

2024 Coding and Reimbursement Guide

Effective January 1, 2024



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Hospital Outpatient Reimbursement

CPT¹ and HCPCS codes are used by facilities to report procedures performed in the outpatient setting. CMS assigns all CPT and HCPCS codes a status indicator (SI) which indicates when and how a service is considered for payment. The status indicators that apply to the procedures listed in this guide and their definitions are provided below:

- C** Inpatient procedure only.
- J1** Paid under OPSS; all covered Part B services on the claim are packaged with the primary “J1” service for the claim, except services with OPSS SI=F, G, H, L and U.
- N** Payment is packaged into payment for other services; no separate APC payment.
- T** Paid under OPSS; subject to multiple procedure discount.
- E1** Not paid by Medicare when submitted on outpatient claims.
- Q2** T-Packaged Codes; packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator “T”; otherwise paid separately.

Once assigned a status indicator, the CPT and HCPCS codes are mapped to an Ambulatory Payment Classification (APC), which are assigned a payment rate based on the geometric mean average cost of all the procedures mapped to that APC.

Hospitals should report all services provided with the appropriate CPT/HCPCS codes even if payment is packaged for a given service as the charges related to the packaged services are used for future rate setting as well as outlier and Transitional Outpatient Payments (TOPs).

Ambulatory Surgery Center (ASC) Reimbursement

Ambulatory Surgery Centers report procedures performed with CPT and HCPCS codes. In the CY 2008 OPSS/ASC final rule, CMS estimated that ASCs should be paid about 65 percent of the OPSS payment rates for the same surgical procedures.² For device-intensive services (where device costs account for more than 30 percent of the total cost of the service), ASCs receive the same payment rate for the device cost as under the OPSS, with payment for the service portion of the ASC rate calculated at the usual percentage rate of the corresponding OPSS service payment. CMS has assigned APC-based payment rates in an Ambulatory Surgery Center only to surgical procedure codes deemed safe to perform in this setting. Radiology procedures, supplies, and devices are considered ancillary to the surgical procedure; while some are reimbursed additionally, others may be packaged.

Physician Coding and Payment

Medicare Part B pays for physician services based upon the Medicare Physician Fee Schedule (MPFS). Fee schedule amounts are calculated according to the Resource-Based Relative Value Scale (RBRVS), which is updated each year. Procedures are reported using CPT codes and coding guidance can be found in the CPT codebook. In addition, individual payers may have guidelines and coverage policies regarding certain services.

The “non-facility” rate is the payment to the physician for services performed in the office or freestanding setting (also known as the global rate). Office Based Laboratories (OBLs) are also paid at the “non-facility rate.” The “facility” rate is the physician payment for services performed in the hospital inpatient, hospital outpatient or ambulatory surgical center (ASC) setting.

Inpatient Coding and Payment

Medicare reimburses inpatient hospital services under the Inpatient Prospective Payment System (IPPS) which bases payment on Medicare Severity Diagnosis-Related Groups (MS-DRGs). The MS-DRG payment system groups similar diagnoses into a single payment level according to the extent of resources typically required to treat patients with similar diagnoses undergoing similar treatments. Each inpatient stay is assigned to a single MS-DRG, primarily on the basis of patient diagnoses (reported with ICD-10-CM codes) and procedures performed (reported with ICD-10-PCS codes). The MS-DRGs provided represent the most likely assignment for a patient admitted for the procedures provided in this guide and not intended to be a comprehensive list. All services and supplies provided during the inpatient admission are bundled into a single MS-DRG payment, regardless of the length of the inpatient stay, the intensity of treatments, or the number of procedures performed for the specific individual.

