



# **Procedural Payment Guide - 2026 FY2026 Correction Notice Hospital Inpatient CY2026 Hospital Outpatient, Ambulatory Surgical Center (ASC) and Physician Reimbursement Information**

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***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](http://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.

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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.

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**IMPORTANT—Please Note:**

**Physician Billing and Payment:** Medicare and most other insurers typically reimburse physicians based on fee schedules tied to Current Procedural Terminology<sup>1</sup> (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 OPSS. This reporting provides claims data used annually to update the OPSS 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 OPSS 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 4<sup>th</sup> 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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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			
<b>Intracardiac Electrophysiology Procedures/Studies (Use physician modifier -26 as appropriate)</b>										
<b>93318</b>	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	\$102	\$102	2.10 3.05	\$297	APC 5524	\$558	B244ZZ4 B246ZZ4 B24BZZ4 B24CZZ4 B24DZZ4	ICD-10-PCS procedure code does not impact MS-DRG	
<b>+93462</b>	Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$177	\$203	3.64 5.30	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		4A023N7		
<b>93600</b>	Bundle of His recording	\$113	\$113	2.07 3.39	NA	APC 5212	\$7,969	4A023FZ		
<b>93602</b>	Intra-atrial recording	\$112	\$112	2.07 3.35	NA	APC 5212	\$7,969	4A023FZ		
<b>93603</b>	Right ventricular recording	\$112	\$112	2.07 3.36	NA	APC 5211	\$1,244	4A023FZ		
<b>+93609</b>	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)	\$268	\$268	4.87 8.02	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		02K83ZZ		
<b>93610</b>	Intra-atrial pacing	\$157	\$157	2.94 4.70	NA	APC 5212	\$7,969	4A0234Z		
<b>93612</b>	Intraventricular pacing	\$157	\$157	2.94 4.70	NA	APC 5212	\$7,969			
<b>+93613</b>	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	\$248	NA	5.10 7.42	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		02K83ZZ		
<b>93615</b>	Esophageal recording of atrial electrogram with or without ventricular electrogram(s)	\$36	\$36	0.72 1.07	NA	APC 5211	\$1,244	4A02X4Z		
<b>93616</b>	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	\$58	\$58	1.21 1.75	NA	APC 5211	\$1,244			

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			
<b>Intracardiac Electrophysiology Procedures/Studies Continued (Use physician modifier -26 as appropriate)</b>										
93618	Induction of arrhythmia by electrical pacing	\$211	\$211	3.90 6.33	NA	APC 5211	\$1,244	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	\$376	\$376	6.88 11.25	\$4,149	APC 5212	\$7,969	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	\$603	\$603	11.04 18.06	\$4,149	APC 5212	\$7,969			
+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)	\$79	\$79	1.46 2.38	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		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)	\$165	\$165	3.02 4.95	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		4A0234Z		
+93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	\$52	\$52	0.96 1.57		Status N, items and services packaged into primary procedure APC rate. No separate payment.		4A023FZ 3E043KZ 3E033KZ		
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	\$234	\$234	4.44 7.00	NA	APC 5212	\$7,969	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	\$172	\$172	3.18 5.15	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		4A02XFZ		

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			
<b>Intracardiac Electrophysiology Procedures/Studies Continued (Use physician modifier -26 as appropriate)</b>										
<b>93641</b>	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	\$301	\$301	5.53 9.01	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		4A02XFZ	<b>ICD-10-PCS procedure code does not impact MS-DRG</b>	
<b>93642</b>	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)	\$246	\$330	4.51 7.38	\$83	APC 5211	\$1,244	4A02XFZ		
<b>93644</b>	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)	\$139	\$189	2.96 4.15	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		4B02XTZ		
<b>93650</b>	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of completer heart block, with or without temporary pacemaker placement	\$497	NA	9.98 14.88	\$5,943	APC 5212	\$7,969	02583ZZ 0JH636Z 0JH634Z	<b>Percutaneous Intracardiac Procedures</b> MS-DRG 273 with MCC <b>\$30,020</b> MS-DRG 274 without MCC <b>\$23,953</b>	
<b>93653</b>	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	\$711	NA	14.63 21.29	\$19,176	APC 5213	\$26,704	02583ZZ 4A0234Z		

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>8</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	
<b>Intracardiac Electrophysiology Procedures/Studies Continued (Use physician modifier -26 as appropriate)</b>										
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	\$857	NA	17.65	\$19,482	APC 5213	\$26,704	02583ZZ 4A0234Z	MS-DRG 273 with MCC MS-DRG 274 without MCC	\$30,020
				25.66						\$23,953
+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)	\$261	NA	5.36 7.81		Status N, items and services packaged into primary procedure APC rate. No separate payment.				
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	\$807	NA	16.58	\$20,256	APC 5213	\$26,704	02583ZZ 02583ZF	Percutaneous Intracardiac Procedures MS-DRG 273 with MCC MS-DRG 274 without MCC MS-DRG 317	\$30,020
				24.15						\$23,953
+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)	\$261	NA	5.36 7.81		Status N, items and services packaged into primary procedure APC rate. No separate payment.		02563ZZ 02573ZZ	Percutaneous Intracardiac Procedures MS-DRG 273 with MCC MS-DRG 274 without MCC	\$30,020 \$23,953
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	\$90	\$90	1.84 2.69	NA	APC 5723	\$381	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)	\$69	\$69	1.40 2.06	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		B244ZZ3 B245ZZ3 B246ZZ3 B24BZZ3 B24DZZ3		

