Procedural Payment Guide - 2025
FY2025 Correction Notice Hospital Inpatient
CY2025 Hospital Outpatient, Ambulatory Surgerical Center (ASC) and Physician Reimbursement Information

Contents

This document is formatted to print in a landscape orientation on letter (8.5 x 11) or legal (8.5 x 14) paper.

IMPORTANT—Please Note:

This Procedural Payment Guide for rhythm management, interventional cardiology and peripheral intervention procedures provides coding and reimbursement information for physicians and healthcare facilities.

The codes included in this guide are intended to represent typical rhythm management, cardiology and peripheral intervention procedures where there is: 1) at least one product approved by the U.S. Food and Drug Administration (FDA) for use in the listed procedure; and 2) specific procedural coding guidance provided by a recognized coding or reimbursement authority such as the American Medical Association (AMA) or the Centers for Medicare and Medicaid Services (CMS). This guide is in no way intended to promote the off-label use of medical devices.

Please note that while these materials are intended to provide coding information for a range of cardiology, rhythm, and vascular peripheral intervention procedures, the FDA-approved/cleared labeling for all products may not be consistent with all uses described in these materials. Some payers, including some Medicare contractors, may treat a procedure which is not specifically covered by a product's FDA-approved labeling as a non-covered service.

The Medicare reimbursement amounts shown are currently published national average payments. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, proportion of low-income patients, coverage, and/or payment rules. Please feel free to contact the Boston Scientific reimbursement departments: For Rhythm Management (CRM.Reimbursement@bsci.com), for Peripheral Interventions (PI.Reimbursement@bsci.com), and for Intervention Cardiology (IC.Reimbursement@bsci.com) if you have any questions about the information in these materials. You can also find reimbursement updates on our website: www.bostonscientific.com/reimbursement

Disclaimer

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved.

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. **It is always the provider's sole responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered.** Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. It is always the provider's responsibility to understand and comply with national coverage determinations (NCD), local coverage determinations (LCD) and any other coverage requirements established by relevant payers which can be updated frequently.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

CPT® Disclaimer

 Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Boston Scientific does not promote the use of its products outside their FDA-approved label.

IMPORTANT—Please Note:

Physician Billing and Payment: Medicare and most other insurers typically reimburse physicians based on fee schedules tied to Current Procedural Terminology[1] (CPT®) codes. CPT codes are published by the AMA and used to report medical services and procedures performed by or under the direction of physicians. Physician payment for procedures performed in an outpatient or inpatient hospital or Ambulatory Surgical Center (ASC) setting is described as an in-facility fee payment (listed as In-Hospital in document) while payment for procedures performed in the physician office is described as an in-office payment. In-facility payments reflect modifier -26 as applicable.

Hospital Outpatient Billing and Payment: Medicare reimburses hospitals for outpatient stays (typically stays that do not span 2 midnights) under Ambulatory Payment Classification (APC) groups. Medicare assigns an APC to a procedure based on the billed CPT/HCPCS (Healthcare Common Procedural Coding System) code. (Note that private insurers may require other procedure codes for outpatient payment.) While it is possible that separate APC payments may be deemed appropriate where more than one procedure is done during the same outpatient visit, many APCs are subject to reduced payment when multiple procedures are performed on the same day. Comprehensive APCs (J1 status indicator) can impact total payment received for outpatient services.

Hospitals report device category codes (C-codes) on claims when such devices are used in conjunction with procedure(s) billed and paid for under the OPPS. This reporting provides claims data used annually to update the OPPS payment rates. Although separate payment is not typically available for C-Codes, denials may result if applicable C-Codes are not included with associated procedure codes CMS has an established cost center for “Implantable Devices Charged to Patients”, available for cost reporting periods since May 1, 2009. As CMS uses data from this cost center to establish OPPS payments, it is important for providers to document device costs in this cost center to help ensure appropriate payment amounts.

Hospital Inpatient Billing and Payment: Medicare reimburses hospital inpatient procedures based on the Medicare Severity Diagnosis Related Group (MS-DRG). The MS-DRG is a system of classifying patients based on their diagnoses and the procedures performed during their hospital stay. MS-DRGs closely calibrate payment to the severity of a patient’s illness. One single MS-DRG payment is intended to cover all hospital costs associated with treating an individual during his or her hospital stay, with the exception of “professional” (e.g., physician) charges associated with performing medical procedures. Private payers may also use MS-DRG-based systems or other payer-specific system to pay hospitals for providing inpatient services.

ICD-10-PCS: Potential procedure codes are included within this guide. Due to the number of potential codes within the ICD-10-PCS system, the codes included in this document do not fully account for all procedure code options. Some codes outlined in this guide include an " _" symbol. For example, 047_3_1 is listed as a potential code for reporting a revascularization of one of the femoral/popliteal arteries and placing a stent. In this example, the first "_" character could be K,L,M,N, or Y to specify the artery and left or right. The second "_" character could be 5,6,7,E,F, or G depending on the number of stents used and their type (bare or drug-eluting). The "_" symbol is not a recognized character within the ICD-10-PCS system.

Note: Effective October 1, 2016 coronary arteries are specified by the number of arteries (formerly sites) treated. (AHA Coding Clinic 4th Qtr 2016)

ASC Billing and Payment: Many elective procedures are performed outside of the hospital in Medicare certified facilities also known as Ambulatory Surgical Centers (ASCs). Not all procedures that Medicare covers in the hospital setting are eligible for payment in an ASC. Medicare has a list of all services (as defined by CPT/HCPCs codes) that it covers when offered in an ASC. ASC allowed procedures can be found at http://www.cms.hhs.gov/ASCPayment/. Payments made to ASCs from private insurers depend on the contract the facility has with the payer.

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Cardiac Rhythm Management Device Implant Procedures												
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	**$436**	**NA**	*7.14* 13.47	**$7,408**	APC 5223	**$10,465**	*J1*	02H63JZ 0JH804Z 0JH604Z	**Permanent cardiac pacemaker implant**		
										MS-DRG 242 with MCC	242	**$24,207**
										MS-DRG 243 with CC	243	**$16,077**
										MS-DRG 244 without CC/MCC	244	**$12,879**
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	**$458**	**NA**	*7.80* 14.17	**$7,589**	APC 5223	**$10,465**	*J1*	02HK3JZ 0JH804Z 0JH604Z			
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	**$495**	**NA**	*8.52* 15.30	**$7,690**	APC 5223	**$10,465**	*J1*	02H63JZ 02HK3JZ 0JH606Z			
33212	Insertion of pacemaker pulse generator only; with existing single lead	**$311**	**NA**	*5.01* 9.62	**$6,519**	APC 5222	**$8,276**	*J1*	0JH604Z	**Cardiac pacemaker replacement**		
										MS-DRG 258 with MCC	258	**$20,022**
										MS-DRG 259 without MCC	259	**$12,544**
33213	Insertion of pacemaker pulse generator only; with existing dual leads	**$324**	**NA**	*5.28* 10.01	**$7,546**	APC 5223	**$10,465**	*J1*	0JH606Z			
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	**$342**	**NA**	*5.55* 10.58	**$13,487**	APC 5224	**$19,071**	*J1*	0JH607Z			
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generation)	**$459**	**NA**	*7.59* 14.19	**$7,595**	APC 5223	**$10,465**	*J1*	0JH606Z 0JPT0PZ 02H63JZ RA 02HK3KZ RV	**Permanent cardiac pacemaker implant**		
										MS-DRG 242 with MCC	242	**$24,207**
										MS-DRG 243 with CC	243	**$16,077**
										MS-DRG 244 without CC/MCC	244	**$12,879**
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	**$298**	**NA**	*4.92* 9.21	**$1,589**	APC 5183	**$3,148**	*J1*	02WA3MZ	**Cardiac pacemaker revision except device replacement**		
										MS-DRG 260 with MCC	260	**$24,308**
										MS-DRG 261 with CC	261	**$13,542**
										MS-DRG 262 without CC/MCC	262	**$10,832**
C7537	Insert atrial pacemaker with L ventricular lead	NA Physician uses 33206 + 33225			**$10,905**	NA	**NA**		NA	**NA**		
C7538	Insert ventricular pacemaker with L ventricular lead	NA Physician uses 33207 + 33225			**$11,087**							
C7539	Insert a & v pacemaker with L ventricular lead	NA Physician uses 33208 + 33225			**$11,187**							
C7540	Removal & replacement dual pacemaker with L ventricular lead	NA Physician uses 33228 + 33225			**$11,029**							

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Cardiac Rhythm Management Device Implant Procedures continued												
33216	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator	**$356**	**NA**	*5.62* 11.02	**$5,903**	APC 5222	**$8,276**	*J1*	02H63JZ 02H43KZ 02H73JZ 02HK3JZ 02HL3JZ 02HK3KZ 02H73KZ 02HL3KZ 02H63KZ	**Cardiac pacemaker revision except device replacement**		
										MS-DRG 260 with MCC	260	**$24,308**
										MS-DRG 261 with CC	261	**$13,542**
										MS-DRG 262 without CC/MCC	262	**$10,832**
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator	**$355**	**NA**	*5.59* 10.96	**$6,179**	APC 5222	**$8,276**	*J1*		**ICD lead procedures**		
										MS-DRG 265	265	**$25,457**
33218	Repair of single transvenous electrode, permanent pacemaker or pacing cardioverter-defibrillator	**$374**	**NA**	*5.82* 11.55	**$1,954**	APC 5221	**$3,639**	*T*	02WA0MZ	**Cardiac pacemaker revision except device replacement**		
										MS-DRG 260 with MCC	260	**$24,308**
										MS-DRG 261 with CC	261	**$13,542**
										MS-DRG 262 without CC/MCC	262	**$10,832**
33220	Repair of 2 transvenous electrodes for permanent pacemaker or pacing cardioverter-defibrillator	**$366**	**NA**	*5.90* 11.31	**$1,954**	APC 5221	**$3,639**	*T*				
33222	Relocation of skin pocket for pacemaker	**$331**	**NA**	*4.85* 10.22	**$981**	APC 5054	**$1,829**	*T*	0JWT0PZ			
33223	Relocation of skin pocket for implantable-defibrillator	**$392**	**NA**	*6.30* 12.12	**$981**	APC 5054	**$1,829**	*T*				
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	**$486**	**NA**	*9.04* 15.04	**$7,637**	APC 5223	**$10,465**	*J1*	02H43JZ 02H43KZ	**ICD lead procedures**		
										MS-DRG 265	265	**$25,457**

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Cardiac Rhythm Management Device Implant Procedures continued												
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	**$439**	**NA**	*8.33* 13.56	Status N1 - No separate payment.	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	Defibrillator Lead 02H43KZ Pacemaker Leads 02H43JZ 02HL3JZ	**ICD lead procedures**		
										MS-DRG 265	265	**$25,457**
										Cardiac pacemaker revision except device replacement		
										MS-DRG 260 with MCC	260	**$24,308**
										MS-DRG 261 with CC	261	**$13,542**
										MS-DRG 262 without CC/MCC	262	**$10,832**
										If electrode implanted at the time of insertion with Defibrillator or Pacemaker		
										Cardiac defibrillator implant with Cardiac Cath		
										MS-DRG 275 with MCC	275	**$50,434**
										Cardiac defibrillator implant without Cardiac Cath		
										MS-DRG 276 with MCC	276	**$44,207**
										MS-DRG 277 without MCC	277	**$33,198**
										Permanent cardiac pacemaker implant		
										MS-DRG 242 with MCC	242	**$24,207**
										MS-DRG 243 with CC	243	**$16,077**
										MS-DRG 244 without CC/MCC	244	**$12,879**
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	**$466**	**NA**	*8.68* 14.40	**$2,170**	APC 5183	**$3,148**	*J1*	02WA3MZ	**Cardiac pacemaker revision except device replacement**		
										MS-DRG 260 with MCC	260	**$24,308**
										MS-DRG 261 with CC	261	**$13,542**
										MS-DRG 262 without CC/MCC	262	**$23,212**
33233	Removal of permanent pacemaker pulse generator only	**$224**	**NA**	*3.14* 6.94	**$5,506**	APC 5222	**$8,276**	*Q2*	0JPT0PZ			
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	**$325**	**NA**	*5.25* 10.05	**$6,424**	APC 5222	**$8,276**	*J1*	0JH604Z 0JPT0PZ	**Cardiac pacemaker device replacement**		
										MS-DRG 258 with MCC	258	**$20,022**
										MS-DRG 259 without MCC	259	**$12,544**
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	**$340**	**NA**	*5.52* 10.52	**$7,532**	APC 5223	**$10,465**	*J1*	0JPT0PZ 0JH606Z			
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	**$357**	**NA**	*5.79* 11.03	**$13,222**	APC 5224	**$19,071**	*J1*	0JPT0PZ 0JH606Z			
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	**$464**	**NA**	*7.66* 14.34	**$1,954**	APC 5221	**$3,639**	*Q2*	02PA3MZ	**Cardiac pacemaker revision except device replacement**		
										MS-DRG 260 with MCC	260	**$24,308**
										MS-DRG 261 with CC	261	**$13,542**
										MS-DRG 262 without CC/MCC	262	**$10,832**
33235	Removal of transvenous pacemaker electrode(s); dual lead system	**$609**	**NA**	*9.90* 18.84	**$1,954**	APC 5221	**$3,639**	*Q2*				

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Cardiac Rhythm Management Device Implant Procedures continued												
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	**$345**	**NA**	*5.80* 10.66	**$18,593**	APC 5231	**$22,446**	*J1*	0JH608Z	**AICD Generator Procedures** MS-DRG 245	245	**$34,875**
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	**$358**	**NA**	*6.07* 11.07	**$19,249**	APC 5231	**$22,446**		0JH608Z	**AICD Generator Procedures** MS-DRG 245	245	**$31,727**
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	**$384**	**NA**	6.34 11.86	**$24,809**	APC 5232	**$32,062**	*J1*				
33241	Removal of implantable defibrillator pulse generator only	**$207**	**NA**	*3.04* 6.40	**$1,954**	APC 5221	**$3,639**	*Q2*	0JPT0PZ	**Cardiac pacemaker revision except device replacement** MS-DRG 260 with MCC MS-DRG 261 with CC MS-DRG 262 without CC/MCC	260 261 262	**$24,308** **$13,542** **$10,832**
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	**$356**	**NA**	*5.81* 11.02	**$18,723**	APC 5231	**$22,446**	*J1*	0JH608Z 0JPT0PZ	**AICD Generator Procedures** MS-DRG 245 with MCC	245	**$34,875**
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	**$371**	**NA**	*6.08* 11.46	**$18,856**	APC 5231	**$22,446**	*J1*				
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	**$386**	**NA**	*6.35* 11.94	**$25,154**	APC 5232	**$32,062**	*J1*				

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Cardiac Rhythm Management Device Implant Procedures continued												
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	**$824**	**NA**	*13.74* 25.48	**NA**	APC 5221	**$3,639**	*Q2*	02PA3MZ	**Cardiac pacemaker revision except device replacement**		
										MS-DRG 260 with MCC	260	**$24,308**
										MS-DRG 261 with CC	261	**$13,542**
										MS-DRG 262 without CC/MCC	262	**$10,832**
33249	Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber	**$871**	**NA**	*14.92* 26.92	**$24,924**	APC 5232	**$32,062**	*J1*	02H63KZ 02HK3KZ 0JH608Z	**Cardiac defibrillator implant with Cardiac Cath**		
										MS-DRG 275 with MCC	275	**$50,434**
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode including defibrillation threshold evaluation, induction of arrhythmia evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	**$536**	**NA**	*9.10* 16.56	**$25,448**	APC 5232	**$32,062**	*J1*	0JH608Z 0JH60FZ	**Cardiac defibrillator implant without Cardiac Cath**		
										MS-DRG 276 with MCC	276	**$43,481**
										MS-DRG 277 without MCC	277	**$33,484**
33271	Insertion of subcutaneous implantable defibrillator electrode	**$436**	**NA**	7.50 13.48	**$7,501**	APC 5222	**$8,276**	*J1*	0JH60FZ	**ICD lead procedures**		
										MS-DRG 265	265	**$25,457**
33272	Removal of subcutaneous implantable defibrillator electrode	**$334**	**NA**	*5.42* 10.34	**NA**	APC 5221	**$3,639**	*Q2*	0JPT0FZ			
33273	Reposition of previously implanted subcutaneous implantable defibrillator electrode	**$385**	**NA**	*6.50* 11.90	**$1,954**	APC 5221	**$3,639**	*T*	0JWT0FZ			
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	**$456**	**NA**	*7.80* 14.11	**$13,616**	APC 5224	**$19,071**	*J1*	02HK3NZ	**Other Cadiothoracic Procedures**		
										MS-DRG 228 WITH MCC	228	**$35,563**
										MS-DRG 229 without MCC	229	**$22,168**
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	**$483**	**NA**	*8.59* 14.92	**$2,453**	APC 5183	**$3,148**	*J1*	02PA3NZ	**Other Cadiothoracic Procedures**		
										MS-DRG 228 WITH MCC	228	**$35,563**
										MS-DRG 229 without MCC	229	**$22,168**

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Subcutaneous Cardiac Rhythm Monitor SCRM												
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	**$83**	**$3,804**	**Facility** *1.53* 2.58 **Office** 115.73 000	**$7,028**	APC 5222	**$8,276**	*J1*	0JH632Z	**Cardiac pacemaker revision except device replacement**		
										MS-DRG 260 with MCC	260	**$24,308**
										MS-DRG 261 with CC	261	**$13,542**
										MS-DRG 262 without CC/MCC	262	**$10,832**
										Peripheral, Cranial Nerve and Other Nervous System Procedures		
										MS-DRG 40 with MCC	40	**$26,920**
										MS-DRG 41 with CC	41	**$16,116**
										MS-DRG 42 without MCC/CC	42	**$12,543**
33286	Removal, subcutaneous cardiac rhythm monitor	**$82**	**$124**	**Facility** *1.50* 2.53	**$378**	APC 5071	**$704**	*Q2*	0JPT32Z	**ICD-10-PCS procedure code does not impact MS-DRG**		
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	**Contractor priced**		NA	**NA**	APC 5741	**$37**	*Q1*	4A02XFZ			
Cardiac Rhythm Management Device Evaluation Codes *(Use physician modifier -26 as appropriate)*												
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	**$30**	**$30**	0.65 0.92	**NA**	APC 5741	**$37**	*Q1*	4B02XSZ	**ICD-10-PCS procedure code does not impact MS-DRG**		
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	**$35**	**$35**	0.77 1.08	**NA**	APC 5741	**$37**	*Q1*				

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Cardiac Rhythm Management Device Evaluation Codes *Continued* *(Use physician modifier -26 as appropriate)*											
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	**$39**	**$39**	0.85 1.21	**NA**	APC 5741	**$37**	*Q1*	4B02XSZ	**ICD-10-PCS procedure code does not impact MS-DRG**	
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	**$39**	**$39**	0.85 1.21	**NA**	APC 5741	**$37**	*Q1*	4B02XTZ		
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	**$53**	**$53**	1.15 1.64	**NA**	APC 5741	**$37**	*Q1*			
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	**$58**	**$58**	1.25 1.78	**NA**	APC 5741	**$37**	*Q1*			
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	**$39**	**$39**	0.85 1.22	**NA**	APC 5741	**$37**	*Q1*			
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	**$24**	**$24**	0.52 0.74	**NA**	APC 5741	**$37**	*Q1*	4A12X4Z		
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	**$14**	**$14**	0.30 0.43	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	4B02XSZ		

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Cardiac Rhythm Management Device Evaluation Codes *Continued* *(Use physician modifier -26 as appropriate)*											
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	**$21**	**$21**	0.45 0.64	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	4B02XTZ	**ICD-10-PCS procedure code does not impact MS-DRG**	
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	**$19**	**$19**	0.43 0.60	**NA**	APC 5741	**$37**	*Q1*	4B02XSZ		
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	**$34**	**$34**	0.75 1.06	**NA**	APC 5741	**$37**	*Q1*	4B02XTZ		
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	**$34**	**$34**	0.74 1.05	**NA**	APC 5741	**$37**	*Q1*	4B02XTZ		
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	**$20**	**$20**	0.43 0.61	**NA**	APC 5741	**$37**	*Q1*	4A02XFZ		
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	**$17**	**$17**	0.37 0.52	**NA**	APC 5731	**$24**	*Q1*			
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	**$20**	**$20**	0.43 0.61	**NA**	APC 5741	**$37**	*Q1*	4B02XTZ		