2024 Biliary Coding and Payment

Physician & Outpatient

CPT ¹	DESCRIPTION	Hospital Outpatient		Ambulatory Surgery Center	Physician	
		OPPS ³		ASC ³	MPFS ⁴	
		SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological S&I; existing access	Q2	\$3,300	Packaged	\$409	\$67
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (e.g., percutaneous transhepatic cholangiogram)	Q2	\$3,300	Packaged	\$811	\$201
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	J1	\$5,503	\$3,828	\$3,600	\$223
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	J1	\$5,503	\$2,706	\$4,048	\$404
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (e.g., external or internal-external)	J1	\$5,503	\$3,810	\$4,040	\$417
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (e.g., rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy), and all associated radiological S&I; new access	J1	\$7,216	\$4,993	\$1,122	\$319
+47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (e.g., fluoroscopy), and all associated radiological S&I, each duct (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$480	\$129

Inpatient Payment^{5,6}

MS-DRG	DESCRIPTION	PAYMENT
435	Malignancy of hepatobiliary system or pancreas with MCC	\$12,322
436	Malignancy of hepatobiliary system or pancreas with CC	\$7,707
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,819
438	Disorders of pancreas except malignancy with MCC	\$11,684
439	Disorders of pancreas except malignancy with CC	\$5,988
440	Disorders of pancreas except malignancy without CC/MCC	\$4,310

MS-DRG	DESCRIPTION	PAYMENT
441	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with MCC	\$12,800
442	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with CC	\$6,662
443	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis w/o CC/MCC	\$5,004
444	Disorders of the biliary tract with MCC	\$11,435
445	Disorders of the biliary tract with CC	\$7,609
446	Disorders of the biliary tract without CC/ MCC	\$5,612

MCC = major complication or comorbidity CC = complication or comorbidity

2024 Cardiology Coding and Payment

Physician & Outpatient

CPT	Description	Hospital Outpatient		Ambulatory Surgery Center		Physician	
		OPPS		ASC		MPFS	
		SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY	
DIAGNOSTIC PROCEDURES AND IMAGING							
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	J1	\$3,108	\$1,633	\$835	\$125	
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	J1	\$3,108	\$1,633	\$868	\$226	
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography imaging supervision and interpretation, when performed	J1	\$3,108	\$1,633	\$1,108	\$301	
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	J1	\$3,108	\$1,633	\$876	\$228	
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	J1	\$3,108	\$1,633	\$976	\$266	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	J1	\$3,108	\$1,633	\$1,089	\$297	
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	J1	\$3,108	\$1,633	\$1,187	\$333	
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	J1	\$3,108	\$1,633	\$1,007	\$281	
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	J1	\$3,108	\$1,633	\$1,084	\$319	
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	J1	\$3,108	\$1,633	\$1,202	\$356	
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	J1	\$3,108	\$1,633	\$1,326	\$394	
+92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	Contractor Priced	\$90	
+92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	Contractor Priced	\$72	
+93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$198	\$198	
+93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	\$94	\$94	

2024 Cardiology Coding and Payment

Physician & Outpatient

CPT	Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
		OPPS		ASC	MPFS	
		SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
DIAGNOSTIC PROCEDURES AND IMAGING (cont.)						
+93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	\$214	\$85
+93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	\$26	\$26
+93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$25	\$25
+93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$36	\$36
+93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$45	\$45
+93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	\$36	\$36
+93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	N	Packaged	Packaged	Contractor Priced	\$69
+93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	N	Packaged	Packaged	Contractor Priced	\$50
THERAPEUTIC INTERVENTIONS/PROCEDURES						
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	J1	\$5,452	\$3,413	N/A	\$506
+92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	N	Packaged	Packaged	Bundled	
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	J1	\$10,493	Not ASC Approved	N/A	\$603
+92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	Bundled	
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	J1	\$10,493	\$6,616	N/A	\$563
+92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	N	Packaged	Packaged	Bundled	
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	J1	\$16,725	Not ASC Approved	N/A	\$631
+92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	Bundled	
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	J1	\$10,493	Not ASC Approved	N/A	\$563

2024 Cardiology Coding and Payment

Physician & Outpatient

CPT	Description	Hospital Outpatient		Ambulatory Surgery Center		Physician	
		OPPS		ASC		MPFS	
		SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY	
THERAPEUTIC INTERVENTIONS/PROCEDURES (cont.)							
+92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	Bundled		
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	C	Inpatient Only	Inpatient Only	N/A	\$632	
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	J1	\$10,493	Not ASC Approved	N/A	\$632	
+92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	Bundled		
+92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	\$140	
+92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	\$169	
DRUG ELUTING STENT PROCEDURES							
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	J1	\$10,493	\$6,705	N/A		
+C9601	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery	N	Packaged	Packaged	N/A		
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	J1	\$16,725	Not ASC Approved	N/A		
+C9603	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery graft (list separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A		
C9604	Percutaneous transluminal revascularization of or through CABG (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	J1	\$10,493	Not ASC Approved	N/A		
+C9605	Percutaneous transluminal revascularization of or through CABG (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A		
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or CABG graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	C	Inpatient Only	Inpatient Only	N/A		
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or CABG, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	J1	\$16,725	Not ASC Approved	N/A		
+C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or CABG, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A		