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		Facility Rate	Office Rate		Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>8</sup>	APC Category		APC Payment <sup>4</sup>	Possible MS-DRG Assignment	
<b>WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure</b>											
<b>33340</b>	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	<b>\$619</b>	<b>NA</b>	9.99 18.52	<b>NA</b>	Status C, not paid under OPPS.		02L73DK	<b>Percutaneous Intracardiac Procedures</b>		
									MS-DRG 273 with MCC		<b>\$30,020</b>
									MS-DRG 274 without MCC		<b>\$23,953</b>
									MS-DRG 317		<b>\$48,656</b>

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			
<b>Computed Tomography (CT) (Use physician modifier -26 as appropriate)</b>										
<b>75572</b>	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)	\$80	\$80	1.71 2.40	\$149	APC 5572	\$356	B2260ZZ B2261ZZ B226YZZ	ICD-10-PCS procedure code does not impact MS-DRG	
<b>75574</b>	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)	\$111	\$111	2.34 3.31	\$193	APC 5572	\$356	B22__Z		
<b>Intracardiac Echocardiography (ICE) (Use physician modifier -26 as appropriate)</b>										
<b>+93662</b>	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	\$69	\$69	1.40 2.06	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		B244ZZ3 B245ZZ3 B246ZZ3 B24BZZ3 B24DZZ3	NA <sup>7</sup>	

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			
<b>Transesophageal Echocardiography (TEE) (Use physician modifier -26 as appropriate)</b>										
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	NA	\$239	2.24 3.15	\$134	APC 5524	\$558	B240ZZ4 B241ZZ4 B244ZZ4 B245ZZ4 B246ZZ4 B24BZZ4 B24CZZ4 B24DZZ4	NA <sup>7</sup>	
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	\$192	NA	4.54 5.75	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.				
<b>Cardioversion (Use physician modifier -26 as appropriate)</b>										
92960	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)	\$95	\$155	1.95 2.84	\$364	APC 5781	\$675		ICD-10-PCS procedure code does not impact MS-DRG	
92961	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)	\$215	NA	4.23 6.45	\$364	APC 5781	\$675			

**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.

<sup>1</sup> Current Procedural Terminology (CPT) © 2025 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

<sup>2</sup> Source: CMS CY2026 Physician Fee Schedule (PFS) Final Rule: CMS-1832-F, including related PFS addenda. Conversion Factor used in calculations = \$33.40. Effective through December 31, 2026. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f>

<sup>3</sup> Source: CMS CY2026 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1834-FC, including related addenda. Effective through December 31, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>

<sup>4</sup> Total RVU is the total relative value unit for Facility for global, or 26 modifier if it applies.

<sup>5</sup> Source: Optum360 EncoderProForPayers.com - Login. (n.d.). Www.encoderprofp.com; Optum. Retrieved December 8th, 2025, from [https://www.encoderprofp.com/epr4payers/cptHandler.do?\\_k=101](https://www.encoderprofp.com/epr4payers/cptHandler.do?_k=101) [Optum EncoderPro.com for Payers - CPT® Code Section \(93451-93505\) \(encoderprofp.com\)](https://www.encoderprofp.com/epr4payers/cptHandler.do?_k=101)

<sup>6</sup> Source: CMS. FY2026 IPPS Final Rule: CMS-1833-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, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ippf-final-rule-home-page#CMS-1833-F>

<sup>7</sup> MS-DRG grouping is driven by other primary procedures that are performed in conjunction with this procedure.

<sup>8</sup> Total RVU is the relative value unit total for Facility calculation.

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			
<b>Cardiac Rhythm Management Device Implant Procedures</b>										
<b>33206</b>	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	\$402	NA	6.96 12.03	\$7,284	APC 5223	\$10,678	02H63JZ 0JH804Z 0JH604Z	<b>Permanent cardiac pacemaker implant</b> MS-DRG 242 with MCC MS-DRG 243 with CC MS-DRG 244 without CC/MCC	\$23,233 \$15,506 \$13,153
<b>33207</b>	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	\$422	NA	7.61 12.64	\$7,565	APC 5223	\$10,678	02HK3JZ 0JH804Z 0JH604Z		
<b>33208</b>	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	\$456	NA	8.31 13.65	\$7,739	APC 5223	\$10,678	02H63JZ 02HK3JZ 0JH606Z		
<b>33212</b>	Insertion of pacemaker pulse generator only; with existing single lead	\$293	NA	4.88 8.76	\$6,655	APC 5222	\$8,455	0JH604Z	<b>Cardiac pacemaker replacement</b> MS-DRG 258 with MCC MS-DRG 259 without MCC	\$22,864 \$14,714
<b>33213</b>	Insertion of pacemaker pulse generator only; with existing dual leads	\$304	NA	5.15 9.10	\$7,681	APC 5223	\$10,678	0JH606Z		
<b>33221</b>	Insertion of pacemaker pulse generator only; with existing multiple leads	\$319	NA	5.41 9.54	\$13,016	APC 5224	\$19,679	0JH607Z		
<b>33214</b>	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)	\$426	NA	7.40 12.75	\$7,636	APC 5223	\$10,678	0JH606Z 0JPT0PZ 02H63JZ RA 02HK3KZ RV	<b>Permanent cardiac pacemaker implant</b> MS-DRG 242 with MCC MS-DRG 243 with CC MS-DRG 244 without CC/MCC	\$23,233 \$15,506 \$13,153
<b>33215</b>	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	\$275	NA	4.80 8.24	\$1,624	APC 5183	\$3,226	02WA3MZ		
<b>C7537</b>	Insert atrial pacemaker with L ventricular lead	NA Physician uses 33206 + 33225			\$11,054	NA	NA	NA		NA
<b>C7538</b>	Insert ventricular pacemaker with L ventricular lead	NA Physician uses 33207 + 33225			\$11,334					
<b>C7539</b>	Insert a & v pacemaker with L ventricular lead	NA Physician uses 33208 + 33225			\$11,508					