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Cardiac Rhythm Management Device Evaluation Codes *Continued* *(Use physician modifier -26 as appropriate)*											
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	**$13**	**$13**	0.31 0.41	**NA**	APC 5741	**$37**	*Q1*	4B02XTZ	**ICD-10-PCS procedure code does not impact MS-DRG**	
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	**$28**	**$28**	0.60 0.87	**NA**	Not Paid under OPPS.		*M*	4B02XSZ		
93295	Interrogation device evaluation(s) (remote), up to 90 days single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	**$35**	**$35**	0.74 1.07	**NA**	Not Paid under OPPS.		*M*	4B02XTZ		
93296	Interrogation device evaluation(s) (remote), up to 90 days single, dual, or multiple lead pacemaker system, leadless pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	**NA**	**$19**	0.00 NA	**NA**	APC 5741	**$37**	*Q1*	4B02XSZ 4B02XTZ		
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional **Professionanl Component**	**$24**	**$24**	0.52 0.73	**NA**	Not Paid under OPPS.		*Q1*	4A02X9Z		

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Cardiac Rhythm Management Device Evaluation Codes *Continued* *(Use physician modifier -26 as appropriate)*											
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional **Technical Component**	**NA**	**$35**	0.00 1.07	**NA**	Not Paid under OPPS.			4A02X9Z	**ICD-10-PCS procedure code does not impact MS-DRG**	
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional **Professionanl Component**	**$24**	**$24**	0.52 NA	**NA**			*Q1*			
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional **Technical Component**	**NA**	**$74**	0.00 2.29	**NA**						

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Intracardiac Electrophysiology Procedures/Studies *(Use physician modifier -26 as appropriate)*											
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	**$97**	**$97**	2.15 3.00	**NA**	APC 5524	**$548**	*S*	B244ZZ4 B246ZZ4 B24BZZ4 B24CZZ4 B24DZZ4	**ICD-10-PCS procedure code does not impact MS-DRG**	
+93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	**$196**	**$196**	3.73 6.06	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	4A023N7		
93600	Bundle of His recording	**$109**	**$109**	2.12 3.38	**NA**	APC 5212	**$7,588**	*J1*	4A023FZ		
93602	Intra-atrial recording	**$108**	**$108**	2.12 3.34	**NA**	APC 5212	**$7,588**	*J1*	4A023FZ		
93603	Right ventricular recording	**$108**	**$108**	2.12 3.34	**NA**	APC 5211	**$1,214**	*J1*	4A023FZ		
+93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (list separately in addition to code for primary procedure)	**$257**	**$257**	4.99 7.94	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	02K83ZZ		
93610	Intra-atrial pacing	**$152**	**$152**	3.02 4.70	**NA**	APC 5212	**$7,588**	*J1*	4A0234Z		
93612	Intraventricular pacing	**$150**	**$150**	3.02 4.65	**NA**	APC 5212	**$7,588**	*J1*			
+93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	**$275**	**NA**	5.23 8.51	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	02K83ZZ		
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s)	**$34**	**$34**	0.74 1.06	**NA**	APC 5211	**$1,214**	*J1*	4A02X4Z		
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	**$55**	**$55**	1.24 1.71	**NA**	APC 5211	**$1,214**	*J1*			

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Intracardiac Electrophysiology Procedures/Studies Continued *(Use physician modifier -26 as appropriate)*											
93618	Induction of arrhythmia by electrical pacing	**$203**	**$203**	4.00 6.28	**NA**	APC 5211	**$1,214**	*J1*	4A02X4Z	**ICD-10-PCS procedure code does not impact MS-DRG**	
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	**$362**	**$362**	*7.06* 11.18	**NA**	APC 5212	**$7,588**	*J1*	4A0234Z		
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	**$583**	**$583**	*11.32* 18.01	**NA**	APC 5212	**$7,588**	*J1*			
+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)	**$77**	**$77**	*1.50* 2.39	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	4A0234Z		
+93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	**$160**	**$160**	*3.10* 4.96	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	4A0234Z		
+93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	**$52**	**$52**	*0.98* 1.60	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	4A023FZ 3E043KZ 3E033KZ		
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	**$226**	**$226**	*4.55* 6.98	**NA**	APC 5212	**$7,588**	*J1*	4A023FZ		
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement	**$166**	**$166**	*3.26* 5.14	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	4A02XFZ		

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Intracardiac Electrophysiology Procedures/Studies Continued *(Use physician modifier -26 as appropriate)*												
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter- defibrillator pulse generator	**$290**	**$290**	*5.67* 8.95	**NA**	Status N,		*N*	4A02XFZ	**ICD-10-PCS procedure code does not impact MS-DRG**		
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or eprogramming of sensing or therapeutic parameters)	**$237**	**$317**	*4.63* 7.34	**NA**	APC 5211	**$1,214**	*J1*	4A02XFZ			
93644	Electrophysical evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters	**$135**	**$183**	*3.04* 4.17	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	4B02XTZ			
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of completer heart block, with or without temporary pacemaker placement	**$552**	**NA**	*10.24* 17.05	**NA**	APC 5212	**$7,588**	*J1*	02583ZZ 0JH636Z 0JH634Z	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC	273 274	**$27,906** **$22,273**

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Intracardiac Electrophysiology Procedures/Studies Continued *(Use physician modifier -26 as appropriate)*												
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary) and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; 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	**$791**	**NA**	*15.00* 24.46	**NA**	APC 5213	**$24,532**	*J1*	02583ZZ 4A0234Z	**Percutaneous Intracardiac Procedures**		
										MS-DRG 273 with MCC	273	**$27,906**
										MS-DRG 274 without MCC	274	**$22,273**
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary) and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	**$954**	**NA**	*18.10* 29.48	**NA**	APC 5213	**$24,532**	*J1*				

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Intracardiac Electrophysiology Procedures/Studies Continued *(Use physician modifier -26 as appropriate)*												
+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)	**$290**	**NA**	*5.50* 8.98	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*		MS-DRG 273 with MCC MS-DRG 274 without MCC	273 274	**$27,906** **$22,273**
93656	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed	**$897**	**NA**	*17.00* 27.72	**NA**	APC 5213	**$24,532**	*J1*	02583ZZ 02583ZF	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC MS-DRG 317	 273 274 317	 **$27,906** **$22,273** **$44,149**
+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)	**$291**	**NA**	*5.50* 8.99	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	02563ZZ 02573ZZ	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC	 273 274	 **$27,906** **$22,273**
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	**$87**	**$87**	*1.89* 2.68	**NA**	APC 5723	**$531**	*S*	3E033KZ 3E043KZ 4A12XFZ	**ICD-10-PCS procedure code does not impact MS-DRG**		
+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (list separately in addition to code for primary procedure)	**$67**	**$67**	*1.44* 2.06	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		*N*	B244ZZ3 B245ZZ3 B246ZZ3 B24BZZ3 B24DZZ3			

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Computed Tomography (CT) *(Use physician modifier -26 as appropriate)*												
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	**$79**	**$79**	*1.75* 2.44	**$145**	APC 5572	**$357**	*S*	B2260ZZ B2261ZZ B226YZZ	**ICD-10-PCS procedure code does not impact MS-DRG**		
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	**$109**	**$109**	*2.40* 3.37	**$193**	APC 5572	**$357**	*S*	B22_ _ _ Z			
WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure												
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s),left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	**$740**	**NA**	14.00 22.87	**NA**	Status C, not paid under OPPS.		*C*	02L73DK	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC MS-DRG 317	273 274 317	**$27,906** **$22,273** **$44,149**

WATCHMAN is a registered or unregistered trademark of Boston Scientific Corporation. All other trademarks are the property of their respective owners.

Note: Some of the codes presented above may be used to code for a variety of procedures (diagnostic and therapeutic) employed in the field of electrophysiology, including atrial fibrillation, atrial flutter, AV Node, SVT and VT ablations.

[1] Current Procedural Terminology (CPT) © 2024 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

[2] Source: CMS CY2025 Physician Fee Schedule (PFS) Final Rule: CMS 1807-F, including related PFS addenda. Conversion Factor used in calculations = $32.3465. Effective through December 31, 2025. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f

[3] Source: CMS CY2025 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1809-FC, including related addenda. Effective through December 31, 2025. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

[4] Total RVU is the total relative value unit for Facility for global, or 26 modifier if it applies.

[5] Source: Optum360 EncoderProForPayers.com - Login. (n.d.). Www.encoderprofp.com; Optum. Retrieved August 18, 2022, from https://www.encoderprofp.com/epro4payers/cptHandler.do?_k=101 Optum EncoderPro.com for Payers - CPT® Code Section (93451-93505) (encoderprofp.com)

[6] Source: CMS. FY2025 IPPS Final Rule: CMS-1808-F, including data files. National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients). Effective through September 30, 2025. https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipps-final-rule-home-page#rule

[7] Total RVU is the relative value unit total for Facility calculation.

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Diagnostic Cardiac Catheterization *(Use physician modifier -26 as appropriate)*									
93451 *right*	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	**$124**	2.47 3.83	**$1,656**	APC 5191	**$3,216**	4A023N6 plus appropriate fluoroscopy codes from PCS Table B21	**Cardiac Valve and Other Major Cardiothoracic Procedures with Cardiac Catheterization**	
93593 *right*	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	**$179**	3.99 5.54	**NA**	APC 5191	**$3,216**		MS-DRG 216 with MCC	**$68,875**
93594 *right*	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	**$275**	6.10 8.51	**NA**	APC 5191	**$3,216**		MS-DRG 217 with CC	**$46,087**
93452 *left*	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	**$223**	4.50 6.89	**$1,656**	APC 5191	**$3,216**	4A023N7 plus appropriate fluoroscopy codes from PCS Table B21	MS-DRG 218 without CC/MCC	**$42,457**
+93462 *left*	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	**$196**	3.73 6.06	Status N1: No separate payment.	Status N, items and services packaged into primary procedure APC rate. No separate payment.		4A023N7 plus appropriate fluoroscopy codes from PCS Table B21	**Cardiac Defibrillator Implant with Cardiac Catheterization**	
93595 *left*	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	**$246**	5.50 7.59	**NA**	APC 5191	**$3,216**		MS-DRG 275 with MCC[6]	**$50,434**
93453 *combined*	Combined right heart catheterization and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	**$298**	5.99 9.21	**$1,656**	APC 5191	**$3,216**	4A023N8 plus appropriate fluoroscopy codes from PCS Table B21	**Coronary Bypass with Cardiac Catheterization**	
93596 *combined*	Right and left catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	**$306**	6.84 9.45	**NA**	APC 5191	**$3,216**		MS-DRG 233 with MCC	**$55,782**
93597 *combined*	Right and left catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	**$397**	8.88 12.28	**NA**	APC 5191	**$3,216**		MS-DRG 234 without MCC	**$37,968**
+93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)	**$62**	1.44 1.93	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		4A0239Z plus appropriate fluoroscopy codes from PCS Table B21	**Circulatory Disorders Except AMI with Cardiac Catheterization**	
								MS-DRG 286 with MCC	**$15,795**
								MS-DRG 287 without MCC	**$7,777**
								Atherosclerosis	
								MS-DRG 302 with MCC	**$8,302**
								MS-DRG 303 without MCC	**$4,799**

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Diagnostic Cardiac Catheterization Continued *(Use physician modifier -26 as appropriate)*									
93454 *placement*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging S&I	**$225**	4.54 6.96	**$1,656**	APC 5191	**$3,216**	B21 _ _ ZZ	**Cardiac Valve and Other Major Cardiothoracic Procedures with Cardiac Catheterization**	
93455 *placement*	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	**$263**	5.29 8.13	**$1,656**	APC 5191	**$3,216**		MS-DRG 216 with MCC MS-DRG 217 with CC MS-DRG 218 without CC/MCC	**$68,875** **$46,087** **$42,457**
93456 *placement*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	**$294**	5.90 9.08	**$1,656**	APC 5191	**$3,216**	4A023N6 B21 _ _ ZZ	**Cardiac Defibrillator Implant with Cardiac Catheterization** MS-DRG 275 with MCC[6]	**$50,434**
93457 *placement*	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	**$330**	6.64 10.21	**$1,656**	APC 5191	**$3,216**		**Coronary Bypass with Cardiac Catheterization** MS-DRG 233 with MCC MS-DRG 234 without MCC	 **$55,782** **$37,968**
93458 *placement*	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	**$278**	5.60 8.58	**$1,656**	APC 5191	**$3,216**	4A023N7 B21 _ _ ZZ	**Circulatory Disorders Except AMI with Cardiac Catheterization** MS-DRG 286 with MCC MS-DRG 287 without MCC	 **$15,795** **$7,777**
93459 *placement*	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	**$315**	6.35 9.73	**$1,656**	APC 5191	**$3,216**		**Atherosclerosis** MS-DRG 302 with MCC MS-DRG 303 without MCC	 **$8,302** **$4,799**
93460 *placement*	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	**$353**	7.10 10.91	**$1,656**	APC 5191	**$3,216**	4A023N8 B21 _ _ ZZ		
93461 *placement*	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	**$390**	7.85 12.05	**$1,656**	APC 5191	**$3,216**			

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Diagnostic Cardiac Catheterization Continued									
C7516 *placement*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial 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	NA Physician uses 93454 and 92978		**$2,630**	NA	**NA**	B21 _ _ ZZ	**Cardiac Valve and Other Major Cardiothoracic Procedures with Cardiac Catheterization** MS-DRG 216 with MCC MS-DRG 217 with CC MS-DRG 218 without CC/MCC	 **$68,875** **$46,087** **$42,457**
C7518 *placement*	Catheter placement in coronary artery(ies) 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 with endoluminal imaging of initial 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	NA Physician uses 93454 and 92978		**$2,630**	NA	**NA**		**Cardiac Defibrillator Implant with Cardiac Catheterization** MS-DRG 275 with MCC[6] **Coronary Bypass with Cardiac Catheterization** MS-DRG 233 with MCC MS-DRG 234 without MCC	 **$50,434** **$55,782** **$37,968**
C7519 *placement*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial 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	NA Physician uses 93454 and 92978		**$2,630**	NA	**NA**		**Circulatory Disorders Except AMI with Cardiac Catheterization** MS-DRG 286 with MCC MS-DRG 287 without MCC **Atherosclerosis** MS-DRG 302 with MCC MS-DRG 303 without MCC	 **$15,795** **$7,777** **$8,302** **$4,799**
C7521 *placement*	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial 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	NA Physician uses 93456 and 92978		**$2,630**	NA	**NA**	4A023N6 B21 _ _ ZZ		
C7522 *placement*	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	NA Physician uses 93456 and 93571		**$2,630**	NA	**NA**			

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Diagnostic Cardiac Catheterization Continued									
C7523 *placement*	Catheter placement in coronary artery(ies) 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, with endoluminal imaging of initial 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	NA Physician uses 93458 and 92978		**$2,630**	NA	**NA**	4A023N7 B21 _ _ ZZ	**Cardiac Valve and Other Major Cardiothoracic Procedures with Cardiac Catheterization**	
								MS-DRG 216 with MCC	**$68,875**
								MS-DRG 217 with CC	**$46,087**
								MS-DRG 218 without CC/MCC	**$42,457**
C7524 *placement*	Catheter placement in coronary artery(ies) 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, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	NA Physician uses 93458 and 93571		**$2,630**	NA	**NA**	4A023N7 B21 _ _ ZZ	**Cardiac Defibrillator Implant with Cardiac Catheterization**	
								MS-DRG 275 with MCC[6]	**$50,434**
								Coronary Bypass with Cardiac Catheterization	
								MS-DRG 233 with MCC	**$55,782**
								MS-DRG 234 without MCC	**$37,968**
C7525 *placement*	Catheter placement in coronary artery(ies) 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 with endoluminal imaging of initial 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	NA Physician uses 93459 and 92978		**$2,630**	NA	**NA**		**Circulatory Disorders Except AMI with Cardiac Catheterization**	
								MS-DRG 286 with MCC	**$15,795**
								MS-DRG 287 without MCC	**$7,777**
								Atherosclerosis	
								MS-DRG 302 with MCC	**$8,302**
								MS-DRG 303 without MCC	**$4,799**

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Diagnostic Cardiac Catheterization Continued									
C7526 *placement*	Catheter placement in coronary artery(ies) 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 with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	NA Physician uses 93459 and 93571		**$2,630**	NA	**NA**	4A023N7 B21 _ _ ZZ	**Cardiac Valve and Other Major Cardiothoracic Procedures with Cardiac Catheterization** MS-DRG 216 with MCC MS-DRG 217 with CC MS-DRG 218 without CC/MCC **Cardiac Defibrillator Implant with Cardiac Catheterization** MS-DRG 275 with MCC[6] **Coronary Bypass with Cardiac Catheterization** MS-DRG 233 with MCC MS-DRG 234 without MCC **Circulatory Disorders Except AMI with Cardiac Catheterization** MS-DRG 286 with MCC MS-DRG 287 without MCC **Atherosclerosis** MS-DRG 302 with MCC MS-DRG 303 without MCC	 **$68,875** **$46,087** **$42,457** **$50,434** **$55,782** **$37,968** **$15,795** **$7,777** **$8,302** **$4,799**
C7527 *placement*	Catheter placement in coronary artery(ies) 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, with endoluminal imaging of initial 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	NA Physician uses 93460 and 92978		**$2,630**	NA	**NA**	4A023N8 B21 _ _ ZZ		
C7528 *placement*	Catheter placement in coronary artery(ies) 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, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	NA Physician uses 93460 and 93571		**$2,630**	NA	**NA**			
C7529 *placement*	Catheter placement in coronary artery(ies) 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 with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	NA Physician uses 93461 and 93571		**$2,630**	NA	**NA**	4A023N8 B21 _ _ ZZ		

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Injection Diagnostic Cardiac Catheterization *(Each site may be injected multiple times, only report each code once)*									
+93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	**$49**	1.00 1.51	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		3E053KZ 3E063KZ		**NA** [7]
+93564	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	**$52**	1.03 1.62	**NA**					
+93565	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective left ventricular or left arterial angiography (List separately in addition to code for primary procedure)	**$26**	0.50 0.8	**NA**					
+93566	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	**$25**	0.50 0.76	Status N1: No separate payment.					
Injection Diagnostic Cardiac Catheterization *Continued* *(Each site may be injected multiple times, only report each code once)*									
+93567	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)	**$36**	0.70 1.1	Status N1: No separate payment.	Status N, items and services packaged into primary procedure APC rate. No separate payment.		3E053KZ 3E063KZ		**NA** [7]
+93568	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	**$44**	0.88 1.37						
Miscellaneous									
+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)	**$93**	2.00 2.87	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		3E033KZ 3E043KZ 3E0F7KZ 4A1 _ 35 _		**NA** [7]
+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)	**$85**	1.80 NA	**NA**			4A1_35_		

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Coronary Angioplasty (PTCA) without Stent									
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	**$501**	9.85 15.49	**$3,628**	APC 5192	**$5,702**	02703Z_	**Percutaneous Cardiovascular Procedures without Intraluminal Device**	
+92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	**$0**	0.00 0.00	Status N1: No separate payment.	Status N, items and services packaged into primary procedure APC rate. No separate payment.		027_3Z_	MS-DRG 250 with MCC MS-DRG 251 without MCC	**$16,504** **$11,152**
Coronary Atherectomy without Stent									
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	**$597**	11.74 18.45	**NA**	APC 5193	**$11,341**	02703ZZ 02C_3Z_	**Percutaneous Cardiovascular Procedures without Intraluminal Device**	
+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)	**$0**	0.00 0.00	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		027_3ZZ 02C__Z_	MS-DRG 250 with MCC MS-DRG 251 without MCC	**$16,504** **$11,152**
Coronary Angioplasty with Bare Metal Stent									
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	**$557**	10.96 17.21	**$6,994**	APC 5193	**$11,341**	027 _ 3 _ _	**Percutaneous Cardiovascular Procedures with Intraluminal Device**	
+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)	**$0**	0.00 0.00	Status N1: No separate payment.	Status N, items and services packaged into primary procedure APC rate. No separate payment.			MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices MS-DRG 322 without MCC	**$20,316** **$12,911**
Coronary Angioplasty with Drug Eluting Stent									
C9600	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	NA Physicians use codes 92928/+92929		**$7,062**	APC 5193	**$11,341**	027 _ 3_ _	**Percutaneous Cardiovascular Procedures with Intraluminal Device**	
+C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of major coronary artery (list separately in addition to code for primary procedure)			Status N1: No separate payment.	Status N, items and services packaged into primary procedure APC rate. No separate payment.			MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices MS-DRG 322 without MCC	**$20,316** **$12,911**

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Coronary Atherectomy with Bare Metal Stent									
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	**$625**	12.29 19.32	**NA**	APC 5194	**$17,957**	027_3 _ _ 02C_3Z _	**Percutaneous Cardiovascular Procedures with Intraluminal Device**	
+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	**$0**	0.00 0.00	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.			MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices MS-DRG 322 without MCC	**$20,316** **$12,911**
Coronary Atherectomy with Drug Eluting Stent									
C9602	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	NA Physicians use codes 92933/+92934		**NA**	APC 5194	**$17,957**	027 _ 3__ 02C _ 3Z_	**Percutaneous Cardiovascular Procedures with Intraluminal Device**	
+C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)			**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.			MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices MS-DRG 322 without MCC	**$20,316** **$12,911**
Coronary DCB									
0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	NA Carrier Priced		**$3,333**	APC 5192	**$5,702**	XW0_3_A	**Percutaneous Cardiovascular Procedures without Intraluminal Device**	
0914T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrugdelivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention)			**$0**	Status N, items and services packaged into primary procedure APC rate. No separate payment.			MS-DRG 250 with MCC MS-DRG 251 without MCC	**$16,504** **$11,152**

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Bypass Graft Revascularization with Bare Metal Stent									
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	**$556**	10.95 17.20	**NA**	APC 5193	**$11,341**	027 _ 3 _ _ 02C _ 3Z _	**Percutaneous Cardiovascular Procedures with Intraluminal Device** MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices MS-DRG 322 without MCC	 **$20,316** **$12,911**
+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)	**$0**	0.00 0.00	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.				
Bypass Graft Revascularization with Drug Eluting Stent									
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	NA Physicians use codes 92937/+92938		**NA**	APC 5193	**$11,341**	027 _ 3_ _ 02C _ 3Z _	**Percutaneous Cardiovascular Procedures with Intraluminal Device** MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices MS-DRG 322 without MCC	 **$20,316** **$12,911**
+C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (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			**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.				