2024 **Cardiology** Coding and Payment

Physician & Outpatient

CPT	Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
		OPPS		ASC	MPFS	
		SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
OTHER SUPPORTIVE THERAPIES						
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	C	Inpatient Only	Inpatient Only	N/A	\$360
92977	Thrombolysis, coronary; by intravenous infusion	T	\$323	Not ASC Approved	\$54	N/A
33967	Insertion of intra-aortic balloon assist device, percutaneous	C	Inpatient Only	Inpatient Only	N/A	\$248
33968	Removal of intra-aortic balloon assist device, percutaneous	C	Inpatient Only	Inpatient Only	N/A	\$32
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and Interpretation; left heart arterial access only	C	Inpatient Only	Inpatient Only	N/A	\$345
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and Interpretation; left heart, both arterial & venous access, with transseptal puncture	C	Inpatient Only	Inpatient Only	N/A	\$434
33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate session from insertion	C	Inpatient Only	Inpatient Only	N/A	\$180
33993	Reposition of percutaneous right or left heart ventricular assist device with imaging guidance, at separate and distinct session from insertion	C	Inpatient Only	Inpatient Only	N/A	\$159
G0269	Placement of occlusive device into either a venous or arterial access site, postsurgical or interventional procedure	N	Packaged	Not ASC Approved	Bundled	

2024 **Cardiology** Coding and Payment

Inpatient Payment

MS-DRG	DESCRIPTION	PAYMENT	MS-DRG	DESCRIPTION	PAYMENT
001	Heart transplant or implant of heart assist system with MCC	\$189,734	233	Coronary bypass with cardiac catheterization or open ablation with MCC	\$54,610
002	Heart transplant or implant of heart assist system without MCC	\$85,729	234	Coronary bypass with cardiac catheterization or open ablation without MCC	\$36,394
215	Other heart assist system Implant	\$71,520	235	Coronary bypass without cardiac catheterization with MCC	\$41,174
216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with MCC	\$67,953	236	Coronary bypass without cardiac catheterization without MCC	\$28,295
217	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with CC	\$44,567	275	Cardiac defibrillator implant with cardiac catheterization and MCC	\$49,262
218	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization without CC/MCC	\$39,886	276	Cardiac defibrillator implant with MCC	\$43,481
219	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization with MCC	\$53,991	277	Cardiac defibrillator implant without MCC	\$33,484
220	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization with CC	\$36,721	321	Percutaneous cardiovascular procedures with intraluminal device with MCC or 4+ arteries/intraluminal devices	\$20,128
221	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization without CC/MCC	\$32,548	322	Percutaneous cardiovascular procedures with intraluminal device without MCC	\$12,767
228	Other cardiovascular procedures with MCC	\$35,279	323	Coronary intravascular lithotripsy with intraluminal device with MCC	\$28,987
229	Other cardiovascular procedures without MCC	\$22,263	324	Coronary intravascular lithotripsy with intraluminal device without MCC	\$20,785
231	Coronary bypass with PTCA with MCC	\$56,819	325	Coronary intravascular lithotripsy without intraluminal device	\$18,514
232	Coronary bypass with PTCA with CC	\$41,650			