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		Facility Rate	Office Rate		ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>		Possible MS-DRG Assignment	

**Cardiac Rhythm Management Device Implant Procedures continued**

<b>33216</b>	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator	<b>\$331</b>	<b>NA</b>	5.48 9.92	<b>\$5,909</b>	APC 5222	<b>\$8,455</b>	02H63JZ 02H43KZ 02H73JZ 02HK3JZ 02HL3JZ	<b>Cardiac pacemaker revision except device replacement</b>  MS-DRG 260 with MCC <b>\$23,670</b> MS-DRG 261 with CC <b>\$13,757</b> MS-DRG 262 without CC/MCC <b>\$11,860</b>
<b>33217</b>	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator	<b>\$330</b>	<b>NA</b>	5.45 9.89	<b>\$6,499</b>	APC 5222	<b>\$8,455</b>	02HK3KZ 02H73KZ 02HL3KZ 02H63KZ	
<b>33218</b>	Repair of single transvenous electrode, permanent pacemaker or pacing cardioverter-defibrillator	<b>\$348</b>	<b>NA</b>	5.67 10.43	<b>\$2,092</b>	APC 5221	<b>\$3,818</b>	02WA0MZ	<b>Cardiac pacemaker revision except device replacement</b>  MS-DRG 260 with MCC <b>\$23,670</b> MS-DRG 261 with CC <b>\$13,757</b> MS-DRG 262 without CC/MCC <b>\$11,860</b>
<b>33220</b>	Repair of 2 transvenous electrodes for permanent pacemaker or pacing cardioverter-defibrillator	<b>\$341</b>	<b>NA</b>	5.75 10.22	<b>\$2,651</b>	APC 5221	<b>\$3,818</b>		
<b>33222</b>	Relocation of skin pocket for pacemaker	<b>\$310</b>	<b>NA</b>	4.73 9.29	<b>\$1,129</b>	APC 5054	<b>\$2,108</b>	0JWT0PZ	
<b>33223</b>	Relocation of skin pocket for implantable-defibrillator	<b>\$364</b>	<b>NA</b>	6.14 10.90	<b>\$1,129</b>	APC 5054	<b>\$2,108</b>		
<b>33224</b>	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)	<b>\$442</b>	<b>NA</b>	8.81 13.22	<b>\$7,699</b>	APC 5223	<b>\$10,678</b>	Defibrillator Lead 02H43KZ Pacemaker Lead 02H43JZ	<b>ICD lead procedures</b> MS-DRG 265 <b>\$26,329</b>  <b>For pacemaker, refer to DRGS 260-262</b>

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		Facility Rate	Office Rate		ASC Payment <sup>8</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>		
<b>Cardiac Rhythm Management Device Implant Procedures continued</b>												
<b>+33225</b>	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)	\$394	NA	8.12 11.81	Status N1 - No separate payment.	Status N, items and services packaged into primary procedure APC rate. No separate payment.	Defibrillator Lead 02H43KZ  Pacemaker Leads 02H43JZ	<b>ICD lead procedures</b> MS-DRG 265 <b>\$26,329</b>  <b>Cardiac pacemaker revision except device replacement</b> MS-DRG 260 with MCC <b>\$23,670</b> MS-DRG 261 with CC <b>\$13,757</b> MS-DRG 262 without CC/MCC <b>\$11,860</b> <i>If electrode implanted at the time of insertion with Defibrillator or Pacemaker</i> <b>Cardiac defibrillator implant with Cardiac Cath</b> MS-DRG 275 with MCC <b>\$51,886</b> <b>Cardiac defibrillator implant without Cardiac Cath</b> MS-DRG 276 with MCC <b>\$43,709</b> MS-DRG 277 without MCC <b>\$33,608</b> <b>Permanent cardiac pacemaker implant</b> MS-DRG 242 with MCC <b>\$23,233</b> MS-DRG 243 with CC <b>\$15,506</b> MS-DRG 244 without CC/MCC <b>\$13,153</b>				
<b>33226</b>	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	\$423	NA	8.46 12.67	\$2,156	APC 5183	\$3,226	02WA3MZ	<b>Cardiac pacemaker revision except device replacement</b> MS-DRG 260 with MCC <b>\$23,670</b> MS-DRG 261 with CC <b>\$13,757</b> MS-DRG 262 without CC/MCC <b>\$23,212</b>			
<b>33233</b>	Removal of permanent pacemaker pulse generator only	\$212	NA	3.06 6.36	\$4,483	APC 5222	\$8,455	0JPT0PZ	<b>Cardiac pacemaker device replacement</b> MS-DRG 258 with MCC <b>\$22,864</b> MS-DRG 259 without MCC <b>\$14,714</b>			
<b>33227</b>	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	\$302	NA	5.12 9.05	\$6,436	APC 5222	\$8,455	0JH604Z 0JPT0PZ				
<b>33228</b>	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	\$315	NA	5.38 9.44	\$7,554	APC 5223	\$10,678	0JPT0PZ 0JH606Z				
<b>33229</b>	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	\$330	NA	5.65 9.87	\$13,528	APC 5224	\$19,679	0JPT0PZ 0JH606Z				
<b>33234</b>	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	\$429	NA	7.47 12.84	\$2,092	APC 5221	\$3,818	02PA3MZ	<b>Cardiac pacemaker revision except device replacement</b> MS-DRG 260 with MCC <b>\$23,670</b> MS-DRG 261 with CC <b>\$13,757</b> MS-DRG 262 without CC/MCC <b>\$11,860</b>			
<b>33235</b>	Removal of transvenous pacemaker electrode(s); dual lead system	\$568	NA	9.65 17.01	\$2,092	APC 5221	\$3,818					