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Acute Myocardial Infarction Revascularization with Bare Metal Stent									
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	**$626**	12.31 19.34	**NA**	Status C, not paid under OPPS.		027_3 _ _ 02C _ 3Z _	**Percutaneous Cardiovascular Procedures with Intraluminal Device** MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices MS-DRG 322 without MCC	**$20,316** **$12,911**
Acute Myocardial Infarction Revascularization with Drug Eluting Stent									
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	NA Physicians use code 92941		**NA**	Status C, not paid under OPPS.		027_3 _ _ 02C _ 3Z _	**Percutaneous Cardiovascular Procedures with Intraluminal Device** MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices MS-DRG 322 without MCC	**$20,316** **$12,911**
Chronic Total Occlusion Revascularization with Bare Metal Stent									
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	**$626**	12.31 19.34	**NA**	APC 5193	**$11,341**	027 _ 3 _ _ 02C_3Z_ _	**Percutaneous Cardiovascular Procedures with Intraluminal Device** MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices MS-DRG 322 without MCC	**$20,316** **$12,911**
+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)	**$0**	0.00 0.00	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.				
Chronic Total Occlusion Revascularization with Drug Eluting Stent									
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	NA Physicians use codes 92943/+92944		**NA**	APC 5194	**$17,957**	027_3 _ _ 02C _ 3Z _	**Percutaneous Cardiovascular Procedures with Intraluminal Device** MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices MS-DRG 322 without MCC	**$20,316** **$12,911**
+C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft			**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.				

BSC currently has no stents FDA-approved for CTOs

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Intravascular Lithotripsy (IVL)									
+92972	Percutaneous transluminal coronary lithotripsy	**$139**	2.97 4.31	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.			**Coronary Intravascular Lithotripsy without Intraluminal Device** MS-DRG 325	**$18,514**
Transesophageal Echocardiography (TEE) *(Use physician modifier -26 as appropriate)*									
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	**$101**	2.30 3.12	**NA**	APC 5524	**$548**	B240ZZ4 B241ZZ4 B244ZZ4 B245ZZ4 B246ZZ4 B24BZZ4 B24CZZ4 B24DZZ4	**NA** [7]	
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	**$213**	4.66 6.60	**$0**	Status N, items and services packaged into primary procedure APC rate. No separate payment.				
Computed Tomography (CT) *(Use physician modifier -26 as appropriate)*									
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	**$79**	1.75 2.44	**$145**	APC 5572	**$357**	B2260ZZ B2261ZZ B226YZZ	**NA** [7]	
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	**$109**	2.40 3.37	**$193**	APC 5572	**$357**	B22_ _ _ Z		
Intracardiac Echocardiography (ICE) *(Use physician modifier -26 as appropriate)*									
+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	**$67**	1.44 2.06	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		B244ZZ3 B245ZZ3 B246ZZ3 B24BZZ3 B24DZZ3	**NA** [7]	

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Intravascular Ultrasound (IVUS) *(Use physician modifier -26 as appropriate)*									
+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)	**$90**	1.80 2.77	**$0**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		B240ZZ3 B241ZZ3	**Coronary Bypass with PTCA** MS-DRG 231 with MCC MS-DRG 232 without MCC	 **$60,474** **$43,595**
+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)	**$71**	1.44 2.21	**NA**				**Percutaneous Cardiovascular Procedures with Intraluminal Device** MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices MS-DRG 322 without MCC	 **$20,316** **$12,911**
Fractional Flow Reserve (FFR) (Use physician modifier -26 as appropriate)									
+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)	**$68**	1.38 2.11	Status N1: No separate payment.	Status N, items and services packaged into primary procedure APC rate. No separate payment.		4A033BC	**Percutaneous Cardiovascular Procedures without Intraluminal Device** MS-DRG 250 with MCC MS-DRG 251 without MCC	 **$16,504** **$11,152**
+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)	**$49**	1.00 1.53					**Circulatory Disorders Except AMI, with Cardiac Catheterization** MS-DRG 286 with MCC MS-DRG 287 without MCC	 **$15,795** **$7,777**
Thrombectomy									
+92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	**$167**	3.28 5.15	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		02C _ 3Z _	**Percutaneous Cardiovascular Procedures with Intraluminal Device** MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices MS-DRG 322 without MCC	 **$20,316** **$12,911**
								Percutaneous Cardiovascular Procedures without Intraluminal Device MS-DRG 250 with MCC MS-DRG 251 without MCC	 **$16,504** **$11,152**

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+ Signifies Add-on Code

HCPCS/ CPT® [1] Code	HCPCS/CPT Descriptions	*PHYSICIAN [2] Facility Rate	*PHYSICIAN [2] Work RVU Total RVU [4]	ASC [3] ASC Payment [3]	HOSPITAL OUTPATIENT APC Category	HOSPITAL OUTPATIENT APC Payment [3]	HOSPITAL INPATIENT Possible ICD-10-PCS Codes [5]	HOSPITAL INPATIENT Possible MS-DRG Assignment	HOSPITAL INPATIENT MS-DRG Payment [6, 7]
Transcatheter Aortic Valve Replacement (TAVR) and Cerebral Embolic Protection Systems (CEP)									
33361 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	**$1,149**	22.47 35.51	**NA**	Status C, not paid under OPPS.		02RF38Z	**Endovascular Cardiac Valve Replacement** MS-DRG 266 with MCC MS-DRG 267 without MCC	 **$42,754** **$33,575**
33362 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	**$1,253**	24.54 38.75	**NA**					
33363 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	**$1,298**	25.47 40.13	**NA**					
33364 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	**$1,295**	25.97 40.03	**NA**					
33365 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	**$1,352**	26.59 41.80	**NA**					
33366 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	**$1,491**	29.35 46.11	**NA**			02RF38H		
+33367 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (e.g., femoral vessels) (list separately in addition to code for primary procedure)	**$578**	11.88 17.87	**NA**			Report in addition to applicable base code for TAVR procedure (see above) 5A1221Z 5A1221J		
+33368 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (e.g., femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	**$700**	14.39 21.63	**NA**					
+33369 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (e.g., aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	**$923**	19.00 28.55	**NA**					
Transcatheter Aortic Valve Replacement (TAVR) and Cerebral Embolic Protection Systems (CEP) Continued									
+33370 *Aortic*	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)	**$127**	2.50 3.93	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment.		Report in addition to applicable base code for TAVR procedure (see above) X2A5312	**Endovascular Cardiac Valve Replacement** MS-DRG 266 with MCC MS-DRG 267 without MCC	 **$42,754** **$33,575**
WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure									
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s),left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	**$740**	14.00 22.87	**NA**	Status C, not paid under OPPS.		02L73DK	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC MS-DRG 317	 **$27,906** **$22,273** **$44,149**

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[2] Source: CMS CY2025 Physician Fee Schedule (PFS) Final Rule: CMS 1807-F, including related PFS addenda. Conversion Factor used in calculations = $32.3465. Effective through December 31, 2025. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f

[3] Source: CMS CY2025 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1809-FC, including related addenda. Effective through December 31, 2025. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

[4] Total RVU is the total relative value unit for Facility for global, or 26 modifier if it applies.

[5] Source: Optum360 EncoderProForPayers.com - Login. (n.d.). Www.encoderprofp.com; Optum. Retrieved August 18, 2022, from https://www.encoderprofp.com/epro4payers/cptHandler.do?_k=101 Optum EncoderPro.com for Payers - CPT® Code Section (93451-93505) (encoderprofp.com)

[6] Source: CMS. FY2025 IPPS Final Rule: CMS-1808-F, including data files. National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients). Effective through September 30, 2025. https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipps-final-rule-home-page#rule

[7] MS-DRG grouping is driven by other primary procedures that are performed in conjunction with this procedure.

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Transluminal Balloon Angioplasty										
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 supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	**$330**	**$1,657**	7.00 10.20	**$3,422**	APC 5192	**$5,702**	027_3ZZ 037_3ZZ 047_3ZZ	**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**
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 supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	**$165**	**$563**	3.50 5.09	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.				
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	**$281**	**$1,240**	6.00 8.68	**$3,321**	APC 5192	**$5,702**	027_3ZZ 057_3ZZ 067_3ZZ		
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	**$139**	**$412**	2.97 4.29	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.				
Iliac Artery Revascularization										
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	**$377**	**$2,288**	7.90 11.67	**$3,426**	APC 5192	**$5,702**	047_3ZZ	**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	**$465**	**$2,801**	9.75 14.37	**$7,176**	APC 5193	**$11,341**	047_3DZ		
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)	**$175**	**$573**	3.73 5.42	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		047_3ZZ		
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)	**$200**	**$1,156**	4.25 6.18				047_3DZ		
Femoral/Popliteal Artery Revascularization										
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	**$419**	**$2,653**	8.75 12.96	**$3,640**	APC 5192	**$5,702**	047_3ZZ 047_3Z1	**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	**$563**	**$7,901**	11.75 17.39	**$12,445**	APC 5194	**$17,957**			
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	**$489**	**$7,312**	10.24 15.13	**$7,579**	APC 5193	**$11,341**	047_3_1 047_3_Z		
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	**$675**	**$10,091**	14.25 20.86	**$12,540**	APC 5194	**$17,957**	047_3_1 047_3_Z 04C_3ZZ		
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	NA Physician uses 37224 and 37252			**$6,102**	Status E: Not paid by Medicare when submitted on outpatient claims				

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Femoral/Popliteal Artery Revascularization Continued										
C7532	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	NA Physician uses 37246 and 37252			**$5,885**	Status E: Not paid by Medicare when submitted on outpatient claims			**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	**$24,481** **$18,220** **$12,485**
C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	NA Physician uses 37225 and 37252			**NA**	Status E: Not paid by Medicare when submitted on outpatient claims				
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	NA Physician uses 37226 and 37252			**$10,681**	Status E: Not paid by Medicare when submitted on outpatient claims				
Tibial/Peroneal Artery Revascularization										
37228	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	**$510**	**$3,752**	10.75 15.78	**$6,603**	APC 5193	**$11,341**	047_3ZZ 047_3Z1	**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	**$24,481** **$18,220** **$12,485**
37229	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	**$653**	**$8,070**	13.80 20.19	**$11,855**	APC 5194	**$17,957**	04C_3ZZ 047_3Z1		
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	**$656**	**$8,076**	13.55 20.27	**$11,439**	APC 5194	**$17,957**	047_3_1 047_3_Z		
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	**$699**	**$10,596**	14.75 21.60	**$12,261**	APC 5194	**$17,957**			
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)	**$188**	**$751**	4.00 5.80	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		047_3ZZ 047_3Z1		
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)	**$304**	**$979**	6.50 9.39				047_3ZZ 047_3Z1 047_3ZZ		
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)	**$266**	**$3,283**	5.50 8.21				047_3_1 047_3_Z		
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	**$352**	**$3,639**	7.80 10.89				047_3_1 047_3_Z 04C_3ZZ		

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Transcatheter Placement of Intravascular Stents										
(Peripheral stenting is covered at local Medicare contractor discretion. Payment amounts assume procedure is covered)										
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	**$417**	**$2,506**	8.75 12.88	**$7,024**	APC 5193	**$11,341**	027_3_Z 027_3_6 037_3_Z 047_3_Z	**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	**$200**	**$1,184**	4.25 6.17	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		027_3_Z 027_3_6 037_3_Z 047_3_Z		
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial	**$290**	**$3,137**	6.04 8.98	**$7,102**	APC 5193	**$11,341**	027_3DZ 057_3DZ 067_3DZ		
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	**$143**	**$1,570**	2.97 4.42	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.				
	BSC currently has no stent approved for use in the veins of the lower extremities									
Transcatheter Placement of Carotid Stents with embolic protection										
(Boston Scientific's carotid WALLSTENT® Monorail® Endoprosthesis device is indicated for carotid artery stenting with embolic protection only. Medicare will not consider payment for the procedure when performed without embolic protection.)										
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic	**$938**	**NA**	17.75 29.01	**NA**	Status C: Not Paid under OPPS		037_3_Z	**Carotid Artery Stent Procedure** MS-DRG 034 with MCC MS-DRG 035 with CC MS-DRG 036 without CC/MCC	 **$27,752** **$16,234** **$13,082**
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	**$947**	**NA**	17.98 29.01	**NA**	Status E: Not paid by Medicare when submitted on outpatient claims				
Embolization										
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, 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)	**$404**	**$4,198**	8.75 12.48	**$6,454**	APC 5193	**$11,341**	05L_3DZ 06L_3DZ	**Other Major Cardiovascular Procedures** MS-DRG 270 with MCC MS-DRG 271 with CC MS-DRG 272 without CC/MCC	 **$36,632** **$24,581** **$17,857**
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, 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)	**$449**	**$6,466**	9.80 13.89	**$11,861**	APC 5194	**$17,957**	03L_3DZ 04L_3DZ	**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	**$530**	**$7,841**	11.74 16.40	**$6,530**	APC 5193	**$11,341**	03L_3DZ 04L_3DZ 04LE3DT 04LF3DU		
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	**$624**	**$5,993**	13.75 19.29	**NA**	APC 5193	**$11,341**	03L_3DZ 04L_3DZ		

See Important Information on pages 2-3.

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		Facility Rate	Office Rate	Work RVU Total RVU [8]	ASC Payment [3]	APC Category	APC Payment [4]	Possible ICD-10-PCS Codes [5]	Possible MS-DRG Assignment	MS-DRG Payment [6,7]
Ultrasound Guidance										
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	**$13**	**$37**	0.30 0.40	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		B_4_ZZA		**NA** [7]
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	**$97**	**$97**	2.00 3.00						
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	**$29**	**$57**	0.67 0.90						
Catheter Access										
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	**$45**	**$234**	0.95 1.40	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		05H_33Z 06H_33Z		**NA** [7]
36010	Introduction of catheter, superior or inferior vena cava	**$102**	**$492**	2.18 3.16				02HV33Z 06H033Z		
36013	Introduction of catheter, right heart or main pulmonary artery	**$120**	**$716**	2.52 3.70				02H_33Z		
36140	Introduction of needle or intracatheter; extremity artery	**$84**	**$469**	1.76 2.60				03H_33Z 04H_33Z		
36160	Introduction of needle or intracatheter, aortic, translumbar	**$117**	**$520**	2.52 3.61				02H_33Z		
36200	Introduction of catheter, aorta	**$133**	**$545**	2.77 4.10				02HW33Z 02HX33Z		

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		Facility Rate	Office Rate	Work RVU Total RVU [8]	ASC Payment [3]	APC Category	APC Payment [4]	Possible ICD-10-PCS Codes [5]	Possible MS-DRG Assignment	MS-DRG Payment [6,7]
Catheter Placement										
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	**$148**	**$740**	3.14 4.58	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		05H_33Z 06H_33Z	**NA** [7]	
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	**$166**	**$772**	3.51 5.14						
36014	Selective catheter placement, left or right pulmonary artery	**$144**	**$723**	3.02 4.46				02H_33Z		
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	**$164**	**$776**	3.51 5.07						
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	**$203**	**$964**	4.17 6.28				03H_33Z		
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	**$259**	**$995**	5.27 8.02						
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	**$322**	**$1,738**	6.29 9.97						
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	**$50**	**$198**	1.01 1.55						
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	**$224**	**$1,144**	4.65 6.93				04H_33Z		
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	**$239**	**$770**	5.02 7.38						

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Catheter Placement (Continued)										
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	**$282**	**$1,310**	6.04 8.71	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		04H_33Z	**NA** [7]	
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel)	**$46**	**$110**	1.01 1.42						
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	**$241**	**$1,183**	5.10 7.46		APC 5183	**$3,148**	04H933Z 04HA33Z B416_ZZ B417_ZZ B418_ZZ		
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;	**$338**	**$1,286**	6.74 10.45		APC 5183	**$3,148**			
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 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	**$335**	**$1,858**	7.30 10.35		APC 5184	**$5,406**			
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 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	**$395**	**$1,804**	7.90 12.22		APC 5183	**$3,148**			

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Angiography (Use physician modifier -26 as appropriate)										
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	**$86**	**$318**	1.90 2.66	**$97**	APC 5571	**$178**	B42F_ZZ	**NA [7]**	
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	**$90**	**$151**	2.00 2.77	Status N1: No separate payment.	APC 5183	**$3,148**	B4_D_ZZ		
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	**$78**	**$144**	1.75 2.42		APC 5183	**$3,148**	B3_ _ _ZZ B4_ _ _ZZ		
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	**$88**	**$158**	1.97 2.73		APC 5183	**$3,148**			
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	**$91**	**$166**	2.05 2.80		APC 5184	**$5,406**	B40_ _ZZ B41_ _ZZ		
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	**$52**	**$150**	1.14 1.61	**$97**	APC 5183	**$3,148**			
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	**$58**	**$168**	1.31 1.80	Status N1: No separate payment.	APC 5183	**$3,148**			
75736	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation	**$49**	**$140**	1.14 1.53		APC 5184	**$5,406**	B40C_ZZ B41C_ZZ		
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	**$57**	**$125**	1.31 1.77		APC 5183	**$3,148**	B30S_ZZ B31S_ZZ		
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	**$74**	**$143**	1.66 2.29		APC 5183	**$3,148**	B30T_ZZ B31T_ZZ		
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	**$44**	**$93**	1.01 1.36	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		B3_ _ _ZZ B4_ _ _ZZ		
Venography (Use physician modifier -26 as appropriate)										
75820	Venography, extremity, unilateral, radiological supervision and interpretation	**$47**	**$103**	1.05 1.44	Status N1: No separate payment.	APC 5182	**$1,553**	B50_ _ZZ	**NA [7]**	
75822	Venography, extremity, bilateral, radiological supervision and interpretation	**$66**	**$129**	1.48 2.04	**$62**	APC 5182	**$1,553**	B50_ _ZZ B51__ZZ		
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	**$51**	**$111**	1.14 1.59	Status N1: No separate payment.	APC 5183	**$3,148**			
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	**$51**	**$114**	1.14 1.58		APC 5182	**$1,553**			
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	**$49**	**$116**	1.14 1.52		APC 5183	**$3,148**	B50J_ZZ B50K_ZZ		
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	**$67**	**$143**	1.49 2.06		APC 5183	**$3,148**	B51J_ZZ B51K_ZZ		