MCC = major complication or comorbidity CC = complication or comorbidity

2024 Endovascular Coding and Payment

Physician & Outpatient

CPT	Description	Hospital Outpatient		Ambulatory Surgery Center		Physician	
		OPPS		ASC		MPFS	
		SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY	
NONSELECTIVE AND SELECTIVE CATHETER PLACEMENT - ARTERIAL							
36100	Introduction of needle or intracatheter, carotid or vertebral artery	N	Packaged	Packaged	\$518	\$146	
36140	Introduction of needle or intracatheter, upper or lower extremity artery	N	Packaged	Packaged	\$494	\$85	
36200	Introduction of catheter, aortic translumbar	N	Packaged	Packaged	\$572	\$133	
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	N	Packaged	Packaged	\$1,000	\$203	
36216	Initial second order thoracic or brachiocephalic branch, within a vascular family	N	Packaged	Packaged	\$1,030	\$261	
36217	Initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	N	Packaged	Packaged	\$1,751	\$320	
+36218	Additional second order, third order, and beyond, thoracic or brachiocephalic, within a vascular family	N	Packaged	Packaged	\$204	\$50	
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	Packaged	Packaged	\$1,195	\$225	
36246	Initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	Packaged	Packaged	\$805	\$242	
36247	Initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	Packaged	Packaged	\$1,367	\$285	
+36248	Additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	Packaged	Packaged	\$112	\$46	
DIAGNOSTIC IMAGING - ARTERIAL							
75600	Aortography, thoracic, without serialography, radiological S&I	Q2	\$3,040	Packaged	\$179	\$23	
75605	Aortography, thoracic, by serialography, radiological S&I	Q2	\$5,241	Packaged	\$119	\$51	
75625	Aortography, abdominal, by serialography, radiological S&I	Q2	\$3,040	Packaged	\$124	\$65	
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological S&I	Q2	\$3,040	Packaged	\$154	\$90	
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Q2	\$175	Packaged	\$414	\$109	
75705	Angiography, spinal, selective, radiological S&I	Q2	\$5,241	Packaged	\$246	\$113	
75710	Angiography, extremity, unilateral, radiological S&I	Q2	\$3,040	Packaged	\$147	\$80	
75716	Angiography, extremity, bilateral, radiological S&I	Q2	\$3,040	Packaged	\$160	\$89	
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological S&I	Q2	\$5,241	Packaged	\$167	\$90	
75731	Angiography, adrenal, unilateral, selective, radiological S&I	J1	\$3,040	\$97	\$151	\$52	
75733	Angiography, adrenal, bilateral, selective, radiological S&I	Q2	\$3,040	Packaged	\$169	\$59	
75736	Angiography, pelvic, selective or supraseductive, radiological S&I	Q2	\$5,241	Packaged	\$141	\$50	
75741	Angiography, pulmonary, unilateral, selective, radiological S&I	Q2	\$3,040	Packaged	\$127	\$58	
75743	Angiography, pulmonary, bilateral, selective, radiological S&I	Q2	\$3,040	Packaged	\$145	\$74	
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological S&I	J1	\$3,040	\$81	\$132	\$51	
75756	Angiography, internal mammary, radiological S&I	Q2	\$3,040	Packaged	\$162	\$53	
+75774	Angiography, selective, each additional vessel studied after basic examination, radiological S&I	N	Packaged	Packaged	\$95	\$45	

2024 Endovascular Coding and Payment

Physician & Outpatient

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
NONSELECTIVE AND SELECTIVE CATHETER PLACEMENT - VENOUS					
36005 Injection procedure for extremity venography (including introduction of needle or intracatheter)	N	Packaged	Packaged	\$245	\$46
36010 Introduction of catheter, superior or inferior vena cava	N	Packaged	Packaged	\$521	\$104
36011 Selective catheter placement, venous system; first order branch	N	Packaged	Packaged	\$770	\$149
36012 Selective catheter placement, venous system; second order, or more selective, branch	N	Packaged	Packaged	\$804	\$166
DIAGNOSTIC IMAGING - VENOUS					
75820 Venography, extremity, unilateral, radiological S&I	Q2	\$1,528	Packaged	\$106	\$47
75822 Venography, extremity, bilateral, radiological S&I	J1	\$1,528	\$64	\$131	\$66
75825 Venography, caval, inferior, with serialography, radiological S&I	Q2	\$3,040	Packaged	\$112	\$51
75827 Venography, caval, superior, with serialography, radiological S&I	Q2	\$1,528	Packaged	\$117	\$52
75831 Venography, renal, unilateral, selective, radiological S&I	Q2	\$3,040	Packaged	\$117	\$50
75833 Venography, renal, bilateral, selective, radiological S&I	Q2	\$3,040	Packaged	\$145	\$67
75840 Venography, adrenal, unilateral, selective, radiological S&I	Q2	\$3,040	Packaged	\$126	\$52
75842 Venography, adrenal, bilateral, selective, radiological S&I	Q2	\$5,241	Packaged	\$156	\$69
75860 Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological S&I	Q2	\$3,040	Packaged	\$123	\$51
75870 Venography, superior sagittal sinus, radiological S&I	J1	\$3,040	\$96	\$153	\$56
75872 Venography, epidural, radiological S&I	Q2	\$599	Packaged	\$126	\$52
75880 Venography, orbital, radiological S&I	Q2	\$599	Packaged	\$106	\$32
RENAL ANTERIOR ANGIOGRAPHY					
36251 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	Q2	\$3,040	Packaged	\$1,239	\$244
36252 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	Q2	\$3,040	Packaged	\$1,344	\$342
36253 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	Q2	\$5,241	Packaged	\$1,933	\$337
36254 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	Q2	\$3,040	Packaged	\$1,905	\$398