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>				
<b>Cardiac Rhythm Management Device Implant Procedures continued</b>											
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	\$320	NA	5.66 9.59	\$18,581	APC 5231	\$22,725	0JH608Z	<b>AICD Generator Procedures</b> MS-DRG 245	\$33,199	
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	\$333	NA	5.92 9.97	\$18,932	APC 5231	\$22,725	0JH608Z		<b>AICD Generator Procedures</b> MS-DRG 245	\$31,727
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	\$355	NA	6.18 10.63	\$25,478	APC 5232	\$32,069				
33241	Removal of implantable defibrillator pulse generator only	\$198	NA	2.96 5.92	\$2,092	APC 5221	\$3,818	0JPT0PZ	<b>Cardiac pacemaker revision except device replacement</b>		
									MS-DRG 260 with MCC	\$23,670	
									MS-DRG 261 with CC	\$13,757	
									MS-DRG 262 without CC/MCC	\$11,860	
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	\$329	NA	5.66 9.86	\$18,921	APC 5231	\$22,725	0JH608Z 0JPT0PZ	<b>AICD Generator Procedures</b> MS-DRG 245 with MCC	\$33,199	
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	\$342	NA	5.93 10.25	\$18,963	APC 5231	\$22,725				
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	\$355	NA	6.19 10.64	\$24,920	APC 5232	\$32,069				

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		Facility Rate	Office Rate		ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>		Possible MS-DRG Assignment	
<b>Cardiac Rhythm Management Device Implant Procedures continued</b>										
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	\$766	NA	13.40 22.94	\$2,092	APC 5221	\$3,818	02PA3MZ	<b>Cardiac pacemaker revision except device replacement</b> MS-DRG 260 with MCC MS-DRG 261 with CC MS-DRG 262 without CC/MCC	\$23,670 \$13,757 \$11,860
33249	Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber	\$798	NA	14.55 23.88	\$24,776	APC 5232	\$32,069	02H63KZ 02HK3KZ 0JH608Z	<b>Cardiac defibrillator implant with Cardiac Cath</b> MS-DRG 275 with MCC	\$51,886
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	\$493	NA	8.87 14.76	\$25,175	APC 5232	\$32,069	0JH608Z 0JH60FZ	<b>Cardiac defibrillator implant without Cardiac Cath</b> MS-DRG 276 with MCC MS-DRG 277 without MCC	\$43,481 \$33,484
33271	Insertion of subcutaneous implantable defibrillator electrode	\$406	NA	7.31 12.16	\$7,822	APC 5222	\$8,455	0JH60FZ	<b>ICD lead procedures</b> MS-DRG 265	\$26,329
33272	Removal of subcutaneous implantable defibrillator electrode	\$310	NA	5.28 9.29	\$2,092	APC 5221	\$3,818	0JPT0FZ		
33273	Reposition of previously implanted subcutaneous implantable defibrillator electrode	\$359	NA	6.34 10.75	\$2,092	APC 5221	\$3,818	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	\$420	NA	7.61 12.56	\$14,222	APC 5224	\$19,679	02HK3NZ	<b>Other Cardiothoracic Procedures</b> MS-DRG 228 WITH MCC MS-DRG 229 without MCC	\$36,001 \$22,918
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	\$447	NA	8.38 13.39	\$2,549	APC 5183	\$3,226	02PA3NZ	<b>Other Cardiothoracic Procedures</b> MS-DRG 228 WITH MCC MS-DRG 229 without MCC	\$36,001 \$22,918

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**Subcutaneous Cardiac Rhythm Monitor SCRM**

33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	\$76	\$4,016	Facility	\$7,176	APC 5222	\$8,455	0JH632Z	Cardiac pacemaker revision except device replacement
				1.49 2.27					
33286	Removal, subcutaneous cardiac rhythm monitor	\$75	\$129	Facility	\$389	APC 5071	\$723	0JPT32Z	Peripheral, Cranial Nerve and Other Nervous System Procedures MS-DRG 40 with MCC \$28,097 MS-DRG 41 with CC \$15,999 MS-DRG 42 without MCC/CC \$12,572
				1.46 2.24					
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	\$38	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	\$31	\$31	0.63 0.92	NA	APC 5741	\$38	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	\$37	\$37	0.75 1.10	NA	APC 5741	\$38		