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Venography Continued (Use physician modifier -26 as appropriate)										
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	**$52**	**$124**	1.14 1.61	Status N1: No separate payment.	APC 5183	**$3,148**	B50_ _ZZ B51__ZZ	**NA [7]**	
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	**$68**	**$154**	1.49 2.11		APC 5184	**$5,406**			
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	**$52**	**$123**	1.14 1.60		APC 5183	**$3,148**			
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	**$58**	**$159**	1.14 1.79	**$101**	APC 5183	**$3,148**			
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	**$63**	**$133**	1.44 1.94	Status N1: No separate payment.	APC 5183	**$3,148**	B50_ _ZZ B51__ZZ		
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	**$63**	**$134**	1.44 1.96	**$70**	APC 5183	**$3,148**			
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	**$49**	**$120**	1.14 1.53	Status N1: No separate payment.	APC 5183	**$3,148**	B51T_ _Z		
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	**$50**	**$120**	1.14 1.54		APC 5183	**$3,148**			
Vascular Imaging										
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	**$23**	**$166**	0.49 0.70	**$217**	APC 5591	**$402**	C713YZZ	**NA [7]**	
78456	Acute venous thrombosis imaging, peptide	**$45**	**$273**	1.00 1.38	**$713**	APC 5593	**$1,305**	C51__ZZ		
78457	Venous thrombosis imaging, venogram; unilateral	**$35**	**$151**	0.77 1.07	**$292**	APC 5592	**$538**			
78458	Venous thrombosis imaging, venogram; bilateral	**$41**	**$185**	0.90 1.27	**$217**	APC 5591	**$402**			
Transhepatic Shunts (TIPS)										
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	**$770**	**NA**	16.97 23.82	**NA**	Status C: Not Paid under OPPS		06H43DZ 06H83DZ 06183DY	**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)	**$353**	**$5,295**	7.74 10.92	**NA**	APC 5192	**$5,702**	06H43DZ 06H83DZ 06PY3DZ 06WY3DZ 06183DY	**Pancreas, Liver and Shunt Procedures** MS-DRG 405 with MCC MS-DRG 406 with CC MS-DRG 407 without CC/MCC	 **$38,742** **$20,042** **$15,242**

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Dialysis Circuit										
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 supervision and interpretation and image documentation and report	**$160**	**$654**	3.36 4.94	**$528**	APC 5182	**$1,553**	B30_ _ZZ B31_ _ZZ	**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**
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 supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	**$227**	**$1,113**	4.83 7.01	**$2,630**	APC 5192	**$5,702**	037_3ZZ 067_3ZZ	**Other Kidney and Urinary Tract Procedures** MS-DRG 673 with MCC MS-DRG 674 with CC MS-DRG 675 without CC/MCC	 **$29,899** **$16,474** **$11,171**
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 supervision and interpretation 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	**$298**	**$3,845**	6.39 9.22	**$7,351**	APC 5193	**$11,341**	037_3_Z 067_3DZ	**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**

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Dialysis Circuit Continued										
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	**$348**	**$1,667**	7.50 10.76	**$3,516**	APC 5192	**$5,702**	03C_3ZZ		
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, 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 supervision and interpretation necessary to perform the angioplasty	**$419**	**$2,087**	9.00 12.95	**$6,491**	APC 5193	**$11,341**	03C_3ZZ	**Other Kidney and Urinary Tract Procedures** MS-DRG 673 with MCC MS-DRG 674 with CC MS-DRG 675 without CC/MCC	 **$29,899** **$16,474** **$11,171**
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of an 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 circuit	**$482**	**$4,905**	10.42 14.91	**$11,783**	APC 5194	**$17,957**			
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	**$139**	**$545**	3.00 4.30	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		037_3ZZ 067_3ZZ	**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**
36908	Transcatheter placement of an intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	**$196**	**$1,298**	4.25 6.07				037_3_Z 067_3DZ	**Other Kidney and Urinary Tract Procedures** MS-DRG 673 with MCC MS-DRG 674 with CC MS-DRG 675 without CC/MCC	 **$25,892** **$16,679** **$11,108**
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	**$190**	**$1,719**	4.12 5.86				05L_3DZ 06L_3DZ		

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Dialysis Circuit Continued										
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), 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, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	NA Physician uses 36901 and 36907			**$1,589**	Status E: Not paid by Medicare when submitted on outpatient claims			**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), 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, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	NA Physician uses 36901 and 36908			**$1,589**	Status E: Not paid by Medicare when submitted on outpatient claims			**Other Kidney and Urinary Tract Procedures** MS-DRG 673 with MCC MS-DRG 674 with CC MS-DRG 675 without CC/MCC	 **$25,892** **$16,679** **$11,108**
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), 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, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report	NA Physician uses 36901 and 36909			**$1,589**	Status E: Not paid by Medicare when submitted on outpatient claims				
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), 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, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report	NA Physician uses 36902 and 36908			**#N/A**	Status E: Not paid by Medicare when submitted on outpatient claims				
Arterial 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	**$408**	**$1,577**	8.41 12.62	**$11,943**	APC 5194	**$17,957**	03C_3ZZ 04C_3ZZ 05C_3ZZ	**Other Major Cardiovascular Procedures** MS-DRG 270 with MCC MS-DRG 271 with CC MS-DRG 272 without CC/MCC	 **$36,632** **$24,581** **$17,857**
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) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	**$154**	**$441**	3.28 4.76	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.				
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)	**$232**	**$1,095**	4.92 7.16					**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**

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Venous Mechanical Thrombectomy										
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	**$373**	**$1,549**	7.78 11.53	**$7,800**	APC 5193	**$11,341**	05C_3ZZ 06C_3ZZ	**Other Major Cardiovascular Procedures** MS-DRG 270 with MCC MS-DRG 271 with CC MS-DRG 272 without CC/MCC	 **$36,632** **$24,581** **$17,857**
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	**$268**	**$1,330**	5.46 8.28	**$2,666**	APC 5183	**$3,148**		**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**
Ultrasound Assisted Thrombolysis										
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	**$366**	**NA**	7.75 11.32	**$3,987**	APC 5184	**$5,406**	02F_3Z0 03F_3Z0 04F_3Z0	**Ultrasound Accelerated And Other Thrombolysis With Principal Diagnosis Pulmonary Embolism** MS-DRG 173	 **$21,899**
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	**$320**	**NA**	6.81 9.89	**$1,589**	APC 5183	**$3,148**	02F_3Z0 05F_3Z0 06F_3Z0	**Ultrasound Accelerated and Other Thrombolysis** MS-DRG 278 with MCC MS-DRG 279 without CC	 **$35,706** **$22,868**
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	**$219**	**NA**	4.75 6.76	**NA**	APC 5183	**$3,148**	02F_3Z0 03F_3Z0 04F_3Z0 05F_3Z0 06F_3Z0 0[2/3/4][P/Q]33Z		
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	**$116**	**NA**	2.49 3.59	**NA**	APC 5183	**$3,148**			

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Intravascular Ultrasound										
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	**$84**	**$860**	1.80 2.61	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		B34_ZZ3 B44_ZZ3 B54_ZZ3	**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	**$67**	**$164**	1.44 2.08						
Superficial Venous Disease										
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	**$115**	**$1,183**	2.35 3.54	**$981**	APC 5054	**$1,829**	065_3ZZ	**Vein Ligation & Stripping** MS-DRG 263	 **$19,141**
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	**$145**	**$1,242**	3.00 4.47	**$981**	APC 5054	**$1,829**			
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	**$37**	**$112**	0.75 1.14	**$82**	APC 5052	**$400**			
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	**$72**	**$192**	1.50 2.23	**$134**	APC 5052	**$400**			
Biliary Procedures - Diagnostic										
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	**$67**	**$392**	1.30 2.08	Status N1: No separate payment.	APC 5341	**$3,529**	BF0_ _ZZ BF1_ _ZZ	**Disorders of the Biliary Tract** MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC	 **$12,021** **$7,740** **$5,690**
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	**$201**	**$786**	4.25 6.21		APC 5341	**$3,529**			

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Biliary Procedures - Drainage (Internal Stent/External Catheter)										
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	**$249**	**$1,081**	5.38 7.71	**$1,685**	APC 5341	**$3,529**	0F9_30Z	**Disorders of the Biliary Tract** MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC	 **$12,021** **$7,740** **$5,690**
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	**$349**	**$1,193**	7.60 10.80	**$1,685**	APC 5341	**$3,529**			
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	**$186**	**$826**	3.95 5.74	**$1,685**	APC 5341	**$3,529**	0F2BX0Z		
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	**$126**	**$590**	2.61 3.88	**$1,685**	APC 5341	**$3,529**			
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	**$92**	**$455**	1.84 2.83	**$503**	APC 5301	**$938**	0FP_30Z		
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing	**$222**	**$3,426**	4.75 6.87	**$4,063**	APC 5361	**$5,834**	0F7_3DZ		
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, 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	**$400**	**$3,826**	8.75 12.37	**$4,120**	APC 5361	**$5,834**	0F7_3DZ		
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, 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 (eg, external or internal-external)	**$414**	**$3,871**	9.03 12.79	**$3,789**	APC 5361	**$5,834**	0F7_3DZ 0F9_30Z		
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	**$318**	**$1,092**	6.75 9.82	**$4,019**	APC 5342	**$6,240**	0F7_3DZ 0F9_30Z		
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	**$128**	**$464**	2.85 3.96	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		0F7_3DZ		
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	**$135**	**$367**	3.00 4.17				0FB_3ZX		

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Biliary Procedures - Drainage (Internal Stent/External Catheter) Continued										
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	**$148**	**$774**	3.28 4.57	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		0FC_3ZZ	**Disorders of the Biliary Tract** MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC	 **$12,021** **$7,740** **$5,690**
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	**$219**	**NA**	4.21 6.76	**$1,685**	APC 5341	**$3,529**	0WHG03Z		
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	**$67**	**$540**	1.46 2.07	**$864**	APC 5302	**$1,897**	0D2_X0Z 0W2_X0Z		
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	**$36**	**$92**	0.83 1.12	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		BF1_ _ZZ	**NA** [7]	
Biliary Stenting										
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	**$359**	**NA**	8.55 11.10	**$6,564**	APC 5362	**$10,411**	0F7_4DZ	**Disorders of the Biliary Tract** MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC	 **$12,021** **$7,740** **$5,690**
	Radiological S&I Codes – Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)									
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	**$38**	**$38**	0.88 1.18	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		BF00_ZZ BF10_ZZ BF12_ZZ	**NA** [7]	
Ablation Procedures - Renal										
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	**$437**	**$3,448**	8.88 13.51	**$6,996**	APC 5362	**$10,411**	0T5_3ZZ	**Kidney and Ureter Procedures for Neoplasm** MS-DRG 656 with MCC MS-DRG 657 with CC MS-DRG 658 without CC/MCC	 **$23,251** **$13,046** **$10,733**
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	**$1,128**	**NA**	21.36 34.88	**NA**	APC 5362	**$10,411**	0T5_4ZZ		
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	**$1,177**	**NA**	22.22 36.39	**NA**	Status C: Not Paid under OPPS		0T5_0ZZ		
50592	Ablation, 1 or more renal tumor(s), unilateral, percutaneous, radiofrequency	**$327**	**$2,570**	6.55 10.11	**$2,860**	APC 5361	**$5,834**	0T5_3ZZ		
50200	Renal biopsy; percutaneous, by trocar or needle	**$121**	**$480**	2.38 3.74	**$708**	APC 5072	**$1,620**	0TB_3ZZ		

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Ablation Procedures - Liver										
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	**$433**	**$5,469**	8.88 13.39	**$7,156**	APC 5362	**$10,411**	0F5_3ZZ	**Pancreas, Liver and Shunt Procedures**	
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	**$1,230**	**NA**	20.80 38.03	**NA**	APC 5362	**$10,411**	0F5_4ZZ	MS-DRG 405 with MCC	**$38,742**
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	**$1,446**	**NA**	24.88 44.70	**NA**	Status C: Not Paid under OPPS		0F5_0ZZ	MS-DRG 406 with CC	**$20,042**
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	**$703**	**$3,370**	14.97 21.73	**$2,860**	APC 5361	**$5,834**	0F5_3ZZ	MS-DRG 407 without CC/MCC	**$15,242**
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	**$1,226**	**NA**	20.80 37.90	**NA**	APC 5362	**$10,411**	0F5_4ZZ		
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	**$1,410**	**NA**	24.56 43.58	**NA**	Status C: Not Paid under OPPS		0F5_0ZZ		
47000	Biopsy of liver, needle; percutaneous	**$84**	**$284**	1.65 2.59	**$708**	APC 5072	**$1,620**	0FB_3ZZ		
Ablation Procedures - Lung										
32994	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance	**$417**	**$4,456**	9.03 12.89	**$7,040**	APC 5362	**$10,411**	0F5_3ZZ	**Major Chest Procedures**	
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	**$417**	**$2,849**	9.03 12.88	**$2,860**	APC 5361	**$5,834**	0F5_4ZZ	MS-DRG 163 with MCC	**$32,894**
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	**$145**	**$792**	3.18 4.47	**$708**	APC 5072	**$1,620**	0F5_0ZZ 0FB_3ZZ	MS-DRG 164 with CC	**$17,963**
Ablation Procedures - Breast									MS-DRG 165 without CC/MCC	**$13,302**
19105	Ablation, cryosurgical, breast fibroadenoma, includes ultrasound guidance, each fibroadenoma	**$204**	**$2,116**	3.69 6.31	**$2,427**	APC 5091	**$3,829**	0H5_3ZZ	**Breast Biopsy, Local Excision and Other Breast Procedures**	
Ablation Procedures - Bone									MS-DRG 584 with MCC	**$14,611**
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	**$353**	**$3,227**	7.02 10.92	**$6,633**	APC 5115	**$12,867**	0NB_3ZZ 0PB_3ZZ 0QB_3ZZ	MS-DRG 585 without MCC	**$14,167**
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	**$330**	**$4,702**	6.88 10.19	**$4,911**	APC 5114	**$7,144**		**Local Excision and Removal of Internal Fixation Devices Except Hip and Femur**	
20220	Biopsy, bone, trocar, or needle; superficial	**$84**	**$220**	1.65 2.59	**$708**	APC 5072	**$1,620**	0N5_3ZZ 0P5_3ZZ 0Q5_3ZZ	MS-DRG 495 with MCC	**$25,125**
20225	Biopsy, bone, trocar, or needle; deep	**$125**	**$358**	2.45 3.85	**$708**	APC 5072	**$1,620**		MS-DRG 496 with CC	**$14,080**
									MS-DRG 497 without CC/MCC	**$9,582**
									Biopsies of Musculoskeletal System and Connective Tissue	
									MS-DRG 477 with MCC	**$24,543**
									MS-DRG 478 with CC	**$16,689**
									MS-DRG 479 without CC/MCC	**$12,673**

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Ablation Procedures - Nerve										
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Status C: Contractor-Priced Code			**$1,504**	APC 5431	**$1,953**	015_3ZZ	**Cranial & Peripheral Nerve Disorders**	
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Status C: Contractor-Priced Code			**$1,442**	APC 5431	**$1,953**		MS-DRG 073 with MCC	**$11,030**
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Status C: Contractor-Priced Code			**$4,627**	APC 5432	**$6,404**		MS-DRG 074 without MCC	**$7,439**
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	**$236**	**$465**	3.49 7.29	**$478**	APC 5443	**$890**	005K3ZZ 3E0X3TZ		
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	**$421**	**$868**	5.65 13.00	**$925**	APC 5431	**$1,953**			
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	**$472**	**$740**	7.20 14.59	**$925**	APC 5431	**$1,953**			
64620	Destruction by neurolytic agent, intercostal nerve	**$174**	**$206**	2.89 5.38	**$478**	APC 5443	**$890**	01583ZZ 3E0T3TZ		
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	**$143**	**$371**	2.50 4.41	**$925**	APC 5431	**$1,953**	015G3ZZ 3E0T3TZ		
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	**$191**	**$452**	3.39 5.90	**$925**	APC 5431	**$1,953**	015A3ZZ 015Q3ZZ 3E0T33Z		
64630	Destruction by neurolytic agent; pudendal nerve	**$188**	**$251**	3.05 5.82	**$478**	APC 5443	**$890**	015C3ZZ 3E0T33Z		
64640	Destruction by neurolytic agent; other peripheral nerve or branch	**$117**	**$241**	1.98 3.62	**$170**	APC 5443	**$890**	015[4-6]3ZZ 015D3ZZ 015[F-H]3ZZ 3E0T33Z		
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	**$157**	**$325**	2.67 4.85	**$478**	APC 5443	**$890**	015M3ZZ 3E0T33Z		
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	**$215**	**$438**	3.78 6.65	**$478**	APC 5443	**$890**	01593ZZ 015A3ZZ 3E0T33Z		

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Ablation Procedures - Prostate										
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	**$744**	**$5,273**	13.60 23.01	**$6,921**	APC 5376	**$9,247**	0V5_3ZZ	**Major Male Pelvic Procedures** MS-DRG 707 with MCC MS-DRG 708 without MCC	 **$13,849** **$10,580**
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	**$125**	**$233**	2.50 3.86	**$960**	APC 5373	**$2,049**			
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	**$374**	**$1,289**	5.93 11.56	**$1,074**	APC 5374	**$3,449**	0V5_7ZZ		
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	**$350**	**$1,319**	5.42 10.81	**$1,122**	APC 5374	**$3,449**			
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	**$374**	**$1,551**	5.93 11.56	**$1,336**	APC 5374	**$3,449**			
Radiological S&I Codes – Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)										
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	**$97**	**$97**	2.00 3.00	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		B_4_ZZA	**NA** [7]	
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	**$175**	**$175**	3.99 5.42				B_2_ _ZZ		
77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	**$191**	**$191**	4.24 5.92				B_3_ _ _Z		
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	**$29**	**$57**	0.67 0.90				B_4_ZZA		
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	**$26**	**$110**	0.54 0.79				B_1_ _ZZ		
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	**$67**	**$122**	1.50 2.06				B_2_ _ZZ		
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	**$68**	**$403**	1.50 2.10				B_3_ _ _Z		

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Inpatient information effective October 1, 2024 to September 30, 2025 | Physician Fee/Hospital Outpatient/ASC information effective January 1, 2025 to December 31, 2025

***National Average Medicare physician payment rates calculated using the 2025 conversion factor of 32.3465**

HCPCS/ CPT® [1] Code	HCPCS/CPT Descriptions	*PHYSICIAN [2] Facility Rate	*PHYSICIAN [2] Office Rate	*PHYSICIAN [2] Work RVU Total RVU [8]	ASC [3] ASC Payment [3]	HOSPITAL OUTPATIENT [4] APC Category	HOSPITAL OUTPATIENT [4] APC Payment [4]	HOSPITAL INPATIENT [6] Possible ICD-10-PCS Codes [5]	HOSPITAL INPATIENT [6] Possible MS-DRG Assignment	HOSPITAL INPATIENT [6] MS-DRG Payment [6,7]
TheraSphere Radioembolization (SIRT/TARE) Procedures										
Simulation Planning & Simulation										
77263	Therapeutic Radiology Simulation Treatment Planning, Complex	**$165**	**$165**	3.14 5.10	**NA**	Status B: not paid under OPPS.		NA	**NA [7]**	
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	**$282**	**$1,310**	6.04 8.71	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		04H_33Z		
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel)	**$46**	**$110**	1.01 1.42						
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	**$91**	**$166**	2.05 2.80		APC 5184	**$5,406**	B40_0ZZ B40_1ZZ B40_YZZ B41_ _ZZ		
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	**$44**	**$93**	1.01 1.36		Status N: items & services packaged into primary procedure APC rate. No separate payment.				
77290	Therapeutic Radiology Simulation, Complex	**$80**	**$428**	1.56 2.48	**$196**	APC 5612	**$366**	NA		
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, 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)	**$449**	**$6,466**	9.80 13.89	**$11,861**	APC 5194	**$17,957**	03L_3DZ 04L_3DZ 04LE3DT 04LF3DU	**Other Vascular Procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	 **$24,481** **$18,220** **$12,485**