2024 Endovascular Coding and Payment

Physician & Outpatient

CPT Description	Hospital Outpatient	Ambulatory Surgery Center	Physician		
	OPPS	ASC*	MPFS		
	SI	PAYMENT	NON-FACILITY	FACILITY	
CEREBROVASCULAR ANGIOGRAPHY					
36221 Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/ or intracranial vessels, unilateral or bilateral, and all associated radiological S&I, includes angiography of the cervicocerebral arch, when performed	Q2	\$3,040	Packaged	\$954	\$192
36222 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological S&I, includes angiography of the cervicocerebral arch, when performed	Q2	\$3,040	Packaged	\$1,196	\$276
36223 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological S&I, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	Q2	\$5,241	Packaged	\$1,625	\$319
36224 Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological S&I, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	Q2	\$5,241	Packaged	\$2,007	\$358
36225 Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological S&I, includes angiography of the cervicocerebral arch, when performed	Q2	\$3,040	Packaged	\$1,544	\$316
36226 Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological S&I, includes angiography of the cervicocerebral arch, when performed	Q2	\$5,241	Packaged	\$1,955	\$356
+36227 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological S&I (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$238	\$117
+36228 Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological S&I (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$1,261	\$242
LOWER EXTREMITY INTERVENTIONS					
37220 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	J1	\$5,452	\$3,275	\$2,412	\$381
37221 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	J1	\$10,493	\$6,772	\$2,960	\$470
+37222 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$595	\$176
+37223 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$1,221	\$202
37224 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	J1	\$5,452	\$3,452	\$2,804	\$424
37225 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	J1	\$16,725	\$11,695	\$8,406	\$570
37226 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	J1	\$10,493	\$7,029	\$7,786	\$494
37227 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	J1	\$16,725	\$11,873	\$10,734	\$682
37228 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	J1	\$10,493	\$6,333	\$3,973	\$515

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Physician & Outpatient

CPT Description	Hospital Outpatient	Ambulatory Surgery Center	Physician		
	OPPS	ASC	MPFS		
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
LOWER EXTREMITY INTERVENTIONS (cont.)					
37229 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	J1	\$16,725	\$11,096	\$8,553	\$660
37230 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	J1	\$16,725	\$10,735	\$8,567	\$660
37231 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	J1	\$16,725	\$11,981	\$11,310	\$699
+37232 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$790	\$190
+37233 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$1,015	\$306
+37234 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$3,493	\$268
+37235 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$3,794	\$350
0238T Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	J1	\$16,725	\$9,910	Contractor Priced	Contractor Priced
C9764 Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	J1	\$10,493	\$7,262	N/A	N/A
C9765 Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	J1	\$16,725	\$11,753	N/A	N/A
C9766 Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	J1	\$16,725	\$12,085	N/A	N/A
C9767 Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	J1	\$16,725	\$12,351	N/A	N/A
C9772 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	J1	\$10,493	\$6,676	N/A	N/A
C9773 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	J1	\$16,725	\$11,410	N/A	N/A
C9774 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	J1	\$16,725	\$12,061	N/A	N/A
C9775 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	J1	\$16,725	\$12,226	N/A	N/A