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			

**Cardiac Rhythm Management Device Evaluation Codes Continued** (Use physician modifier -26 as appropriate)

<b>93281</b>	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	\$41	\$41	0.83 1.22	NA	APC 5741	\$38	4B02XSZ	ICD-10-PCS procedure code does not impact MS-DRG
<b>93282</b>	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	\$40	\$40	0.83 1.21	NA	APC 5741	\$38	4B02XTZ	
<b>93283</b>	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	\$54	\$54	1.12 1.63	NA	APC 5741	\$38		
<b>93284</b>	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	\$59	\$59	1.22 1.77	NA	APC 5741	\$38		
<b>93260</b>	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	\$41	\$41	0.83 1.22	NA	APC 5741	\$38		
<b>93285</b>	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	\$25	\$25	0.51 0.75	NA	APC 5741	\$38	4A12X4Z	
<b>93286</b>	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	0.29 0.43	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		4B02XSZ	

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			

**Cardiac Rhythm Management Device Evaluation Codes Continued** (Use physician modifier -26 as appropriate)

<b>93287</b>	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	\$22	\$22	0.44 0.65	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		4B02XTZ	ICD-10-PCS procedure code does not impact MS-DRG
<b>93288</b>	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	\$20	\$20	0.42 0.60	NA	APC 5741	\$38	4B02XSZ	
<b>93289</b>	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	\$35	\$35	0.73 1.06	NA	APC 5741	\$38	4B02XTZ	
<b>93261</b>	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	\$35	\$35	0.72 1.06	NA	APC 5741	\$38	4B02XTZ	
<b>93290</b>	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	0.42 0.61	NA	APC 5741	\$38	4A02XFZ	
<b>93291</b>	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	0.36 0.52	NA	APC 5731	\$30		
<b>93292</b>	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	0.42 0.61	NA	APC 5741	\$38	4B02XTZ	

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			
<b>Cardiac Rhythm Management Device Evaluation Codes Continued (Use physician modifier -26 as appropriate)</b>										
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	0.30 0.40	NA	APC 5741	\$38	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	\$29	\$29	0.59 0.88	NA	Not Paid under OPPI.		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	\$36	\$36	0.72 1.08	NA	Not Paid under OPPI.		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	\$32	0.00 NA	NA	APC 5741	\$38	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 <b>Professional Component</b>	\$24	\$24	0.51 0.73	NA	APC 5741	\$38	4A02X9Z		

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		Facility Rate	Office Rate		ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>		Possible MS-DRG Assignment	

**Cardiac Rhythm Management Device Evaluation Codes Continued** (Use physician modifier -26 as appropriate)

<b>93297</b>	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 <b>Technical Component</b>	NA	\$36	0.00 1.09	NA	APC 5741	\$38	4A02X9Z	<b>ICD-10-PCS procedure code does not impact MS-DRG</b>	
<b>93298</b>	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 <b>Professional Component</b>	\$24	\$24	0.51 NA	NA	APC 5741	\$38			
<b>93298</b>	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 <b>Technical Component</b>	NA	\$79	0.00 2.36	NA	APC 5741	\$38			

**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.

<sup>1</sup> Current Procedural Terminology (CPT) © 2025 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

<sup>2</sup> Source: CMS CY2026 Physician Fee Schedule (PFS) Final Rule: CMS-1832-F, including related PFS addenda. Conversion Factor used in calculations = \$33.40. Effective through December 31, 2026. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>

<sup>3</sup> Source: CMS CY2026 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1834-FC, including related addenda. Effective through December 31, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>

<sup>4</sup> Total RVU is the total relative value unit for Facility for global, or 26 modifier if it applies.

<sup>5</sup> Source: Optum360 EncoderProForPayers.com - Login. (n.d.). Www.encoderprofp.com; Optum. Retrieved December 8th, 2025, from [https://www.encoderprofp.com/epr4payers/cptHandler.do?\\_k=101](https://www.encoderprofp.com/epr4payers/cptHandler.do?_k=101) [Optum EncoderPro.com for Payers - CPT® Code Section \(93451-93505\) \(encoderprofp.com\)](https://www.encoderprofp.com/epr4payers/cptHandler.do?_k=101)

<sup>6</sup> Source: CMS. FY2026 IPPS Final Rule: CMS-1833-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, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipp-pps-final-rule-home-page#CMS-1833-F>

<sup>7</sup> MS-DRG grouping is driven by other primary procedures that are performed in conjunction with this procedure.

<sup>8</sup> Total RVU is the relative value unit total for Facility calculation.

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		Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>
HCPCS/CPT@ <sup>1</sup> Code	HCPCS/CPT Descriptions								
<b>Diagnostic Cardiac Catheterization (Use physician modifier -26 as appropriate)</b>									
93451 <i>right</i>	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$128	2.41 3.83	\$1,708	APC 5191	\$3,312	4A023N6 plus appropriate fluoroscopy codes from PCS Table B21		NA <sup>7</sup>
93593 <i>right</i>	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	\$186	3.89 5.57	NA	APC 5191	\$3,312			
93594 <i>right</i>	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	\$287	5.95 8.59	NA	APC 5191	\$3,312			
93452 <i>left</i>	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	\$231	4.39 6.92	\$1,708	APC 5191	\$3,312	4A023N7 plus appropriate fluoroscopy codes from PCS Table B21		
+93462 <i>left</i>	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$177	3.64 5.30	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		
93595 <i>left</i>	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	\$253	5.36 7.58	NA	APC 5191	\$3,312			
93453 <i>combined</i>	Combined right heart catheterization and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	\$308	5.84 9.22	\$1,708	APC 5191	\$3,312	4A023N8 plus appropriate fluoroscopy codes from PCS Table B21		
93596 <i>combined</i>	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	\$316	6.67 9.45	NA	APC 5191	\$3,312	4A023N8 plus appropriate fluoroscopy codes from PCS Table B21		
93597 <i>combined</i>	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	\$409	8.66 12.25	NA	APC 5191	\$3,312			
+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)	\$66	1.40 1.98	NA	Status N, items and services packaged into primary procedure APC rate. No separate		4A0239Z plus appropriate fluoroscopy codes from PCS Table B21		

