening to rule out possible exclusions or contraindications, per the Symplicity Spyral Instructions for Use (IFU) and any others specified by the payer
- Reason/Indication for procedure
    - Clinical benefits of the procedure for this patient
    - Potential risks if the patient does not receive the procedure
    - Patient preference for treatment options
- Your experience with renal denervation and hypertension management

Sources

1. CY2025 PFS Final Rule CMS-1807-F Addenda updated 12/9/2024: https://www.cms.gov/files/zip/cy-2025-pfs-final-rule-addenda-updated-12/26/2024.zip
2. CY2025 PFS Medicare Physician Final Rule (CMS-1807-F): https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f
3. CY2025 PFS Final Rule Physician Work Time: https://www.cms.gov/files/zip/cy-2025-pfs-final-rule-physician-work-time.zip
4. CMS NCD Tracking Sheet – Renal Denervation for Uncontrolled Hypertension. https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=318 ; Accessed 10/28/25.

For additional information, please contact the Medtronic Reimbursement Customer Support team:

Phone: 877-347-9662
Email: rs.cardiovascularhealtheconomics@medtronic.com
Website: www.medtronic.com/en-us/healthcare-professionals/reimbursement/cardiovascular/renal-denervation.html

Brief Statement

Indications

The Symplicity Spyral™ renal denervation system is indicated to reduce blood pressure as an adjunctive treatment in patients with hypertension in whom lifestyle modifications and antihypertensive medications do not adequately control blood pressure.

Contraindications

The Symplicity Spyral system is contraindicated in patients with any of the following conditions: • Renal artery diameter < 3mm or > 8mm • Renal artery fibromuscular dysplasia (FMD) • Stented renal artery (<3 months prior to RDN procedure) • Renal artery aneurysm • Renal artery diameter stenosis >50% • Pregnancy • Presence of abnormal kidney (or secreting adrenal) tumor • Iliac/femoral artery stenosis precluding insertion of the catheter.

Warnings and Precautions

A thorough understanding of the technical principles, clinical applications, and risks associated with vascular access techniques and percutaneous transluminal catheterization in renal arteries is necessary before using this device.

The safety and efficacy of the Symplicity Spyral system has not been established in patients with isolated systolic hypertension or in patients with prior renal artery interventions including renal stents, renal angioplasty, or prior renal denervation. The Symplicity Spyral system has not yet been studied in patients who are breastfeeding, under the age of 18, or with secondary hypertension • Avoid treatment with the Symplicity Spyral™ catheter within 5 mm of any diseased area or stent. • Implantable pacemakers (IPGs) and implantable cardioverter defibrillators (ICDs) or other active implants may be adversely affected by RF ablation. Refer to the implantable device's Instructions for Use. • The patient's heart rate may drop during the ablation procedure. • Proper pain medication should be administered at least 10 min before ablating renal nerves.

Potential Adverse Events

Potential adverse events associated with use of the renal denervation device or the interventional procedures include, but are not limited to, the following conditions: • Allergic reaction to contrast • Arterial damage, including injury from energy application, dissection, or perforation, • Arterial spasm, or stenosis • Arterio-enteric fistula • AV fistula • Bleeding • Blood clots or embolism • Bruising • Cardiopulmonary arrest • Complications associated with medications commonly utilized during the procedure, such as narcotics, anxiolytics, or other pain or anti-vasospasm medications • Death • Deep vein thrombosis • Edema Electrolyte imbalance • Heart rhythm disturbances, including bradycardia • Hematoma • Hematoma – retroperitoneal • Hematuria • Hypertension • Hypotension (may cause end organ hypoperfusion) • Infection• Kidney damage including renal failure or perforation • Myocardial infarction • Nausea or vomiting • Pain or discomfort • Peripheral ischemia • Pulmonary embolism • Proteinuria • Pseudoaneurysm • Radiocontrast nephropathy • Renal artery aneurysm •Skin burns from failure of the dispersive electrode pad • Stroke • Other potential adverse events that are unforeseen at this time.

Please reference appropriate product *Instructions for Use* and *User Manual* for more information regarding indications, contraindications, warnings, precautions, and potential adverse events.

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician. For further information, please call and/or consult Medtronic at 800-633-8766 or the Medtronic website at medtronic.com