2024 Endovascular Coding and Payment

Physician & Outpatient

CPT Description	Hospital Outpatient	Ambulatory Surgery Center		Physician	
	OPPS		ASC*	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
CAROTID ARTERY STENT PLACEMENT					
37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological S&I; with distal embolic protection	C	Inpatient Only	Inpatient Only	N/A	\$951
37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological S&I; without distal embolic protection	E1	Not Covered	Not Covered	Not Covered	
37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological S&I	C	Inpatient Only	Inpatient Only	N/A	\$1,034
37218 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed and radiological S&I	C	Inpatient Only	Inpatient Only	N/A	\$796
ANGIOPLASTY/ATHERECTOMY/STENTING IN OTHER VESSELS					
37236 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological S&I and including angioplasty within the same vessel when performed; initial artery	J1	\$10,493	\$6,615	\$2,642	\$420
+37237 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological S&I and including angioplasty within the same vessel when performed; each additional artery (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$1,242	\$201
37238 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological S&I and including angioplasty within the same vessel, when performed; initial vein	J1	\$10,493	\$6,699	\$3,317	\$293
37239 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological S&I and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$1,658	\$143
37246 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological S&I necessary to perform the angioplasty within the same artery; initial artery	J1	\$5,452	\$3,280	\$1,746	\$332
+37247 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological S&I necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$568	\$165
37248 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological S&I necessary to perform the angioplasty within the same vein; initial vein	J1	\$5,452	\$2,526	\$1,302	\$283
+37249 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological S&I necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$426	\$139
0234T Transluminal peripheral atherectomy, open or percutaneous, including radiological S&I; renal artery	J1	\$10,493	Not ASC Approved	Contractor Priced	Contractor Priced
0235T Transluminal peripheral atherectomy, open or percutaneous, including radiological S&I; visceral artery (except renal), each vessel	C	Inpatient Only	Inpatient Only	Contractor Priced	Contractor Priced
0236T Transluminal peripheral atherectomy, open or percutaneous, including radiological S&I; abdominal aorta	J1	\$10,493	Not ASC Approved	Contractor Priced	Contractor Priced
0237T Transluminal peripheral atherectomy, open or percutaneous, including radiological S&I; brachiocephalic trunk and branches, each vessel	J1	\$10,493	Not ASC Approved	Contractor Priced	Contractor Priced
0238T Transluminal peripheral atherectomy, open or percutaneous, including radiological S&I; iliac artery, each vessel	J1	\$16,725	\$9,910	Contractor Priced	Contractor Priced

2024 Endovascular Coding and Payment

Physician & Outpatient

CPT Description	Hospital Outpatient	Ambulatory Surgery Center		Physician	
	OPPS		ASC	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
VENA CAVA FILTERS					
37191 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological S&I, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	J1	\$5,241	Not ASC Approved	\$1,938	\$210
37192 Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	J1	\$3,040	\$1,940	\$1,235	\$329
37193 Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	J1	\$3,040	\$1,548	\$1,441	\$330
DIALYSIS CIRCUIT IMAGING AND INTERVENTIONS					
36901 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological S&I and image documentation and report	J1	\$1,528	\$554	\$681	\$160
36902 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological S&I and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological S&I necessary to perform the angioplasty	J1	\$5,452	\$2,526	\$1,163	\$229
36903 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological S&I and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	J1	\$10,493	\$6,931	\$4,077	\$301
36904 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological S&I, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	J1	\$5,452	\$3,223	\$1,741	\$351
36905 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological S&I, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological S&I necessary to perform the angioplasty	J1	\$10,493	\$6,106	\$2,189	\$421
36906 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological S&I, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological S&I necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	J1	\$16,725	\$11,288	\$5,189	\$487
+36907 Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological S&I required to perform the angioplasty (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$567	\$139
+36908 Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological S&I required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$1,360	\$197