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		Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>
HCPCS/CPT@ <sup>1</sup> Code	HCPCS/CPT Descriptions								
<b>Diagnostic Cardiac Catheterization Continued (Use physician modifier -26 as appropriate)</b>									
93454 <i>placement</i>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging S&I	\$233	4.43 6.98	\$1,708	APC 5191	\$3,312	B21 __ ZZ		NA <sup>7</sup>
93455 <i>placement</i>	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	\$272	5.16 8.14	\$1,708	APC 5191	\$3,312			
93456 <i>placement</i>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	\$303	5.75 9.07	\$1,708	APC 5191	\$3,312	4A023N6 B21 __ ZZ		
93457 <i>placement</i>	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	\$341	6.47 10.21	\$1,708	APC 5191	\$3,312			
93458 <i>placement</i>	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	\$287	5.46 8.60	\$1,708	APC 5191	\$3,312	4A023N7 B21 __ ZZ		
93459 <i>placement</i>	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	\$326	6.19 9.76	\$1,708	APC 5191	\$3,312			
93460 <i>placement</i>	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	\$364	6.92 10.89	\$1,708	APC 5191	\$3,312	4A023N8 B21 __ ZZ		
93461 <i>placement</i>	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	\$402	7.65 12.03	\$1,708	APC 5191	\$3,312			

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		HCPCS/ CPT@ <sup>1</sup> Code	HCPCS/CPT Descriptions	Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6, 7</sup>
<b>Diagnostic Cardiac Catheterization Continued</b>											
<b>C7516</b> <i>placement</i>	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		<b>\$2,727</b>		NA	<b>NA</b>		B21 __ ZZ		<b>NA</b> <sup>7</sup>
<b>C7518</b> <i>placement</i>	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		<b>\$2,727</b>		NA	<b>NA</b>				
<b>C7519</b> <i>placement</i>	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		<b>\$2,727</b>		NA	<b>NA</b>				
<b>C7521</b> <i>placement</i>	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		<b>\$2,727</b>		NA	<b>NA</b>		4A023N6 B21 __ ZZ		
<b>C7522</b> <i>placement</i>	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		<b>\$2,727</b>		NA	<b>NA</b>				

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		Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6, 7</sup>
HCPCS/CPT@ <sup>1</sup> Code	HCPCS/CPT Descriptions								
<b>Diagnostic Cardiac Catheterization Continued</b>									
<b>C7523</b> <i>placement</i>	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		<b>\$2,727</b>	NA	<b>NA</b>	4A023N7 B21 __ ZZ		<b>NA</b> <sup>7</sup>
<b>C7524</b> <i>placement</i>	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		<b>\$2,727</b>	NA	<b>NA</b>	4A023N7 B21 __ ZZ		
<b>C7525</b> <i>placement</i>	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		<b>\$2,727</b>	NA	<b>NA</b>			
<b>C7526</b> <i>placement</i>	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		<b>\$2,727</b>	NA	<b>NA</b>	4A023N7 B21 __ ZZ		

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		Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6, 7</sup>
HCPCS/CPT@ <sup>1</sup> Code	HCPCS/CPT Descriptions								
<b>Diagnostic Cardiac Catheterization Continued</b>									
<b>C7527</b> <i>placement</i>	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		<b>\$2,727</b>	NA	<b>NA</b>	4A023N8 B21 __ ZZ		<b>NA</b> <sup>7</sup>
<b>C7528</b> <i>placement</i>	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		<b>\$2,727</b>	NA	<b>NA</b>			
<b>C7529</b> <i>placement</i>	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		<b>\$2,727</b>	NA	<b>NA</b>	4A023N8 B21 __ ZZ		
<b>C7562</b> <i>placement</i>	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 with intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	NA Physician uses 93461 and 93571		<b>\$2,727</b>	NA	<b>NA</b>	4A023N8 B21 __ ZZ		
<b>C7568</b> <i>placement</i>	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, 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		<b>\$2,727</b>	NA	<b>NA</b>	4A023N8 B21 __ ZZ		
<b>C7569</b> <i>placement</i>	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch 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 93461 and 93571		<b>\$6,542</b>	NA	<b>NA</b>	4A023N8 B21 __ ZZ		

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		Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	
HCPCS/CPT@ <sup>1</sup> Code	HCPCS/CPT Descriptions								
<b>Injection Diagnostic Cardiac Catheterization (Each site may be injected multiple times, only report each code once)</b>									
+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)	\$44	0.98 1.33	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.	3E053KZ 3E063KZ		NA <sup>7</sup>	
+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)	\$47	1.00 1.42	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)	\$23	0.49 0.7	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)	\$22	0.49 0.67	Status N1: No separate payment.					
<b>Injection Diagnostic Cardiac Catheterization Continued (Each site may be injected multiple times, only report each code once)</b>									
+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)	\$32	0.68 0.97	Status N1: No separate payment.	Status N, items and services packaged into primary procedure APC rate. No separate payment.	3E053KZ 3E063KZ		NA <sup>7</sup>	
+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)	\$40	0.86 1.21						
<b>Miscellaneous</b>									
+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)	\$83	1.95 2.48	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.	3E033KZ 3E043KZ 3E0F7KZ 4A1 _ 35 _		NA <sup>7</sup>	
+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)	\$87	1.76 NA	NA					