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Simulation Nuclear Imaging										
78201	Liver Imaging; static only	**$19**	**$170**	0.44 0.60	**$292**	APC 5592	**$538**	CF151ZZ CF15YZZ	**NA** [7]	
78202	Liver Imaging w/ vascular flow; static only	**$23**	**$189**	0.51 0.71	**$292**	APC 5592	**$538**			
78800	Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day	**$29**	**$221**	0.64 0.91	**$217**	APC 5591	**$402**			
78803	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	**$48**	**$328**	1.09 1.48	**$713**	APC 5593	**$1,305**	CF251ZZ CF25YZZ		
78830	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT) w/concurrent CT, 1 area, 1 day	**$64**	**$412**	1.49 1.99	**$713**	APC 5593	**$1,305**	CF25_ZZ BF25_ _Z		
74175	Ct angio abdomen w/o dye, then dye & further sections	**$83**	**$301**	1.82 2.56	**$97**	APC 5571	**$178**	BF25_0Z		
74183	MRI w/o contrast, followed by w/contrast, abdomen	**$101**	**$333**	2.20 3.11	**$193**	APC 5572	**$357**	B43HY0Z		
76377	3D rendering, image post-processing, independent workstation [CBCT fusion option]	**$36**	**$77**	0.79 1.12	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		B42H_ZZ		
76497	Unlisted CT procedure, (eg, diagnostic, interventional) [CBCT]	**$0**	**$0**	0.00 0.00		APC 5521	**$88**	B42HZ2Z		
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine [CBCT fusion option]	**$0**	**$0**	0.00 0.00	**$217**	APC 5591	**$402**	CF26YZZ		
Brachytherapy Clinical Treatment Planning & Dosimetry										
77300	Basic dosimetry calc, CADD calc, TDF, NSD, Gap calc, OAF, TIF, NIRSDD calc (req Rx treat phys)	**$32**	**$65**	0.62 0.99	**$33**	APC 5611	**$133**	NA	**NA** [7]	
77316	Brachytherapy Isodose Plan, 1-4 Sources, Incl Basic Dosimetry Calc	**$72**	**$241**	1.40 2.22	**$168**	APC 5612	**$366**			
77317	Brachytherapy Isodose Plan, 5-10 Sources, Incl Basic Dosimetry Calc	**$94**	**$317**	1.83 2.91	**$196**	APC 5612	**$366**			
77295	3-dimensional radiotherapy plan, including dose-volume histograms	**$220**	**$472**	4.29 6.81	**$249**	APC 5613	**$1,368**			
77370	Special Medical Radiation Physics Consult	**NA**	**$146**	0.00 NA	**$71**	APC 5611	**$133**			
77470	Special Treatment Procedure	**$104**	**$142**	2.03 3.23	**$37**	APC 5623	**$578**			
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source	**NA**	**NA**	NA NA	**$35**	APC 2699	**$35**			

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Inpatient information effective October 1, 2024 to September 30, 2025 | Physician Fee/Hospital Outpatient/ASC information effective January 1, 2025 to December 31, 2025

***National Average Medicare physician payment rates calculated using the 2025 conversion factor of 32.3465**

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TheraSphere Delivery										
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	**$282**	**$1,310**	6.04 8.71	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		04H_33Z	**NA [7]**	
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel)	**$46**	**$110**	1.01 1.42						
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	**$530**	**$7,841**	11.74 16.40	**$6,530**	APC 5193	**$11,341**	03L_3DZ 04L_3DZ 04LE3DT 04LF3DU	**Pancreas, Liver and Shunt Procedures** MS-DRG 405 with MCC MS-DRG 406 with CC MS-DRG 407 without CC/MCC	 **$38,742** **$20,042** **$15,242**
79445	Radiopharmaceutical Therapy (intra-arterial)	**$105**	**$105**	2.40 3.26	**$120**	APC 5661	**$224**	3E0_3HZ	**NA [7]**	
77778	Interstitial Radiation Source Application, Complex [only when IR is NOT the AU]	**$451**	**$908**	8.78 13.95	**$376**	APC 5624	**$694**			
TheraSphere Y-90 Brachytherapy Source										
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90 (per source)	**NA**	**NA**	NA NA	**$17,485**	APC 2616	**$17,485**	DF109YZ	**NA [7]**	
S2095	Transcatheter Occlusion or Embolization, Tumor Destruction, Percutaneous, Y-90 Microspheres	**NA**	**NA**	NA NA	**NA**	Not covered by Medicare.				
Q3001	Brachytherapy Radioelements, Each	Status C: Contractor-Priced Code			**NA**	Status B: not paid under OPPS.				
Post-TheraSphere Implantation (only if required)										
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	**NA**	**$956**	0.00 NA	**$285**	APC 5723	**$531**	NA	**NA [7]**	

[1] Current Procedural Terminology (CPT) © 2024 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

[2] Source: CMS CY2025 Physician Fee Schedule (PFS) Final Rule: CMS 1807-F, including related PFS addenda. Conversion Factor used in calculations = $32.3465. Effective through December 31, 2025. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f

[3] Source: CMS CY2025 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1809-FC, including related addenda. Effective through December 31, 2025. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

[4] Total RVU is the total relative value unit for Facility for global, or 26 modifier if it applies.

[5] Source: Optum360 EncoderProForPayers.com - Login. (n.d.). Www.encoderprofp.com; Optum. Retrieved August 18, 2022, from https://www.encoderprofp.com/epro4payers/cptHandler.do?_k=101 Optum EncoderPro.com for Payers - CPT® Code Section (93451-93505) (encoderprofp.com)

[6] Source: CMS. FY2025 IPPS Final Rule: CMS-1808-F, including data files. National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients). Effective through September 30, 2025. https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipps-final-rule-home-page#rule

[7] MS-DRG grouping is driven by other primary procedures that are performed in conjunction with this procedure.

[8] Total RVU is the relative value unit total for Facility calculation.

APPENDIX A

APC Reference Table

APC Category	APC Payment	APC Description
2616	$17,485	Brachytx, non-str,Yttrium-90
2699	$35	Brachytx, non-stranded, NOS
5052	$400	Level 2 Skin Procedures
5054	$1,829	Level 4 Skin Procedures
5071	$704	Level 1 Excision/ Biopsy/ Incision and Drainage
5072	$1,620	Level 2 Excision/ Biopsy/ Incision and Drainage
5091	$3,829	Level 1 Breast/Lymphatic Surgery and Related Procedures
5114	$7,144	Level 4 Musculoskeletal Procedures
5115	$12,867	Level 5 Musculoskeletal Procedures
5182	$1,553	Level 2 Vascular Procedures
5183	$3,148	Level 3 Vascular Procedures
5184	$5,406	Level 4 Vascular Procedures
5191	$3,216	Level 1 Endovascular Procedures
5192	$5,702	Level 2 Endovascular Procedures
5193	$11,341	Level 3 Endovascular Procedures
5194	$17,957	Level 4 Endovascular Procedures
5211	$1,214	Level 1 Electrophysiologic Procedures
5212	$7,588	Level 2 Electrophysiologic Procedures
5213	$24,532	Level 3 Electrophysiologic Procedures
5221	$3,639	Level 1 Pacemaker and Similar Procedures
5222	$8,276	Level 2 Pacemaker and Similar Procedures
5223	$10,465	Level 3 Pacemaker and Similar Procedures
5224	$19,071	Level 4 Pacemaker and Similar Procedures
5231	$22,446	Level 1 ICD and Similar Procedures
5232	$32,062	Level 2 ICD and Similar Procedures
5301	$938	Level 1 Upper GI Procedures
5302	$1,897	Level 2 Upper GI Procedures
5341	$3,529	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures
5342	$6,240	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures
5361	$5,834	Level 1 Laparoscopy and Related Services
5362	$10,411	Level 2 Laparoscopy and Related Services

APPENDIX A

APC Reference Table

APC Category	APC Payment	APC Description
5373	$2,049	Level 3 Urology and Related Services
5374	$3,449	Level 4 Urology and Related Services
5376	$9,247	Level 6 Urology and Related Services
5431	$1,953	Level 1 Nerve Procedures
5432	$6,404	Level 2 Nerve Procedures
5443	$890	Level 3 Nerve Injections
5521	$88	Level 1 Imaging without Contrast
5524	$548	Level 4 Imaging without Contrast
5571	$178	Level 1 Imaging with Contrast
5572	$357	Level 2 Imaging with Contrast
5591	$402	Level 1 Nuclear Medicine and Related Services
5592	$538	Level 2 Nuclear Medicine and Related Services
5593	$1,305	Level 3 Nuclear Medicine and Related Services
5611	$133	Level 1 Therapeutic Radiation Treatment Preparation
5612	$366	Level 2 Therapeutic Radiation Treatment Preparation
5613	$1,368	Level 3 Therapeutic Radiation Treatment Preparation
5623	$578	Level 3 Radiation Therapy
5624	$694	Level 4 Radiation Therapy
5661	$224	Therapeutic Nuclear Medicine
5723	$531	Level 3 Diagnostic Tests and Related Services
5731	$24	Level 1 Minor Procedures
5741	$37	Level 1 Electronic Analysis of Devices

APPENDIX B

Category Code (C-Code) Reference Guide 2025

BSC C-Code Finder Website

C-Codes are important to future reimbursement. Use of all applicable C-Codes on a claim allows identification of device(s) utilized in a procedure and may affect future payment rates.

Rhythm Management	
Category Codes	Category Code Description
C1721	Automatic implantable cardioverter-defibrillator, dual chamber
C1722	Cardioverter-defibrillator, single chamber (implantable)
C1729	Catheter, drainage
C1730	Catheter, electrophysiology, diagnostic, other than 3-D mapping (19 or fewer electrodes)
C1731	Catheter, electrophysiology, diagnostic, other than 3-D mapping (20 or more electrodes)
C1732	Catheter, electrophysiology, diagnostic/ablation, 3-D or vector mapping
C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3-D or vector mapping, other than cool-tip
C1764	Event recorder, cardiac (implantable)
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away
C1769	Guide Wire
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
C1779	Lead, pacemaker, transveneous VDD Single pass
C1785	Pacemaker, dual chamber, rate-responsive (implantable)
C1786	Pacemaker, single chamber, rate-responsive (implantable)
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
C1887	Catheter, guiding (may include infusion/perfusion capability)
C1889	Inplantable/Insertable device not otherwise classified
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed curve, other than peel-away
C1894	Introducer/sheath, other than guiding, intracardiac electrophysiological, non-laser
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
C1898	Lead, pacemaker, other than transvenous VDD single pass
C1900	Lead, coronary venous
C2621	Pacemaker, other than single or dual chamber (implantable)
C2628	Catheter, occlusion
C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3-D or vector mapping cool-tip

APPENDIX B

Category Code (C-Code) Reference Guide 2025

BSC C-Code Finder Website

C-Codes are important to future reimbursement. Use of all applicable C-Codes on a claim allows identification of device(s) utilized in a procedure and may affect future payment rates.

Interventional Cardiology	
Category Codes	Category Code Description
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1753	Catheter, intravascular ultrasound
C1757	Catheter, embolectomy/thrombectomy
C1761	Catheter, transluminal intravascular lithotripsy, coronary
C1769	Guide wire
C1874	Stent, coated/covered, with delivery system
C1876	Stent, noncoated/noncovered, with delivery system
C1884	Embolization protective system
C1887	Catheter, guiding (may include infusion/perfusion capability)
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser

APPENDIX B

Category Code (C-Code) Reference Guide 2025

BSC C-Code Finder Website

C-Codes are important to future reimbursement. Use of all applicable C-Codes on a claim allows identification of device(s) utilized in a procedure and may affect future payment rates.

Peripheral Interventions	
Category Codes	Category Code Description
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1729	Catheter, drainage
C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)
C1753	Catheter, intravascular ultrasound
C1757	Catheter, thrombectomy, embolectomy
C1758	Catheter, ureteral
C1769	Guide wire
C1874	Stent, coated/covered, with delivery system
C1876	Stent, non-coated/non-covered, with delivery system
C1880	Vena cava filter
C1884	Embolization protective system
C1885	Catheter, transluminal angioplasty, laser
C1886	Catheter, extravascular tissue ablation, any modality (insertable)
C1887	Catheter, guiding (may include infusion/perfusion capability)
C1888	Catheter, ablation, non-cardiac, endovascular (implantable)
C1889	Implantable/insertable device, not otherwise classified
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser
C2616	Brachytherapy source, non-stranded, yttrium-90, per source
C2617	Stent, non-coronary, temporary, without delivery system
C2618	Probe/needle, cryoablation
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser
C2625	Stent, non-coronary, temporary, with delivery system
C2628	Catheter, occlusion
C2628	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser
C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source

APPENDIX C

FY2025 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Rhythm Management	
Pacemaker Procedures	
0JH604Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH605Z	Insertion of Pacemaker, Single Chamber - Rate Responsive into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH606Z	Insertion of Pacemaker, Dual Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63JZ	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Approach
02H73JZ	Insertion of Pacemaker Lead into Left Atrium, Percutaneous Approach
02HK3JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach
02HL3JZ	Insertion of Pacemaker Lead into Left Ventricle, Percutaneous Approach
02H43JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Approach
0JPT0PZ	Removal of permanent pacemaker pulse generator only
4B02XSZ	Measurement of Cardiac Pacemaker, External Approach
CRT-P	
0JH607Z	Insertion of Cardiac Resynchronization Pacemaker Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63JZ	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Approach
02HK3JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach
02H43JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Approach
Intracardiac Pacemaker	
02HK3NZ	Insertion of Intracardiac Pacemaker into Right Ventricle, Percutaneous Approac
02PA3NZ	Removal of Intracardiac Pacemaker from Heart, Percutaneous Approach
Defibrillator Procedures	
0JH608Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH638Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH808Z	Insertion of Defibrillator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH838Z	Insertion of Defibrillator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
02H73KZ	Insertion of Defibrillator Lead into Left Atrium, Percutaneous Approach
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02HL3KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Approach
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach
4B02XTZ	Measurement of Cardiac Defibrillator, External Approach
0JH60FZ	Revision of Subcutaneous Defibrillator Lead in Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT0FZ	Removal of Subcutaneous Defibrillator Lead from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JWT0FZ	Revision of Subcutaneous Defibrillator Lead in Trunk Subcutaneous Tissue and Fascia, Open Approach

APPENDIX C

FY2025 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Rhythm Management	
CRT-D	
0JH609Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach
Insertion of Cardiac Rhythm Related Device	
0JH60PZ	Insertion of Cardiac Rhythm Related Device into Chest Subcutaneous Tissue and Fascia, Open Approach
Removal of Cardiac Lead	
02PA0MZ	Removal of Cardiac Lead from Heart, Open Approach
02PA3MZ	Removal of Cardiac Lead from Heart, Percutaneous Approach
Revision of Cardiac Lead	
02WA0MZ	Revision of Cardiac Lead in Heart, Open Approach
02WA3MZ	Revision of Cardiac Lead in Heart, Percutaneous Approach
Removal of Cardiac Rhythm Related Device	
0JPT0PZ	Removal of Cardiac Rhythm Related Device from Trunk Subcutaneous Tissue and Fascia, Open Approach
Revision of Cardiac Rhythm Related Device in Trunk	
0JWT0PZ	Revision of Cardiac Rhythm Related Device in Trunk Subcutaneous Tissue and Fascia, Open Approach
Subcutaneous Cardiac Rhythm Monitor	
0JH632Z	Insertion of Monitoring Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT32Z	Removal of Monitoring Device from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approac
Programming ILR and Remote Interrogation of ICM and ILR (Professional and Technical Components)	
4A02X4Z	Measurement of Cardiac Electrical Activity, External Approach
In Person Interrogation of transvenous ICD, ICM and ILR	
4A12X42	Monitoring of Cardiac Electrical Activity, External Approach
4A02X9Z	Measurement of Cardiac Electrical Activity, External Approach

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ICD-10-PCS	Description
Rhythm Management	
Electrophysiology	
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
4A02X4Z	Measurement of Cardiac Electrical Activity, External Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
3E043GC	Introduction of Other Therapeutic Substance into Central Vein, Percutaneous Approach
3E033GC	Introduction of Other Therapeutic Substance into Peripheral Vein, Percutaneous Approach
3E043GC	Introduction of Other Therapeutic Substance into Central Vein, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
02583ZZ	Destruction of Conduction Mechanism, Percutaneous Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
02583ZZ	Destruction of Conduction Mechanism, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
3E033KZ	Introduction of Other Diagnostic Substance into Peripheral Vein, Percutaneous Approach
3E043KZ	Introduction of Other Diagnostic Substance into Central Vein, Percutaneous Approach
4A12X9Z	Monitoring of Cardiac Output, External Approach
B244ZZ3	Ultrasonography of Right Heart, Intravascular
B245ZZ3	Ultrasonography of Left Heart, Intravascular
B246ZZ3	Ultrasonography of Right and Left Heart, Intravascular
B24BZZ3	Ultrasonography of Heart with Aorta, Intravascular
B24DZZ3	Ultrasonography of Pediatric Heart, Intravascular
B244ZZ4	Ultrasonography of Right Heart, Transesophageal
B245ZZ4	Ultrasonography of Left Heart, Transesophageal
B246ZZ4	Ultrasonography of Right and Left Heart, Transesophageal
B24BZZ4	Ultrasonography of Heart with Aorta, Transesophageal
B24CZZ4	Ultrasonography of Pericardium, Transesophageal
B24DZZ4	Ultrasonography of Pediatric Heart, Transesophageal
02563ZZ	Destruction of Right Atrium, Percutaneous Approach
02573ZZ	Destruction of Left Atrium, Percutaneous Approach

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ICD-10-PCS	Description
Interventional Cardiology	
Diagnostic Cardiac Catheterization	
4A023N6	Measurement of Cardiac Sampling and Pressure, Right Heart, Percutaneous Approach
4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach
4A023N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Percutaneous Approach
4A0239Z	Measurement of Cardiac Output, Percutaneous Approach
Angiography	
B2100ZZ	Coronary Artery, Single, High Osmolar, None, None
B2101ZZ	Coronary Artery, Single, low Osmolar, None, None
B210YZZ	Coronary Artery, Single, Other Contrast, None, None
B2110ZZ	Coronary Artery, Multiple, High Osmolar,None, None
B2111ZZ	Coronary Artery, Multiple, low Osmolar, None, None
B211YZZ	Coronary Artery, Multiple, Other Contrast, None, None
B2120ZZ	Coronary Artery Bypass Graft, Single, High Osmolar, None, None
B2121ZZ	Coronary Artery Bypass Graft, Single, Low Osmolar, None, None
B212YZZ	Coronary Artery Bypass Graft, Single, Other Contrast, None, None
B2130ZZ	Coronary Artery Bypass Graft, Multiple, High Osmolar, None, None
B2131ZZ	Coronary Artery Bypass Graft, Multiple, Low OsmolarNone, None
B213YZZ	Coronary Artery Bypass Graft, Multiple,Other Contrast, None, None
B2140ZZ	Heart, Right, High Osmolar, None, None
B2141ZZ	Heart, Right, High Low Osmolar, None, None
B214YZZ	Heart, Right, Other Contrast, None, None
B2150ZZ	Heart, Left, High Osmolar, None, None
B2151ZZ	Heart, Left, Low Osmolar, None, None
B215YZZ	Heart, Left, Other Contrast, None, None
B2160ZZ	Heart, Right and Left, High Osmolar, None, None
B2161ZZ	Heart, Right and Left, Low Osmolar, None, None