2024 Endovascular Coding and Payment

Physician & Outpatient

CPT Description	Hospital Outpatient	Ambulatory Surgery Center	Physician		
	OPPS	ASC*	MPFS		
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
MECHANICAL THROMBECTOMY					
+36909 Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological S&I necessary to complete the intervention (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$1,819	\$192
THROMBOLYSIS					
37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological S&I, initial treatment day	J1	\$5,241	\$3,658	N/A	\$369
37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological S&I, initial treatment day	J1	\$3,040	\$1,964	N/A	\$322
37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	J1	\$3,040	Not ASC Approved	N/A	\$220
37214 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	J1	\$3,040	Not ASC Approved	N/A	\$116
MECHANICAL THROMBECTOMY					
37184 Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	J1	\$16,725	\$10,116	\$1,645	\$411
+37185 Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) in the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	N	Packaged	Packaged	\$457	\$155
+37186 Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$1,140	\$232
37187 Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	J1	\$10,493	\$7,269	\$1,626	\$375
37188 Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	J1	\$3,040	\$2,568	\$1,393	\$268
EMBOLIZATION/OCCCLUSION					
37241 Vascular embolization or occlusion, inclusive of all radiological S&I, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	J1	\$10,493	\$6,108	\$4,442	\$407
37242 Vascular embolization or occlusion, inclusive of all radiological S&I, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	J1	\$16,725	\$11,286	\$6,790	\$453
37243 Vascular embolization or occlusion, inclusive of all radiological S&I, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	J1	\$10,493	\$4,848	\$8,228	\$532
37244 Vascular embolization or occlusion, inclusive of all radiological S&I, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	J1	\$10,493	Not ASC Approved	\$6,286	\$628

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Physician & Outpatient

CPT Description	Hospital Outpatient		Ambulatory Surgery Center		Physician	
	OPPS		ASC	MPFS		
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY	
PERCUTANEOUS TRANSCATHETER CLOSURE						
33340 Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological S&I	C	Inpatient Only	Inpatient Only	N/A	\$748	
93580 Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	J1	\$16,725	Not ASC Approved	N/A	\$934	
93581 Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	J1	\$16,725	Not ASC Approved	N/A	\$1,267	
93582 Percutaneous transcatheter closure of patent ductus arteriosus	J1	\$16,725	Not ASC Approved	N/A	\$633	
ELECTROPHYSIOLOGICAL STUDIES						
93619 Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	J1	\$7,123	Not ASC Approved	Contractor Priced	\$367	
93620 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	J1	\$7,123	Not ASC Approved	Contractor Priced	\$588	
+93613 Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	\$279	
+93621 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	Contractor Priced	\$78	
CARDIAC ABLATION						
93653 Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	J1	\$22,653	Not ASC Approved	N/A	\$800	
93654 Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	J1	\$22,653	Not ASC Approved	N/A	\$963	
+93655 Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	\$293	
93656 Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed	J1	\$22,653	Not ASC Approved	N/A	\$907	

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Physician & Outpatient

CPT Description	Hospital Outpatient		Ambulatory Surgery Center	Physician	
	OPPS		ASC*	MPFS	
	SI	PAYMENT	PAYMENT	NON-FACILITY	FACILITY
CARDIAC ABLATION (cont.)					
+93657 Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	N/A	\$293
+93662 Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	N	Packaged	Not ASC Approved	Contractor Priced	\$67
OTHER SUPPORTIVE PROCEDURES					
+37252 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological S&I; initial noncoronary vessel (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$912	\$85
+37253 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological S&I; each additional noncoronary vessel (List separately in addition to code for primary procedure)	N	Packaged	Packaged	\$168	\$67
75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	J1	\$3,040	\$1,518	Contractor Priced	\$88
37197 Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological S&I, and imaging guidance (ultrasound or fluoroscopy), when performed	J1	\$3,040	\$1,985	\$1,504	\$287

2024 Endovascular Coding and Payment

Inpatient Payment

MS-DRG	Description	
034	Carotid artery stent procedure with MCC	\$27,316
035	Carotid artery stent procedure with CC	\$16,100
036	Carotid artery stent procedure without CC/MCC	\$12,660
037	Extracranial procedures with MCC	\$23,635
038	Extracranial procedures with CC	\$11,202
039	Extracranial procedures without CC/MCC	\$7,989
163	Major chest procedures with MCC	\$33,003
164	Major chest procedures with CC	\$17,857
165	Major chest procedures with CC/MCC	\$13,138
166	Other respiratory system O.R. procedures with MCC	\$28,411
167	Other respiratory system O.R. procedures with CC	\$12,742
168	Other respiratory system O.R. procedures without CC/MCC	\$9,492
228	Other cardiothoracic procedures with MCC	\$35,279
229	Other cardiothoracic procedures without MCC	\$22,262
231	Coronary bypass with PTCA with MCC	\$56,819
232	Coronary bypass with PTCA without MCC	\$41,650
233	Coronary bypass with cardiac catheterization or open ablation with MCC	\$54,610
234	Coronary bypass with cardiac catheterization or open ablation without MCC	\$36,394