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		Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>
HCPCS/CPT@ <sup>1</sup> Code	HCPCS/CPT Descriptions								
<b>Coronary Angioplasty (PTCA) without Stent</b>									
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	\$387	8.14 11.58	\$3,849	APC 5192	\$5,815	02703Z_	<b>Percutaneous Cardiovascular Procedures without Intraluminal Device</b>	
								MS-DRG 250 with MCC	\$15,882
								MS-DRG 251 without MCC	\$10,875
<b>Coronary Atherectomy without Stent</b>									
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	\$469	9.88 14.05	\$8,448	APC 5193	\$11,794	02703ZZ 02C_3Z_	<b>Percutaneous Cardiovascular Procedures without Intraluminal Device</b>	
								MS-DRG 250 with MCC	\$15,882
								MS-DRG 251 without MCC	\$10,875
<b>Coronary Angioplasty with Stent</b>									
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	\$463	9.75 13.87	\$7,309	APC 5193	\$11,794	027_3__	<b>Percutaneous Cardiovascular Procedures with Intraluminal Device</b>	
								MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices	\$19,799
								MS-DRG 322 without MCC	\$12,829
92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 2 or more distinct coronary lesions with 2 or more coronary stents deployed in 2 or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch	\$505	12.00 15.13	\$12,842	APC 5194	\$18,729			
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 and 92930	\$7,500	APC 5193	\$11,794	027_3__	<b>Percutaneous Cardiovascular Procedures with Intraluminal Device</b>	
								MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices	\$19,799
								MS-DRG 322 without MCC	\$12,829

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			Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>		Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>	
<b>Coronary Atherectomy with Bare Metal Stent</b>											
	<b>92933</b>	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	\$553	11.64 16.57	\$12,965	APC 5194	\$18,729	027_3__ 02C_3Z__	<b>Percutaneous Cardiovascular Procedures with Intraluminal Device</b>		
									MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices	\$19,799	
									MS-DRG 322 without MCC	\$12,829	
<b>Coronary Atherectomy with Drug Eluting Stent</b>											
	<b>C9602</b>	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		\$13,206	APC 5194	\$18,729	027_3__ 02C_3Z__	<b>Percutaneous Cardiovascular Procedures with Intraluminal Device</b>		
									MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices	\$19,799	
									MS-DRG 322 without MCC	\$12,829	
<b>Coronary DCB</b>											
	<b>0913T</b>	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		\$7,438	APC 5193	\$11,794	XW0_3_A	<b>Percutaneous Cardiovascular Procedures without Intraluminal Device</b>		
									MS-DRG 250 with MCC	\$15,882	
									MS-DRG 251 without MCC	\$10,875	
	<b>0914T</b>	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)					Status N, items and services packaged into primary procedure APC rate. No separate payment.				

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			Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>		Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>	
<b>Bypass Graft Revascularization with Bare Metal Stent</b>											
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	\$524	11.02 15.68	\$7,423	APC 5193	\$11,794	027_3__ 02C_3Z_	<b>Percutaneous Cardiovascular Procedures with Intraluminal Device</b>		
									MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices	\$19,799	
									MS-DRG 322 without MCC	\$12,829	
<b>Bypass Graft Revascularization with Drug Eluting Stent</b>											
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		\$7,354	APC 5193	\$11,794	027_3__ 02C_3Z_	<b>Percutaneous Cardiovascular Procedures with Intraluminal Device</b>		
									MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices	\$19,799	
									MS-DRG 322 without MCC	\$12,829	
<b>Acute Myocardial Infarction Revascularization with Bare Metal Stent</b>											
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	\$589	12.40 17.63	NA	Status C, not paid under OPPS.		027_3__ 02C_3Z_	<b>Percutaneous Cardiovascular Procedures with Intraluminal Device</b>		
									MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices	\$19,799	
									MS-DRG 322 without MCC	\$12,829	

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		Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	
HCPCS/CPT@ <sup>1</sup> Code	HCPCS/CPT Descriptions								
<b>Acute Myocardial Infarction Revascularization with Drug Eluting Stent</b>									
<b>C9606</b>	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		<b>NA</b>	Status C, not paid under OPSS.		027_3__ 02C_3Z_	<b>Percutaneous Cardiovascular Procedures with Intraluminal Device</b>	
								MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices	<b>\$19,799</b>
								MS-DRG 322 without MCC	<b>\$12,829</b>
<b>Chronic Total Occlusion Revascularization with Stent</b>									
<b>92943</b>	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	<b>\$634</b>	13.35 18.98	<b>\$7,883</b>	APC 5193	<b>\$11,794</b>	027_3__ 02C_3Z_	<b>Percutaneous Cardiovascular Procedures with Intraluminal Device</b>	
								MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices	<b>\$19,799</b>
								MS-DRG 322 without MCC	<b>\$12,829</b>
<b>92945</b>	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches	<b>\$632</b>	15.00 18.92	<b>\$7,438</b>	APC 5193	<b>\$11,794</b>			
<b>C9607</b>	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 and 92945		<b>\$12,790</b>	APC 5194	<b>\$18,729</b>	027_3__ 02C_3Z_	<b>Percutaneous Cardiovascular Procedures with Intraluminal Device</b>	
								MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices	<b>\$19,799</b>
								MS-DRG 322 without MCC	<b>\$12,829</b>