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ICD-10-PCS	Description
Interventional Cardiology	
Angiography Continued	
B216YZZ	Heart, Right and Left, Other Contrast, None, None
B2170ZZ	Internal Mammary Bypass Graft, Right, High Osmolar, None, None
B2171ZZ	Internal Mammary Bypass Graft, Right, Low Osmolar, None, None
B217YZZ	Internal Mammary Bypass Graft, Right, Other Contrast, None, None
B2180ZZ	Internal Mammary Bypass Graft, Left, High Osmolar, None, None
B2181ZZ	Internal Mammary Bypass Graft, Left, Low Osmolar, None, None
B218YZZ	Internal Mammary Bypass Graft, Left, Other Contrast, None, None
B21F0ZZ	Bypass Graft, Other, High Osmolar, None, None
B21F1ZZ	Bypass Graft, Other, Low Osmolar, None, None
B21FYZZ	Bypass Graft, Other, Other Contrast Osmolar, None, None
Injection Diagnostic Cardiac Catheterization	
3E053KZ	Introduction of Other Diagnostic Substance into Peripheral Artery, Percutaneous Approach
3E063KZ	Introduction of Other Diagnostic Substance into Central Artery, Percutaneous Approach
Miscellaneous	
3E053KZ	Introduction of Other Diagnostic Substance into Peripheral Artery, Percutaneous Approach
3E063KZ	Introduction of Other Diagnostic Substance into Central Artery, Percutaneous Approach
3E073KZ	Introduction of Other Diagnostic Substance into Coronary Artery, Percutaneous Approach
3E083KZ	Introduction of Other Diagnostic Substance into Heart, Percutaneous Approach
4A13351	Monitoring of Arterial Flow, Peripheral, Percutaneous Approach
4A13353	Monitoring of Arterial Flow, Pulmonary, Percutaneous Approach
4A1335C	Monitoring of Arterial Flow, Coronary, Percutaneous Approach
4A14350	Monitoring of Venous Flow, Central, Percutaneous Approach
4A14351	Monitoring of Venous Flow, Peripheral, Percutaneous Approach
4A14353	Monitoring of Venous Flow, Pulmonary, Percutaneous Approach
Coronary Angioplasty (PTCA), without stent	
02703ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Approach
02713ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Approach
02723ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Approach
02733ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach

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ICD-10-PCS	Description
Interventional Cardiology	
Coronary Atherectomy, without stent	
02703ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
Coronary Atherectomy, without stent *Continued*	
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach
Bare Metal Coronary Stent with Angioplasty	
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
02713EZ	Dilation of Coronary Artery, Two Areteries with Intraluminal Device, Percutaneous Approach
02723FZ	Dilation of Coronary Artery, Three Areteries with Intraluminal Device, Percutaneous Approach
02733GZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
Drug-Eluting Coronary Stent with Angioplasty	
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
027135Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027236Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027337Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273376	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach

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ICD-10-PCS	Description
Interventional Cardiology	
Bare Metal Coronary Stent with Atherectomy (Code dilation and extirpation as appropriate)	
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
02713EZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach
02723FZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach
02733GZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
Bare Metal Coronary Stent with Atherectomy (Code dilation and extirpation as appropriate) ***Continued***	
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach
Drug-Eluting Coronary Stent with Atherectomy (Code dilation and extirpation as appropriate)	
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
027135Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027236Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027337Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273376	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach

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ICD-10-PCS	Description
Interventional Cardiology	
Coronary DCB with IVUS When Performed	
XW0J3HA	Introduction of paclitaxel-coated balloon technology, one balloon into coronary artery, one artery, percutaneous approach, new technology group 10
XW0J3JA	Introduction of paclitaxel-coated balloon technology, two balloons into coronary artery, one artery, percutaneous approach, new technology group 10
XW0J3KA	Introduction of paclitaxel-coated balloon technology, three balloon into coronary artery, one artery, percutaneous approach, new technology group 10
XW0J3LA	Introduction of paclitaxel-coated balloon technology, four or more balloons into coronary artery, one artery, percutaneous approach, new technology group 10
XW0K3HA	Introduction of paclitaxel-coated balloon technology, one balloon into coronary artery, two arteries, percutaneous approach, new technology group 10
XW0K3JA	Introduction of paclitaxel-coated balloon technology, two balloons into coronary artery, two arteries, percutaneous approach, new technology group 10
XW0K3KA	Introduction of paclitaxel-coated balloon technology, three balloons into coronary artery, two arteries, percutaneous approach, new technology group 10
XW0K3LA	Introduction of paclitaxel-coated balloon technology, four or more balloons into coronary artery, two arteries, percutaneous approach, new technology group 10
XW0L3HA	Introduction of paclitaxel-coated balloon technology, one balloon into coronary artery, three arteries, percutaneous approach, new technology group 10
XW0L3JA	Introduction of paclitaxel-coated balloon technology, two balloons into coronary artery, three arteries, percutaneous approach, new technology group 10
XW0L3KA	Introduction of paclitaxel-coated balloon technology, three balloons into coronary artery, three arteries, percutaneous approach, new technology group 10
XW0L3LA	Introduction of paclitaxel-coated balloon technology, four or more balloons into coronary artery, three arteries, percutaneous approach, new technology group 10
XW0M3HA	Introduction of paclitaxel-coated balloon technology, one balloon into coronary artery, one artery, percutaneous approach, new technology group 10
XW0M3JA	Introduction of paclitaxel-coated balloon technology, two balloons into coronary artery, one artery, percutaneous approach, new technology group 10
XW0M3KA	Introduction of paclitaxel-coated balloon technology, three balloon into coronary artery, one artery, percutaneous approach, new technology group 10
XW0M3LA	Introduction of paclitaxel-coated balloon technology, four or more balloons into coronary artery, one artery, percutaneous approach, new technology group 10
Bare Metal Stent - Bypass Graft Revascularization (Code dilation and extirpation as appropriate)	
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
02713EZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach
02723FZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach
02733GZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach

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ICD-10-PCS	Description
Interventional Cardiology	
Drug-Eluting Stent - Bypass Graft Revascularization (Code dilation and extirpation as appropriate)	
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
027135Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027236Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027337Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273376	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach
Bare Metal Stent - Acute Myocardial Infarction Revascularization (Code dilation and extirpation as appropriate)	
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
02713EZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach
02723FZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach
02733GZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach

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ICD-10-PCS	Description
Interventional Cardiology	
Drug-Eluting Stent - Acute Myocardial Infarction Revascularization (Code dilation and extirpation as appropriate)	
027034Z	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
027035Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
027036Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
027037Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
Drug-Eluting Stent - Acute Myocardial Infarction Revascularization (Code dilation and extirpation as appropriate) ***Continued***	
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0270356	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
0270366	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
0270376	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach
Bare Metal Stent - Chronic Total Occlusion Revascularization (BSC currently has no stents FDA-approved for CTOs)	
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
02713EZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach
02723FZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach
02733GZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach

APPENDIX C

FY2025 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Interventional Cardiology	
Drug-Eluting Stent - Chronic Total Occlusion Revascularization (BSC currently has no stents FDA-approved for CTOs)	
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
027135Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027236Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027337Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273376	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
Drug-Eluting Stent - Chronic Total Occlusion Revascularization *Continued* (BSC currently has no stents FDA-approved for CTOs)	
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach
Intravascular Lithotripsy	
02F03ZZ	Fragmentation in Coronary Artery, One Artery, Percutaneous Approach
02F13ZZ	Fragmentation in Coronary Artery, Two Arteries, Percutaneous Approach
02F23ZZ	Fragmentation in Coronary Artery, Three Arteries, Percutaneous Approach
02F33ZZ	Fragmentation in Coronary Artery, Four or More Arteries, Percutaneous Approach
Transesophageal Echocardiography (TEE)	
B240ZZ4	Ultrasonography of Single Coronary Artery, Transesophageal
B241ZZ4	Ultrasonography of Multiple Coronary Arteries, Transesophageal
B244ZZ4	Ultrasonography of Right Heart, Transesophageal
B245ZZ4	Ultrasonography of Left Heart, Transesophageal
B246ZZ4	Ultrasonography of Right and Left Heart, Transesophageal
B24BZZ4	Ultrasonography of Heart with Aorta, Transesophageal
B24CZZ4	Ultrasonography of Pericardium, Transesophageal
B24DZZ4	Ultrasonography of Pediatric Heart, Transesophageal

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FY2025 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Interventional Cardiology	
Computed Tomography (CT)	
B2260ZZ	Computerized Tomography (CT Scan) of Right and Left Heart using High Osmolar Contrast
B2261ZZ	Computerized Tomography (CT Scan) of Right and Left Heart using Low Osmolar Contrast
B226YZZ	Computerized Tomography (CT Scan) of Right and Left Heart using Other Contrast
B22100Z	Computerized Tomography (CT Scan) of Multiple Coronary Arteries using High Osmolar Contrast, Unenhanced and Enhanced
B2210ZZ	Computerized Tomography (CT Scan) of Multiple Coronary Arteries using High Osmolar Contrast
B22110Z	Computerized Tomography (CT Scan) of Multiple Coronary Arteries using Low Osmolar Contrast, Unenhanced and Enhanced
B2211ZZ	Computerized Tomography (CT Scan) of Multiple Coronary Arteries using Low Osmolar Contrast
B221Y0Z	Computerized Tomography (CT Scan) of Multiple Coronary Arteries using Other Contrast, Unenhanced and Enhanced
B221YZZ	Computerized Tomography (CT Scan) of Multiple Coronary Arteries using Other Contrast
B221Z2Z	Computerized Tomography (CT Scan) of Multiple Coronary Arteries using Intravascular Optical Coherence
B221ZZZ	Computerized Tomography (CT Scan) of Multiple Coronary Arteries
B22300Z	Computerized Tomography (CT Scan) of Multiple Coronary Artery Bypass Grafts using High Osmolar Contrast, Unenhanced and Enhanced
B2230ZZ	Computerized Tomography (CT Scan) of Multiple Coronary Artery Bypass Grafts using High Osmolar Contrast
B22310Z	Computerized Tomography (CT Scan) of Multiple Coronary Artery Bypass Grafts using Low Osmolar Contrast, Unenhanced and Enhanced
B2231ZZ	Computerized Tomography (CT Scan) of Multiple Coronary Artery Bypass Grafts using Low Osmolar Contrast
Computed Tomography (CT) ***Continued***	
B223Y0Z	Computerized Tomography (CT Scan) of Multiple Coronary Artery Bypass Grafts using Other Contrast, Unenhanced and Enhanced
B223YZZ	Computerized Tomography (CT Scan) of Multiple Coronary Artery Bypass Grafts using Other Contrast
B223Z2Z	Computerized Tomography (CT Scan) of Multiple Coronary Artery Bypass Grafts using Intravascular Optical Coherence
B223ZZZ	Computerized Tomography (CT Scan) of Multiple Coronary Artery Bypass Grafts
Intracardiac Echocardiography (ICE)	
B244ZZ3	Ultrasonography of Right Heart, Intravascular
B245ZZ3	Ultrasonography of Left Heart, Intravascular
B246ZZ3	Ultrasonography of Right and Left Heart, Intravascular
B24BZZ3	Ultrasonography of Heart with Aorta, Intravascular
B24DZZ3	Ultrasonography of Pediatric Heart, Intravascular
Intravascular Ultrasound	
B240ZZ3	Ultrasonography of Single Coronary Artery, Intravascular
B241ZZ3	Ultrasonography of Multiple Coronary Arteries, Intravascular
Fractional Flow Reserve	
4A033BC	Measurement of Arterial Pressure, Coronary, Percutaneous Approach

APPENDIX C

FY2025 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Interventional Cardiology	
Thrombectomy	
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach
Endovascular or Transthoracic Valves	
X2A5312	Cerebral Embolic Filtration, Dual Filter in Innominate Artery and Left Common Carotid Artery, Percutaneous Approach, New Technology Group 2
02RF38H	Replacement of Aortic Valve with Zooplastic Tissue, Transapical, Percutaneous Approach
02RF38Z	Replacement of Aortic Valve with Zooplastic Tissue, Percutaneous Approach
02RF38N	Replacement of Aortic Valve with Zooplastic Tissue, using Rapid Deployment Technique, Percutaneous Approach
5A1221Z	Performance of Cardiac Output, Continuous
5A1221J	Performance of Cardiac Output, Continuous, Automated
WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure	
02L73DK	Occlusion of Left Atrial Appendage with Intraluminal Device, Percutaneous Approach

APPENDIX C

FY2025 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Peripheral Interventions	
Percutaneous Transluminal Balloon Angioplasty	
027W34Z	Dilation of Thoracic Aorta, Descending with Drug-eluting Intraluminal Device, Perc Approach
03723D1	Dilation of Innominate Artery, with Intraluminal Device, Drug-Coated Balloon, Perc Approach
037J34Z	Dilation of Left Common Carotid Artery, with Intraluminal Device, Drug-eluting, Perc Approach
04793D1	Dilation of Right Renal Artery, with Intraluminal Device, Drug-Coated Balloon, Perc Approach
Iliac Artery Revascularization	
047C3ZZ	Dilation of Right Common Iliac Artery, Perc Approach
047C4ZZ	Dilation of Right Common Iliac Artery, Perc Endo Approach
047C3DZ	Dilation of Right Common Iliac Artery, Intraluminal Dev, Perc Approach
047C4DZ	Dilation of Right Common Iliac Artery, Intraluminal Dev, Perc Endo Approach
047C341	Dilation of Right Common Iliac Artery, Drug-eluting Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047C441	Dilation of Right Common Iliac Artery, Drug-eluting Intraluminal Dev, Drug-Coated Balloon, Perc Endo Approach
047C3D1	Dilation of Right Common Iliac Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047C4D1	Dilation of Right Common Iliac Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Endo Approach
047C3Z1	Dilation of Right Common Iliac Artery, Drug-Coated Balloon, Perc Approach
047C4Z1	Dilation of Right Common Iliac Artery, Drug-Coated Balloon, Perc Endo Approach
047D3ZZ	Dilation of Left Common Iliac Artery, Perc Approach
047D4ZZ	Dilation of Left Common Iliac Artery, Perc Endo Approach
047D3DZ	Dilation of Left Common Iliac Artery, Intraluminal Dev, Perc Approach
047D4DZ	Dilation of Left Common Iliac Artery, Intraluminal Dev, Perc Endo Approach
047D341	Dilation of Left Common Iliac Artery, Drug-eluting Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047D441	Dilation of Left Common Iliac Artery, Drug-eluting Intraluminal Dev, Drug-Coated Balloon, Perc Endo Approach
047D3D1	Dilation of Left Common Iliac Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047D4D1	Dilation of Left Common Iliac Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Endo Approach
047D3Z1	Dilation of Left Common Iliac Artery, Drug-Coated Balloon, Perc Approach
047D4Z1	Dilation of Left Common Iliac Artery, Drug-Coated Balloon, Perc Endo Approach
047E3ZZ	Dilation of Right Internal Iliac Artery, Perc Approach
047E4ZZ	Dilation of Right Internal Iliac Artery, Perc Endo Approach
047E3DZ	Dilation of Right Internal Iliac Artery, Intraluminal Dev, Perc Approach
047E4DZ	Dilation of Right Internal Iliac Artery, Intraluminal Dev, Perc Endo Approach
047E341	Dilation of Right Internal Iliac Artery, Drug-eluting Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047E441	Dilation of Right Internal Iliac Artery, Drug-eluting Intraluminal Dev, Drug-Coated Balloon, Perc Endo Approach

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FY2025 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Peripheral Interventions	
Iliac Artery Revascularization *Continued*	
047E3D1	Dilation of Right Internal Iliac Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047E4D1	Dilation of Right Internal Iliac Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Endo Approach
047E3Z1	Dilation of Right Internal Iliac Artery, Drug-Coated Balloon, Perc Approach
047E4Z1	Dilation of Right Internal Iliac Artery, Drug-Coated Balloon, Perc Endo Approach
047F3ZZ	Dilation of Left Internal Iliac Artery, Perc Approach
047F4ZZ	Dilation of Left Internal Iliac Artery, Perc Endo Approach
047F3DZ	Dilation of Left Internal Iliac Artery, Intraluminal Dev, Perc Approach
047F4DZ	Dilation of Left Internal Iliac Artery, Intraluminal Dev, Perc Endo Approach
047F341	Dilation of Left Internal Iliac Artery, Drug-eluting Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047F441	Dilation of Left Internal Iliac Artery, Drug-eluting Intraluminal Dev, Drug-Coated Balloon, Perc Endo Approach
047F3D1	Dilation of Left Internal Iliac Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047F4D1	Dilation of Left Internal Iliac Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Endo Approach
047F3Z1	Dilation of Left Internal Iliac Artery, Drug-Coated Balloon, Perc Approach
047F4Z1	Dilation of Left Internal Iliac Artery, Drug-Coated Balloon, Perc Endo Approach
047H3ZZ	Dilation of Right External Iliac Artery, Perc Approach
047H4ZZ	Dilation of Right External Iliac Artery, Perc Endo Approach
047H3DZ	Dilation of Right External Iliac Artery, Extraluminal Dev, Perc Approach
047H4DZ	Dilation of Right External Iliac Artery, Extraluminal Dev, Perc Endo Approach
047H341	Dilation of Right External Iliac Artery, Drug-eluting Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047H441	Dilation of Right External Iliac Artery, Drug-eluting Intraluminal Dev, Drug-Coated Balloon, Perc Endo Approach
047H3D1	Dilation of Right External Iliac Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047H4D1	Dilation of Right External Iliac Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Endo Approach
047H3Z1	Dilation of Right External Iliac Artery, Drug-Coated Balloon, Perc Approach
047H4Z1	Dilation of Right External Iliac Artery, Drug-Coated Balloon, Perc Endo Approach
047J3ZZ	Dilation of Left External Iliac Artery, Perc Approach
047J4ZZ	Dilation of Left External Iliac Artery, Perc Endo Approach
047J3DZ	Dilation of Left External Iliac Artery, Extraluminal Dev, Perc Approach
047J4DZ	Dilation of Left External Iliac Artery, Extraluminal Dev, Perc Endo Approach
047J341	Dilation of Left External Iliac Artery, Drug-eluting Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047J441	Dilation of Left External Iliac Artery, Drug-eluting Intraluminal Dev, Drug-Coated Balloon, Perc Endo Approach
047J3D1	Dilation of Left External Iliac Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047J4D1	Dilation of Left External Iliac Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Endo Approach
047J3Z1	Dilation of Left External Iliac Artery, Drug-Coated Balloon, Perc Approach
047J4Z1	Dilation of Left External Iliac Artery, Drug-Coated Balloon, Perc Endo Approach

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FY2025 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Peripheral Interventions	
Femoral/Popliteal Artery Revascularization	
047K3DZ	Dilation of Right Femoral Artery, Intraluminal Dev, Perc Approach
047K34Z	Dilation of Right Femoral Artery, Intraluminal Dev, Drug-eluting, Perc Approach
047K3Z1	Dilation of Right Femoral Artery, Drug-Coated Balloon, Perc Approach
047K3D1	Dilation of Right Femoral Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047K341	Dilation of Right Femoral Artery, Intraluminal Dev, Drug-eluting, Drug-Coated Balloon, Perc Approach
047L3DZ	Dilation of Left Femoral Artery, Intraluminal Dev, Perc Approach
047L34Z	Dilation of Left Femoral Artery, Intraluminal Dev, Drug-eluting, Perc Approach
047L3Z1	Dilation of Left Femoral Artery, Drug-Coated Balloon, Perc Approach
047L3D1	Dilation of Left Femoral Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047L341	Dilation of Left Femoral Artery, Intraluminal Dev, Drug-eluting, Drug-Coated Balloon, Perc Approach
047M3DZ	Dilation of Right Popliteal Artery, Intraluminal Dev, Perc Approach
047M34Z	Dilation of Right Popliteal Artery, Intraluminal Dev, Drug-eluting, Perc Approach
047M3Z1	Dilation of Right Popliteal Artery, Drug-Coated Balloon, Perc Approach
047M3D1	Dilation of Right Popliteal Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047M341	Dilation of Right Popliteal Artery, Intraluminal Dev, Drug-eluting, Drug-Coated Balloon, Perc Approach
047N3DZ	Dilation of Left Popliteal Artery, Intraluminal Dev, Perc Approach
047N34Z	Dilation of Left Popliteal Artery, Intraluminal Dev, Drug-eluting, Perc Approach
047N3Z1	Dilation of Left Popliteal Artery, Drug-Coated Balloon, Perc Approach
047N3D1	Dilation of Left Popliteal Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047N341	Dilation of Left Popliteal Artery, Intraluminal Dev, Drug-eluting, Drug-Coated Balloon, Perc Approach
X27H385	Dilation of Right Femoral Artery, Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27H395	Dilation of Right Femoral Artery, 3 Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27H3B5	Dilation of Right Femoral Artery, 4 or > Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27H3C5	Dilation of Right Femoral Artery, 2 Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27J385	Dilation of Left Femoral Artery, Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27J395	Dilation of Left Femoral Artery, 3 Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27J3B5	Dilation of Left Femoral Artery, 4 or > Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27J3C5	Dilation of Left Femoral Artery, 2 Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27K385	Dilation of Proximal Right Popliteal Artery, Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27K395	Dilation of Proximal Right Popliteal Artery, 3 Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27K3B5	Dilation of Proximal Right Popliteal Artery, 4 or > Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27K3C5	Dilation of Proximal Right Popliteal Artery, 2 Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27L385	Dilation of Proximal Left Popliteal Artery, Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27L395	Dilation of Proximal Left Popliteal Artery, 3 Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27L3B5	Dilation of Proximal Left Popliteal Artery, 4 or > Sustained Release Drug-eluting Intraluminal Dev, Perc Approach
X27L3C5	Dilation of Proximal Left Popliteal Artery, 2 Sustained Release Drug-eluting Intraluminal Dev, Perc Approach