MS-DRG	Description	
235	Coronary bypass without cardiac catheterization with MCC	\$41,174
236	Coronary bypass without cardiac catheterization without MCC	\$28,295
250	Percutaneous cardiovascular procedures without intraluminal device with MCC	\$16,459
251	Percutaneous cardiovascular procedures without intraluminal device without MCC	\$11,111
252	Other vascular procedures with MCC	\$23,482
253	Other vascular procedures with CC	\$17,862
254	Other vascular procedures without CC/MCC	\$12,148
264	Other circulatory systems O.R. procedures	\$22,867
270	Other major cardiovascular procedures with MCC	\$35,406
271	Other major cardiovascular procedures with CC	\$24,199
272	Other major cardiovascular procedures without CC/ MCC	\$17,080
273	Percutaneous and other intracardiac procedures with MCC	\$27,285
274	Percutaneous and other intracardiac procedures without MCC	\$22,691
299	Peripheral vascular disorders with MCC	\$11,036
300	Peripheral vascular disorders with CC	\$7,471
301	Peripheral vascular disorders without CC/MCC	\$4,970

2024 HCPCS Codes

HCPCS	DESCRIPTION	HCPCS	DESCRIPTION
C1714	Catheter, transluminal atherectomy, directional	C1876	Stent, non-coated/noncovered, with delivery system
C1724	Catheter, transluminal atherectomy, rotational	C1877	Stent, non-coated/non-covered, without delivery system
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	C1880	Vena cava filter
C1730	Catheter, electrophysiology, diagnostic, other than 3d mapping (19 or fewer electrodes)	C1884	Embolization protective system
C1731	Catheter, electrophysiology, diagnostic, other than 3d mapping (20 or more electrodes)	C1885	Catheter, transluminal angioplasty, laser
C1732	Catheter, electrophysiology, diagnostic/ablation, 3d or vector mapping	C1887	Catheter, guiding (may include infusion/perfusion capability)
C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3d or vector mapping, other than cool-tip	C1889	Implantable/insertable device, not otherwise classified
C1753	Catheter, intravascular ultrasound	C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away
C1757	Catheter, thrombectomy/embolectomy	C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away
C1760	Closure device, vascular (implantable/insertable)	C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser
C1761	Catheter, transluminal intravascular lithotripsy, coronary	C1982	Catheter, pressure-generating, one-way valve, intermittently occlusive
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away	C2617	Stent, non-coronary, temporary, without delivery system
C1769	Guide wire	C2623	Catheter, transluminal angioplasty, drug-coated, non-laser
C1773	Retrieval device, insertable (used to retrieve fractured medical devices)	C2625	Stent, non-coronary, temporary, with delivery system
C1874	Stent, coated/covered, with delivery system	C2629	Introducer/sheath, other than guiding, intracardiac electrophysiological, laser
C1875	Stent, coated/covered, without delivery system	C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3d or vector mapping, cool-tip

References:

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2. Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs Questions and Answers
3. CMS-1786-FC CY 2024 Medicare Hospital Outpatient Prospective Payment and Ambulatory Payment Systems Final Rule
4. CMS-1784-F CY 2024 Medicare Physician Fee Schedule Final Rule; National payments calculated using CF of \$32.7442 effective January 1, 2024.
5. ICD-10-CM/PCS MS-DRG v41.0 Definitions Manual https://www.cms.gov/icd10m/FY2024-version41-fullcode-cms/fullcode_cms/P0001.html
6. CMS-1785-CN, FY 2024 Medicare Inpatient Prospective Payment System Final Rule, effective October 1, 2023- September 30, 2024
7. HCPCS Level II, 2023 Expert. Copyright 2022 Optum 360, LLC

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