APPENDIX C

FY2025 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Peripheral Interventions	
Femoral/Popliteal Artery Revascularization Continued	
04CK3ZZ	Extirpation of Matter, Right Femoral Artery, Perc Approach
04CL3ZZ	Extirpation of Matter, Left Femoral Artery, Perc Approach
04CM3ZZ	Extirpation of Matter, Right Popliteal Artery, Perc Approach
04CN3ZZ	Extirpation of Matter, Left Popliteal Artery, Perc Approach
Tibial/Peroneal Artery Revascularization	
047P3DZ	Dilation of Right Anterior Tibial Artery, Intraluminal Dev, Perc Approach
047P34Z	Dilation of Right Anterior Tibial Artery, Intraluminal Dev, Drug-eluting, Perc Approach
047P3Z1	Dilation of Right Anterior Tibial Artery, Drug-Coated Balloon, Perc Approach
047P3D1	Dilation of Right Anterior Tibial Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047P341	Dilation of Right Anterior Tibial Artery, Intraluminal Dev, Drug-eluting, Drug-Coated Balloon, Perc Approach
047Q3DZ	Dilation of Left Anterior Tibial Artery, Intraluminal Dev, Perc Approach
047Q34Z	Dilation of Left Anterior Tibial Artery, Intraluminal Dev, Drug-eluting, Perc Approach
047Q3Z1	Dilation of Left Anterior Tibial Artery, Drug-Coated Balloon, Perc Approach
047Q3D1	Dilation of Left Anterior Tibial Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047Q341	Dilation of Left Anterior Tibial Artery, Intraluminal Dev, Drug-eluting, Drug-Coated Balloon, Perc Approach
047R3DZ	Dilation of Right Posterior Tibial Artery, Intraluminal Dev, Perc Approach
047R34Z	Dilation of Right Posterior Tibial Artery, Intraluminal Dev, Drug-eluting, Perc Approach
047R3Z1	Dilation of Right Posterior Tibial Artery, Drug-Coated Balloon, Perc Approach
047R3D1	Dilation of Right Posterior Tibial Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047R341	Dilation of Right Posterior Tibial Artery, Intraluminal Dev, Drug-eluting, Drug-Coated Balloon, Perc Approach
047S3DZ	Dilation of Left Posterior Tibial Artery, Intraluminal Dev, Perc Approach
047S34Z	Dilation of Left Posterior Tibial Artery, Intraluminal Dev, Drug-eluting, Perc Approach
047S3Z1	Dilation of Left Posterior Tibial Artery, Drug-Coated Balloon, Perc Approach
047S3D1	Dilation of Left Posterior Tibial Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047S341	Dilation of Left Posterior Tibial Artery, Intraluminal Dev, Drug-eluting, Drug-Coated Balloon, Perc Approach
047T3DZ	Dilation of Right Peroneal Artery, Intraluminal Dev, Perc Approach
047T34Z	Dilation of Right Peroneal Artery, Intraluminal Dev, Drug-eluting, Perc Approach
047T3Z1	Dilation of Right Peroneal Artery, Drug-Coated Balloon, Perc Approach
047T3D1	Dilation of Right Peroneal Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047T341	Dilation of Right Peroneal Artery, Intraluminal Dev, Drug-eluting, Drug-Coated Balloon, Perc Approach
047U3DZ	Dilation of Left Peroneal Artery, Intraluminal Dev, Perc Approach
047U34Z	Dilation of Left Peroneal Artery, Intraluminal Dev, Drug-eluting, Perc Approach
047U3Z1	Dilation of Left Peroneal Artery, Drug-Coated Balloon, Perc Approach
047U3D1	Dilation of Left Peroneal Artery, Intraluminal Dev, Drug-Coated Balloon, Perc Approach
047U341	Dilation of Left Peroneal Artery, Intraluminal Dev, Drug-eluting, Drug-Coated Balloon, Perc Approach
04CP3ZZ	Extirpation of Matter, Right Anterior Tibial Artery, Perc Approach

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FY2025 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Peripheral Interventions	
Tibial/Peroneal Artery Revascularization *Continued*	
04CQ3ZZ	Extirpation of Matter, Left Anterior Tibial Artery, Perc Approach
04CR3ZZ	Extirpation of Matter, Right Posterior Tibial Artery, Perc Approach
04CS3ZZ	Extirpation of Matter, Left Posterior Tibial Artery, Perc Approach
04CT3ZZ	Extirpation of Matter, Right Peroneal Artery, Perc Approach
04CU3ZZ	Extirpation of Matter, Left Peroneal Artery, Perc Approach
Transcatheter Placement of Carotid Stents with Embolic Protection	
037H3DZ	Dilation of Right Common Carotid Artery, Intraluminal Dev, Perc Approach
037H3EZ	Dilation of Right Common Carotid Artery, 2 Intraluminal Dev, Perc Approach
037H3FZ	Dilation of Right Common Carotid Artery, 3 Intraluminal Dev, Perc Approach
037H3GZ	Dilation of Right Common Carotid Artery, 4 or > Intraluminal Dev, Perc Approach
037H34Z	Dilation of Right Common Carotid Artery, Intraluminal Dev, Drug-eluting, Perc Approach
037H35Z	Dilation of Right Common Carotid Artery, 2 Intraluminal Dev, Drug-eluting, Perc Approach
037H36Z	Dilation of Right Common Carotid Artery, 3 Intraluminal Dev, Drug-eluting, Perc Approach
037H37Z	Dilation of Right Common Carotid Artery, 4 or > Intraluminal Dev, Drug-eluting, Perc Approach
037J3DZ	Dilation of Left Common Carotid Artery, Intraluminal Dev, Perc Approach
037J3EZ	Dilation of Left Common Carotid Artery, 2 Intraluminal Dev, Perc Approach
037J3FZ	Dilation of Left Common Carotid Artery, 3 Intraluminal Dev, Perc Approach
037J3GZ	Dilation of Left Common Carotid Artery, 4 or > Intraluminal Dev, Perc Approach
037J34Z	Dilation of Left Common Carotid Artery, Intraluminal Dev, Drug-eluting, Perc Approach
037J35Z	Dilation of Left Common Carotid Artery, 2 Intraluminal Dev, Drug-eluting, Perc Approach
037J36Z	Dilation of Left Common Carotid Artery, 3 Intraluminal Dev, Drug-eluting, Perc Approach
037J37Z	Dilation of Left Common Carotid Artery, 4 or > Intraluminal Dev, Drug-eluting, Perc Approach
037K3DZ	Dilation of Right Internal Carotid Artery, Intraluminal Dev, Perc Approach
037K3EZ	Dilation of Right Internal Carotid Artery, 2 Intraluminal Dev, Perc Approach
037K3FZ	Dilation of Right Internal Carotid Artery, 3 Intraluminal Dev, Perc Approach
037K3GZ	Dilation of Right Internal Carotid Artery, 4 or > Intraluminal Dev, Perc Approach
037K34Z	Dilation of Right Internal Carotid Artery, Intraluminal Dev, Drug-eluting, Perc Approach
037K35Z	Dilation of Right Internal Carotid Artery, 2 Intraluminal Dev, Drug-eluting, Perc Approach
037K36Z	Dilation of Right Internal Carotid Artery, 3 Intraluminal Dev, Drug-eluting, Perc Approach
037K37Z	Dilation of Right Internal Carotid Artery, 4 or > Intraluminal Dev, Drug-eluting, Perc Approach
037L3DZ	Dilation of Left Internal Carotid Artery, Intraluminal Dev, Perc Approach
037L3EZ	Dilation of Left Internal Carotid Artery, 2 Intraluminal Dev, Perc Approach
037L3FZ	Dilation of Left Internal Carotid Artery, 3 Intraluminal Dev, Perc Approach
037L3GZ	Dilation of Left Internal Carotid Artery, 4 or > Intraluminal Dev, Perc Approach
037L34Z	Dilation of Left Internal Carotid Artery, Intraluminal Dev, Drug-eluting, Perc Approach
037L35Z	Dilation of Left Internal Carotid Artery, 2 Intraluminal Dev, Drug-eluting, Perc Approach

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ICD-10-PCS	Description
Peripheral Interventions	
Transcatheter Placement of Carotid Stents with Embolic Protection *Continued*	
037L36Z	Dilation of Left Internal Carotid Artery, 3 Intraluminal Dev, Drug-eluting, Perc Approach
037L37Z	Dilation of Left Internal Carotid Artery, 4 or > Intraluminal Dev, Drug-eluting, Perc Approach
037M3DZ	Dilation of Right External Carotid Artery, Intraluminal Dev, Perc Approach
037M3EZ	Dilation of Right External Carotid Artery, 2 Intraluminal Dev, Perc Approach
037M3FZ	Dilation of Right External Carotid Artery, 3 Intraluminal Dev, Perc Approach
037M3GZ	Dilation of Right External Carotid Artery, 4 or > Intraluminal Dev, Perc Approach
037M34Z	Dilation of Right External Carotid Artery, Intraluminal Dev, Drug-eluting, Perc Approach
037M35Z	Dilation of Right External Carotid Artery, 2 Intraluminal Dev, Drug-eluting, Perc Approach
037M36Z	Dilation of Right External Carotid Artery, 3 Intraluminal Dev, Drug-eluting, Perc Approach
037M37Z	Dilation of Right External Carotid Artery, 4 or > Intraluminal Dev, Drug-eluting, Perc Approach
037N3DZ	Dilation of Left External Carotid Artery, Intraluminal Dev, Perc Approach
037N3EZ	Dilation of Left External Carotid Artery, 2 Intraluminal Dev, Perc Approach
037N3FZ	Dilation of Left External Carotid Artery, 3 Intraluminal Dev, Perc Approach
037N3GZ	Dilation of Left External Carotid Artery, 4 or > Intraluminal Dev, Perc Approach
037N34Z	Dilation of Left External Carotid Artery, Intraluminal Dev, Drug-eluting, Perc Approach
037N35Z	Dilation of Left External Carotid Artery, 2 Intraluminal Dev, Drug-eluting, Perc Approach
037N36Z	Dilation of Left External Carotid Artery, 3 Intraluminal Dev, Drug-eluting, Perc Approach
037N37Z	Dilation of Left External Carotid Artery, 4 or > Intraluminal Dev, Drug-eluting, Perc Approach
Embolization	
03L53DZ	Occlusion of Right Axillary Artery, Intraluminal Dev, Perc Approach
04L33DZ	Occlusion of Hepatic Artery, Intraluminal Dev, Perc Approach
05LB3DZ	Occlusion of Right Basilic Vein, Intraluminal Dev, Perc Approach
06LY3DZ	Occlusion of Lower Vein, Intraluminal Dev, Perc Approach
Catheter Placement	
02HQ33Z	Insertion, Right Pulmonary Artery, Infusion Dev, Perc Approach
02HQ3DZ	Insertion, Right Pulmonary Artery, Intraluminal Dev, Perc Approach
02HR33Z	Insertion, Left Pulmonary Artery, Infusion Dev, Perc Approach
02HR3DZ	Insertion, Left Pulmonary Artery, Intraluminal Dev, Perc Approach
02HV33Z	Insertion, Superior Vena Cava, Infusion Dev, Perc Approach
02HV3DZ	Insertion, Superior Vena Cava, Intraluminal Dev, Perc Approach
03HY33Z	Insertion, Upper Artery, Infusion Dev, Perc Approach
03HY3DZ	Insertion, Upper Artery, Intraluminal Dev, Perc Approach
04H333Z	Insertion, Hepatic Artery, Infusion Dev, Perc Approach
04H33DZ	Insertion, Hepatic Artery, Intraluminal Dev, Perc Approach
04HK33Z	Insertion, Right Femoral Artery, Infusion Dev, Perc Approach
04HK3DZ	Insertion, Right Femoral Artery, Intraluminal Dev, Perc Approach
04HL33Z	Insertion, Left Femoral Artery, Infusion Dev, Perc Approach

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ICD-10-PCS	Description
Peripheral Interventions	
Catheter Placement Continued	
04HL3DZ	Insertion, Left Femoral Artery, Intraluminal Dev, Perc Approach
05HG33Z	Insertion, Right Hand Vein, Infusion Dev, Perc Approach
05HH33Z	Insertion, Left Hand Vein, Infusion Dev, Perc Approach
05HY33Z	Insertion, Upper Vein, Infusion Dev, Perc Approach
06H033Z	Insertion, Inferior Vena Cava, Infusion Dev, Perc Approach
06H03DZ	Insertion, Inferior Vena Cava, Intraluminal Dev, Perc Approach
06HM33Z	Insertion, Right Femoral Vein, Infusion Dev, Perc Approach
06HM3DZ	Insertion, Right Femoral Vein, Intraluminal Dev, Perc Approach
06HN33Z	Insertion, Left Femoral Vein, Infusion Dev, Perc Approach
06HN3DZ	Insertion, Left Femoral Vein, Intraluminal Dev, Perc Approach
06HY33Z	Insertion, Lower Vein, Infusion Dev, Perc Approach
06HY3DZ	Insertion, Lower Vein, Intraluminal Dev, Perc Approach
Angiography	
B30H1ZZ	Plain Radiography, Right Upper Extremity Arteries, Low Osmolar Contrast
B30H0ZZ	Plain Radiography, Right Upper Extremity Arteries, High Osmolar Contrast
B30HZZZ	Plain Radiography, Right Upper Extremity Arteries, No Contrast
B30J1ZZ	Plain Radiography, Left Upper Extremity Arteries, Low Osmolar Contrast
B30J0ZZ	Plain Radiography, Left Upper Extremity Arteries, High Osmolar Contrast
B30JZZZ	Plain Radiography, Left Upper Extremity Arteries, No Contrast
B30K1ZZ	Plain Radiography, Bilateral Upper Extremity Arteries, Low Osmolar Contrast
B30K0ZZ	Plain Radiography, Bilateral Upper Extremity Arteries, High Osmolar Contrast
B30KZZZ	Plain Radiography, Bilateral Upper Extremity Arteries, No Contrast
B31N010	Fluoroscopy, Other Upper Arteries, High Osmolar Contrast, Laser, Intraop
B31N110	Fluoroscopy, Other Upper Arteries, Low Osmolar Contrast, Laser, Intraop
B4000ZZ	Plain Radiography, Abdominal Aorta, High Osmolar Contrast
B4001ZZ	Plain Radiography, Abdominal Aorta, Low Osmolar Contrast
B4020ZZ	Plain Radiography, Hepatic Artery, High Osmolar Contrast
B4021ZZ	Plain Radiography, Hepatic Artery, Low Osmolar Contrast
B4030ZZ	Plain Radiography, Splenic Artery, High Osmolar Contrast
B4031ZZ	Plain Radiography, Splenic Artery, Low Osmolar Contrast
B4040ZZ	Plain Radiography, Superior Mesenteric Artery, High Osmolar Contrast
B4041ZZ	Plain Radiography, Superior Mesenteric Artery, Low Osmolar Contrast
B4050ZZ	Plain Radiography, Inferior Mesenteric Artery, High Osmolar Contrast
B4051ZZ	Plain Radiography, Inferior Mesenteric Artery, Low Osmolar Contrast

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ICD-10-PCS	Description
Peripheral Interventions	
Angiography *Continued*	
B40B0ZZ	Plain Radiography, Other Intra-Abdominal Artery, High Osmolar Contrast
B40B1ZZ	Plain Radiography, Other Intra-Abdominal Artery, Low Osmolar Contrast
B40D0ZZ	Plain Radiography, Aorta and Bilateral Lower Extremity Artery, High Osmolar Contrast
B40D1ZZ	Plain Radiography, Aorta and Bilateral Lower Extremity Artery, Low Osmolar Contrast
B40F0ZZ	Plain Radiography, Right Lower Extremity Artery, High Osmolar Contrast
B40F1ZZ	Plain Radiography, Right Lower Extremity Artery, Low Osmolar Contrast
B40G0ZZ	Plain Radiography, Left Lower Extremity Artery, High Osmolar Contrast
B40G1ZZ	Plain Radiography, Left Lower Extremity Artery, Low Osmolar Contrast
B40J0ZZ	Plain Radiography, Other Lower Artery, High Osmolar Contrast
B40J1ZZ	Plain Radiography, Other Lower Artery, Low Osmolar Contrast
B4100ZZ	Fluoroscopy, Abdominal Aorta, High Osmolar Contrast
B4101ZZ	Fluoroscopy, Abdominal Aorta, Low Osmolar Contrast
B4120ZZ	Fluoroscopy, Hepatic Artery, High Osmolar Contrast
B4121ZZ	Fluoroscopy, Hepatic Artery, Low Osmolar Contrast
B4130ZZ	Fluoroscopy, Splenic Artery, High Osmolar Contrast
B4131ZZ	Fluoroscopy, Splenic Artery, Low Osmolar Contrast
B4140ZZ	Fluoroscopy, Superior Mesenteric Artery, High Osmolar Contrast
B4141ZZ	Fluoroscopy, Superior Mesenteric Artery, Low Osmolar Contrast
B4150ZZ	Fluoroscopy, Inferior Mesenteric Artery, High Osmolar Contrast
B4151ZZ	Fluoroscopy, Inferior Mesenteric Artery, Low Osmolar Contrast
B41B0ZZ	Fluoroscopy, Other Intra-Abdominal Artery, High Osmolar Contrast
B41B1ZZ	Fluoroscopy, Other Intra-Abdominal Artery, Low Osmolar Contrast
B41D0ZZ	Fluoroscopy, Aorta and Bilateral Lower Extremity Artery, High Osmolar Contrast
B41D1ZZ	Fluoroscopy, Aorta and Bilateral Lower Extremity Artery, Low Osmolar Contrast
B41F0ZZ	Fluoroscopy, Right Lower Extremity Artery, High Osmolar Contrast
B41F1ZZ	Fluoroscopy, Right Lower Extremity Artery, Low Osmolar Contrast
B41G0ZZ	Fluoroscopy, Left Lower Extremity Artery, High Osmolar Contrast
B41G1ZZ	Fluoroscopy, Left Lower Extremity Artery, Low Osmolar Contrast
B41J0ZZ	Fluoroscopy, Other Lower Artery, High Osmolar Contrast
B41J1ZZ	Fluoroscopy, Other Lower Artery, Low Osmolar Contrast

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ICD-10-PCS	Description
Peripheral Interventions	
Venography	
B5090ZZ	Plain Radiography, Inferior Vena Cava, High Osmolar Contrast
B5091ZZ	Plain Radiography, Inferior Vena Cava, Low Osmolar Contrast
B50B0ZZ	Plain Radiography, Right Lower Extremity Veins, High Osmolar Contrast
B50B1ZZ	Plain Radiography, Right Lower Extremity Veins, Low Osmolar Contrast
B50C0ZZ	Plain Radiography, Left Lower Extremity Veins, High Osmolar Contrast
B50C1ZZ	Plain Radiography, Left Lower Extremity Veins, Low Osmolar Contrast
B50D0ZZ	Plain Radiography, Bilateral Lower Extremity Veins, High Osmolar Contrast
B50D1ZZ	Plain Radiography, Bilateral Lower Extremity Veins, Low Osmolar Contrast
B50M0ZZ	Plain Radiography, Right Upper Extremity Veins, High Osmolar Contrast
B50M1ZZ	Plain Radiography, Right Upper Extremity Veins, Low Osmolar Contrast
B50N0ZZ	Plain Radiography, Left Upper Extremity Veins, High Osmolar Contrast
B50N1ZZ	Plain Radiography, Left Upper Extremity Veins, Low Osmolar Contrast
B50P0ZZ	Plain Radiography, Bilateral Upper Extremity Veins, High Osmolar Contrast
B50P1ZZ	Plain Radiography, Bilateral Upper Extremity Veins, Low Osmolar Contrast
B50V0ZZ	Plain Radiography, Other Veins, High Osmolar Contrast
B50V1ZZ	Plain Radiography, Other Veins, Low Osmolar Contrast
B50W0ZZ	Plain Radiography, Dialysis Shunt / Fistula, High Osmolar Contrast
B50W1ZZ	Plain Radiography, Dialysis Shunt / Fistula, Low Osmolar Contrast
B5190ZZ	Fluoroscopy, Inferior Vena Cava, High Osmolar Contrast
B5191ZZ	Fluoroscopy, Inferior Vena Cava, Low Osmolar Contrast
B51B0ZZ	Fluoroscopy, Right Lower Extremity Veins, High Osmolar Contrast
B51B1ZZ	Fluoroscopy, Right Lower Extremity Veins, Low Osmolar Contrast
B51C0ZZ	Fluoroscopy, Left Lower Extremity Veins, High Osmolar Contrast
B51C1ZZ	Fluoroscopy, Left Lower Extremity Veins, Low Osmolar Contrast
B51D0ZZ	Fluoroscopy, Bilateral Lower Extremity Veins, High Osmolar Contrast
B51D1ZZ	Fluoroscopy, Bilateral Lower Extremity Veins, Low Osmolar Contrast
B51M0ZZ	Fluoroscopy, Right Upper Extremity Veins, High Osmolar Contrast
B51M1ZZ	Fluoroscopy, Right Upper Extremity Veins, Low Osmolar Contrast
B51N0ZZ	Fluoroscopy, Left Upper Extremity Veins, High Osmolar Contrast
B51N1ZZ	Fluoroscopy, Left Upper Extremity Veins, Low Osmolar Contrast

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ICD-10-PCS	Description
Peripheral Interventions	
Venography *Continued*	
B51P0ZZ	Fluoroscopy, Bilateral Upper Extremity Veins, High Osmolar Contrast
B51P1ZZ	Fluoroscopy, Bilateral Upper Extremity Veins, Low Osmolar Contrast
B51V0ZZ	Fluoroscopy, Other Veins, High Osmolar Contrast
B51V1ZZ	Fluoroscopy, Other Veins, Low Osmolar Contrast
B51W0ZZ	Fluoroscopy, Dialysis Shunt / Fistula, High Osmolar Contrast
B51W1ZZ	Fluoroscopy, Dialysis Shunt / Fistula, Low Osmolar Contrast
Transhepatic Shunts (TIPS)	
06H43DZ	Insertion, Hepatic Vein, Intraluminal Dev, Perc Approach
06H83DZ	Insertion, Portal Vein, Intraluminal Dev, Perc Approach
06743DZ	Dilation, Hepatic Vein, Intraluminal Dev, Perc Approach
06783DZ	Dilation, Portal Vein, Intraluminal Dev, Perc Approach
06PY3DZ	Removal, Lower Vein, Intraluminal Dev, Perc Approach
06WY3DZ	Revision, Lower Vein, Intraluminal Dev, Perc Approach
Dialysis Circuit	
02CV3ZZ	Extirpation of Matter, Superior Vena Cava, Perc Approach
05CY3ZZ	Extirpation of Matter, Upper Vein, Perc Approach
06CY3ZZ	Extirpation of Matter, Lower Vein, Perc Approach
3E03317	Introduction, Peripheral Vein, Other Thrombolytic, Perc Approach
3E04317	Introduction, Central Vein, Other Thrombolytic, Perc Approach
057----	Dilation, Upper Veins
067----	Dilation, Lower Veins
Arterial Thrombectomy	
02CP3ZZ	Extirpation of Matter, Pulmonary Trunk, Perc Approach
02CQ3ZZ	Extirpation of Matter, Right Pulmonary Artery, Perc Approach
02CR3ZZ	Extirpation of Matter, Left Pulmonary Artery, Perc Approach
03CY3ZZ	Extirpation of Matter, Upper Artery, Perc Approach
04CY3ZZ	Extirpation of Matter, Lower Artery, Perc Approach
Venous Thrombectomy	
02CV3ZZ	Extirpation of Matter, Superior Vena Cava, Perc Approach
05CY3ZZ	Extirpation of Matter, Upper Vein, Perc Approach
06C03ZZ	Extirpation of Matter, Inferior Vena Cava, Perc Approach
06CY3ZZ	Extirpation of Matter, Lower Vein, Perc Approach

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ICD-10-PCS	Description
Peripheral Interventions	
Ultrasound Assisted Thrombolysis	
3E05317	Introduction, Peripheral Artery, Other Thrombolytic, Perc Approach
3E06317	Introduction, Central Artery, Other Thrombolytic, Perc Approach
3E03317	Introduction, Peripheral Vein, Other Thrombolytic, Perc Approach
3E04317	Introduction, Central Vein, Other Thrombolytic, Perc Approach
02FP3Z0	Fragmentation, Pulmonary Trunk, Ultrasonic, Perc Approach
02FQ3Z0	Fragmentation, Right Pulmonary Artery, Ultrasonic, Perc Approach
02FR3Z0	Fragmentation, Left Pulmonary Artery, Ultrasonic, Perc Approach
03FY3Z0	Fragmentation, Upper Artery, Ultrasonic, Perc Approach
04FY3Z0	Fragmentation, Lower Artery, Ultrasonic, Perc Approach
05FY3Z0	Fragmentation, Upper Vein, Ultrasonic, Perc Approach
06FY3Z0	Fragmentation, Lower Vein, Ultrasonic, Perc Approach
Vena Cava Filters	
06H03DZ	Insertion, Inferior Vena Cava, Intraluminal Dev, Perc Approach
06WY3DZ	Revision, Lower Vein, Intraluminal Dev, Perc Approach
06PY3DZ	Removal, Lower Vein, Intraluminal Dev, Perc Approach
B5190ZA	Fluoroscopy, Guidance, Inferior Vena Cava, High Osmolar Contrast
B5191ZA	Fluoroscopy, Guidance, Inferior Vena Cava, Low Osmolar Contrast
B519ZZA	Fluoroscopy, Guidance, Inferior Vena Cava, No Contrast
B549ZZA	Ultrasonography, Guidance, Inferior Vena Cava
B549ZZ3	Ultrasonography, Intravascular, Inferior Vena Cava
Intravascular Ultrasound	
B34KZZ3	Ultrasonography, Bilateral Upper Extremity Arteries, Intravascular
B44HZZ3	Ultrasonography, Bilateral Lower Extremity Arteries, Intravascular
B54DZZ3	Ultrasonography, Bilateral Lower Extremity Veins, Intravascular
Superficial Venous Disease	
065P3ZZ	Destruction, Right Saphenous Vein, Perc Approach
065Q3ZZ	Destruction, Left Saphenous Vein, Perc Approach
065Y3ZZ	Destruction, Lower Vein, Perc Approach
B54BZZA	Ultrasonography, Guidance, Right Lower Extremity Veins
B54CZZA	Ultrasonography, Guidance, Left Lower Extremity Veins
B54DZZA	Ultrasonography, Guidance, Bilateral Lower Extremity Veins

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ICD-10-PCS	Description
Peripheral Interventions	
Biliary Procedures - Diagnostic	
3E0J3KZ	Introduction, Biliary and Pancreatic Tract, Other Diag Substance, Perc Approach
0FH433Z	Insertion, Gallbladder, Infusion Dev, Perc Approach
0FHB33Z	Insertion, Hepatobiliary Duct, Infusion Dev, Perc Approach
0FHD33Z	Insertion, Pancreatic Duct, Infusion Dev, Perc Approach
BF000ZZ	Plain Radiography, Bile Ducts, High Osmolar Contrast
BF001ZZ	Plain Radiography, Bile Ducts, Low Osmolar Contrast
BF030ZZ	Plain Radiography, Gallbladder and Bile Ducts, High Osmolar Contrast
BF031ZZ	Plain Radiography, Gallbladder and Bile Ducts, Low Osmolar Contrast
BF0C0ZZ	Plain Radiography, Hepatobiliary System, High Osmolar Contrast
BF0C1ZZ	Plain Radiography, Hepatobiliary System, Low Osmolar Contrast
BF100ZZ	Fluoroscopy, Bile Ducts, High Osmolar Contrast
BF101ZZ	Fluoroscopy, Bile Ducts, Low Osmolar Contrast
BF110ZZ	Fluoroscopy, Biliary and Pancreatic Ducts, High Osmolar Contrast
BF111ZZ	Fluoroscopy, Biliary and Pancreatic Ducts, Low Osmolar Contrast
BF120ZZ	Fluoroscopy, Gallbladder, High Osmolar Contrast
BF121ZZ	Fluoroscopy, Gallbladder, Low Osmolar Contrast
BF130ZZ	Fluoroscopy, Gallbladder and Bile Ducts, High Osmolar Contrast
BF131ZZ	Fluoroscopy, Gallbladder and Bile Ducts, Low Osmolar Contrast
BF140ZZ	Fluoroscopy, Gallbladder, Bile Ducts, and Pancreatic Ducts, High Osmolar Contrast
BF141ZZ	Fluoroscopy, Gallbladder, Bile Ducts, and Pancreatic Ducts, Low Osmolar Contrast
BF180ZZ	Fluoroscopy, Pancreatic Ducts, High Osmolar Contrast
BF181ZZ	Fluoroscopy, Pancreatic Ducts, Low Osmolar Contrast

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ICD-10-PCS	Description
Peripheral Interventions	
Biliary Drainage (Internal Stent/External Catheter)	
0FH43YZ	Insertion, Gallbladder, Other Dev, Perc Approach
0FH44YZ	Insertion, Gallbladder, Other Dev, Perc Endo Approach
0FHB3YZ	Insertion, Hepatobiliary Duct, Other Dev, Perc Approach
0FHB4YZ	Insertion, Hepatobiliary Duct, Other Dev, Perc Endo Approach
0FHD3YZ	Insertion, Pancreatic Duct, Other Dev, Perc Approach
0FHD4YZ	Insertion, Pancreatic Duct, Other Dev, Perc Endo Approach
0F24X0Z	Change, Gallbladder, Drainage Dev, External Approach
0F2BX0Z	Change, Hepatobiliary Duct, Drainage Dev, External Approach
0F2DX0Z	Change, Pancreatic Duct, Drainage Dev, External Approach
0FP430Z	Removal, Gallbladder, Drainage Dev, Perc Approach
0FP440Z	Removal, Gallbladder, Drainage Dev, Perc Endo Approach
0FPB30Z	Removal, Hepatobiliary Duct, Drainage Dev, Perc Approach
0FPB40Z	Removal, Hepatobiliary Duct, Drainage Dev, Perc Endo Approach
0FPBX0Z	Removal, Hepatobiliary Duct, Drainage Dev, External Approach
0FPD30Z	Removal, Pancreatic Duct, Drainage Dev, Perc Approach
0FPD40Z	Removal, Pancreatic Duct, Drainage Dev, Perc Endo Approach
0FPDX0Z	Removal, Pancreatic Duct, Drainage Dev, External Approach
0F753DZ	Dilation, Right Hepatic Duct, Intraluminal Dev, Perc Approach
0F754DZ	Dilation, Right Hepatic Duct, Intraluminal Dev, Perc Endo Approach
0F763DZ	Dilation, Left Hepatic Duct, Intraluminal Dev, Perc Approach
0F764DZ	Dilation, Left Hepatic Duct, Intraluminal Dev, Perc Endo Approach
0F773DZ	Dilation, Common Hepatic Duct, Intraluminal Dev, Perc Approach
0F774DZ	Dilation, Common Hepatic Duct, Intraluminal Dev, Perc Endo Approach
0F773DZ	Dilation, Cystic Duct, Intraluminal Dev, Perc Approach
0F774DZ	Dilation, Cystic Duct, Intraluminal Dev, Perc Endo Approach

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ICD-10-PCS	Description
Peripheral Interventions	
Biliary Drainage (Internal Stent/External Catheter) Continued	
0F773DZ	Dilation, Common Bile Duct, Intraluminal Dev, Perc Approach
0F774DZ	Dilation, Common Bile Duct, Intraluminal Dev, Perc Endo Approach
0F773DZ	Dilation, Ampulla of Vater, Intraluminal Dev, Perc Approach
0F774DZ	Dilation, Ampulla of Vater, Intraluminal Dev, Perc Endo Approach
0F773DZ	Dilation, Pancreatic Duct, Intraluminal Dev, Perc Approach
0F774DZ	Dilation, Pancreatic Duct, Intraluminal Dev, Perc Endo Approach
0F773DZ	Dilation, Accessory Pancreatic Duct, Intraluminal Dev, Perc Approach
0F774DZ	Dilation, Accessory Pancreatic Duct, Intraluminal Dev, Perc Endo Approach
0F9930Z	Drainage, Common Bile Duct, Drainage Dev, Perc Approach
3E1J38X	Irrigation, Biliary and Pancreatic Tract, Irrigating Substance, Diagnostic, Perc Approach
3E1J38Z	Irrigation, Biliary and Pancreatic Tract, Irrigating Substance, Perc Approach
3E1J88X	Irrigation, Biliary and Pancreatic Tract, Irrigating Substance, Diagnostic, Via Natural or Artificial Opening, Endo
3E1J88Z	Irrigation, Biliary and Pancreatic Tract, Irrigating Substance, Via Natural or Artificial Opening, Endo
0FB73ZX	Excision, Common Hepatic Duct, Diagnostic, Perc Approach
0FC83ZZ	Extirpation, Cystic Duct, Perc Approach
Ablation Procedures (Renal)	
0T503ZZ	Destruction, Right Kidney, Perc Approach
0T504ZZ	Destruction, Right Kidney, Perc Endo Approach
0T500ZZ	Destruction, Right Kidney, Open Approach
0T513ZZ	Destruction, Left Kidney, Perc Approach
0T514ZZ	Destruction, Left Kidney, Perc Endo Approach
0T510ZZ	Destruction, Left Kidney, Open Approach
0T533ZZ	Destruction, Right Kidney Pelvis, Perc Approach
0T534ZZ	Destruction, Right Kidney Pelvis, Perc Endo Approach
0T530ZZ	Destruction, Right Kidney Pelvis, Open Approach
0T543ZZ	Destruction, Left Kidney Pelvis, Perc Approach
0T544ZZ	Destruction, Left Kidney Pelvis, Perc Endo Approach
0T540ZZ	Destruction, Left Kidney Pelvis, Open Approach
0TB03ZZ	Excision, Right Kidney, Perc Approach
0TB13ZZ	Excision, Left Kidney, Perc Approach
0TB33ZZ	Excision, Right Kidney Pelvis, Perc Approach
0TB43ZZ	Excision, Left Kidney Pelvis, Perc Approach

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ICD-10-PCS	Description
Peripheral Interventions	
Ablation Procedures (Liver)	
0F503ZZ	Destruction, Liver, Perc Approach
0F504ZZ	Destruction, Liver, Perc Endo Approach
0F500ZZ	Destruction, Liver, Open Approach
0F503ZF	Destruction, Liver, Irreversible Electroporation, Perc Approach
0F504ZF	Destruction, Liver, Irreversible Electroporation, Perc Endo Approach
0F500ZF	Destruction, Liver, Irreversible Electroporation, Open Approach
0F513ZZ	Destruction, Right Liver Lobe, Perc Approach
0F514ZZ	Destruction, Right Liver Lobe, Perc Endo Approach
0F510ZZ	Destruction, Right Liver Lobe, Open Approach
0F513ZF	Destruction, Right Liver Lobe, Irreversible Electroporation, Perc Approach
0F514ZF	Destruction, Right Liver Lobe, Irreversible Electroporation, Perc Endo Approach
0F510ZF	Destruction, Right Liver Lobe, Irreversible Electroporation, Open Approach
0F523ZZ	Destruction, Left Liver Lobe, Perc Approach
0F524ZZ	Destruction, Left Liver Lobe, Perc Endo Approach
0F520ZZ	Destruction, Left Liver Lobe, Open Approach
0F523ZF	Destruction, Left Liver Lobe, Irreversible Electroporation, Perc Approach
0F524ZF	Destruction, Left Liver Lobe, Irreversible Electroporation, Perc Endo Approach
0F520ZF	Destruction, Left Liver Lobe, Irreversible Electroporation, Open Approach
0FB03ZX	Excision, Liver, Diagnostic, Perc Approach
0FB13ZZ	Excision, Right Liver Lobe, Diagnostic, Perc Approach
0FB23ZZ	Excision, Left Liver Lobe, Diagnostic, Perc Approach
Ablation Procedures (Lung)	
0B5K3ZZ	Destruction, Right Lung, Perc Approach
0BBK3ZX	Excision, Right Lung, Diagnostic, Perc Approach
0BBL3ZX	Excision, Left Lung, Diagnostic, Perc Approach
0BBM3ZX	Excision, Bilateral Lungs, Diagnostic, Perc Approach
0BBN3ZX	Excision, Right Pleura, Diagnostic, Perc Approach
0BBP3ZX	Excision, Left Pleura, Diagnostic, Perc Approach
Ablation Procedures (Nerve)	
015Q3ZZ	Destruction, Sacral Plexus, Perc Approach

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ICD-10-PCS	Description
Peripheral Interventions	
Ablation Procedures (Breast)	
0H5T3ZZ	Destruction, Right Breast, Perc Approach
0H5U3ZZ	Destruction, Left Breast, Perc Approach
0H5V3ZZ	Destruction, Bilateral Breasts, Perc Approach
0HBT3ZX	Excision, Right Breast, Diagnostic, Perc Approach
0HBU3ZX	Excision, Left Breast, Diagnostic, Perc Approach
0HBV3ZX	Excision, Bilateral Breasts, Diagnostic, Perc Approach
Ablation Procedures (Bone)	
0N5-3ZZ	Destruction, Head and Facial Bones {Specific Bone}, Perc Approach
0P5-3ZZ	Destruction, Upper Bones {Specific Bone}, Perc Approach
0Q5-3ZZ	Destruction, Lower Bones {Specific Bone}, Perc Approach
Ablation Procedures (Prostate)	
0V503ZZ	Destruction, Prostate, Perc Approach
0V507ZZ	Destruction, Prostate, Via Natural or Artificial Opening
0VB03ZX	Excision, Prostate, Diagnostic, Perc Approach
0VB07ZX	Excision, Prostate, Diagnostic, Via Natural or Artificial Opening
Beads Embolization	
04L33DZ	Occlusion, Hepatic Artery, Intraluminal Dev, Perc Approach
3E05305	Introduction, Peripheral Artery, Other Antineoplastic, Perc Approach
3E05329	Introduction, Peripheral Artery, Other Anti-infective, Perc Approach
Nuclear Medicine	
CW201ZZ	Tomographic Nuclear Imaging, Abdomen, Tc-99m MAA
CW101ZZ	Planar Nuclear Imaging, Abdomen, Tc-99m MAA
CF251ZZ	Tomographic Nuclear Imaging, Liver, Tc-99m MAA
CF261ZZ	Tomographic Nuclear Imaging, Liver and Spleen, Tc-99m MAA
CF151ZZ	Planar Nuclear Imaging, Liver, Tc-99m MAA
CF161ZZ	Planar Nuclear Imaging, Liver and Spleen, Tc-99m MAA
CF1C1ZZ	Planar Nuclear Imaging, Hepatobiliary System, Tc-99m MAA
Radiation Therapy	
3E053HZ	Introduction, Peripheral Artery, Radioactive Substance
DF10BYZ	Brachytherapy, Liver, LDR, Other Isotope
DF109YZ	Brachytherapy, Liver, HDR, Other Isotope

Disclaimer

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Sequestration Disclaimer: Rates referenced in these guides do not reflect Sequestration; automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2017. (Budget Control Act of 2011).

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