BSC currently has no stents FDA-approved for CTOs

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		Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>
HCPCS/CPT@ <sup>1</sup> Code	HCPCS/CPT Descriptions								
<b>Intravascular Lithotripsy (IVL)</b>									
+92972	Percutaneous transluminal coronary lithotripsy	\$122	2.90 3.66	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
+C7571	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)		NA Physicians use codes 92972	\$6,542		NA			
<b>Transesophageal Echocardiography (TEE) (Use physician modifier -26 as appropriate)</b>									
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	\$105	2.24 3.15	NA	APC 5524	\$558	B240ZZ4 B241ZZ4 B244ZZ4 B245ZZ4 B246ZZ4 B24BZZ4 B24CZZ4 B24DZZ4		NA <sup>7</sup>
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	\$192	4.54 5.75	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.				
<b>Computed Tomography (CT) (Use physician modifier -26 as appropriate)</b>									
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)	\$80	1.71 2.40	\$149	APC 5572	\$356	B2260ZZ B2261ZZ B226YZZ		NA <sup>7</sup>
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)	\$111	2.34 3.31	\$193	APC 5572	\$356	B22___Z		
<b>Intracardiac Echocardiography (ICE) (Use physician modifier -26 as appropriate)</b>									
+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	\$69	1.40 2.06	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment.		B244ZZ3 B245ZZ3 B246ZZ3 B24BZZ3 B24DZZ3		NA <sup>7</sup>

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			Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>		Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>	
<b>Intravascular Ultrasound (IVUS) (Use physician modifier -26 as appropriate)</b>											
+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)	\$93	1.76 2.78		Status N, items and services packaged into primary procedure APC rate. No separate payment.	B240ZZ3 B241ZZ3		<b>Coronary Bypass with PTCA</b>		
					MS-DRG 231 with MCC				\$61,342	MS-DRG 232 without MCC	\$44,116
+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)	\$73	1.40 2.20	NA				<b>Percutaneous Cardiovascular Procedures with Intraluminal Device</b>		
									MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices	\$19,799	
									MS-DRG 322 without MCC	\$12,829	
<b>Fractional Flow Reserve (FFR) (Use physician modifier -26 as appropriate)</b>											
+93571		Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure)	\$93	1.76 2.78	Status N1: No separate payment.	Status N, items and services packaged into primary procedure APC rate. No separate payment.	4A033BC		<b>Percutaneous Cardiovascular Procedures without Intraluminal Device</b>		
									MS-DRG 250 with MCC	\$15,882	MS-DRG 251 without MCC
+93572		Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; each additional vessel (List separately in addition to code for primary procedure)	\$73	1.40 2.20					<b>Circulatory Disorders Except AMI, with Cardiac Catheterization</b>		
									MS-DRG 286 with MCC	\$16,102	
									MS-DRG 287 without MCC	\$7,787	
+C7570		Intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (list separately in addition to code for primary procedure)	NA Physicians use code +93571 and +93572		\$2,727	#N/A	#N/A				
<b>Thrombectomy</b>											
+92973		Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	\$81	1.71 2.44		Status N, items and services packaged into primary procedure APC rate. No separate payment.	02C _ 3Z _		<b>Percutaneous Cardiovascular Procedures with Intraluminal Device</b>		
					MS-DRG 321 with MCC or 4+ Arteries/Intraluminal Devices				\$19,799	MS-DRG 322 without MCC	\$12,829
									<b>Percutaneous Cardiovascular Procedures without Intraluminal Device</b>		
									MS-DRG 250 with MCC	\$15,882	
									MS-DRG 251 without MCC	\$10,875	

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+ Signifies Add-on Code	HCPCS/ CPT@ <sup>1</sup> Code	HCPCS/CPT Descriptions	*PHYSICIAN <sup>2</sup>		ASC <sup>3</sup>	HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		MS-DRG Payment <sup>6,7</sup>
			Facility Rate	Work RVU Total RVU <sup>4</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	

**Transcatheter Aortic Valve Replacement (TAVR) and Cerebral Embolic Protection Systems (CEP)**

<b>33361</b> <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	\$1,079	21.91 32.31	NA	Status C, not paid under OPPTS.	02RF38Z	<b>Endovascular Cardiac Valve Replacement</b> MS-DRG 266 with MCC MS-DRG 267 without MCC	\$44,595	
<b>33362</b> <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	\$1,176	23.93 35.20	NA				\$34,643	
<b>33363</b> <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	\$1,221	24.83 36.56	NA					
<b>33364</b> <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	\$1,265	25.32 37.87	NA					
<b>33365</b> <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	\$1,274	25.93 38.13	NA					
<b>33366</b> <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	\$1,400	28.62 41.92	NA				02RF38H	
<b>+33367</b> <i>Aortic</i>	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)	\$558	11.58 16.72	NA				Report in addition to applicable base code for TAVR procedure (see above) 5A1221Z 5A1221J	
<b>+33368</b> <i>Aortic</i>	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)	\$677	14.03 20.26	NA					
<b>+33369</b> <i>Aortic</i>	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)	\$894	18.53 26.76	NA					

**Transcatheter Aortic Valve Replacement (TAVR) and Cerebral Embolic Protection Systems (CEP) Continued**

<b>+33370</b> <i>Aortic</i>	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)	\$116	2.44 3.47	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	<b>Endovascular Cardiac Valve Replacement</b> MS-DRG 266 with MCC MS-DRG 267 without MCC	\$44,595 \$34,643
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**WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure**

<b>33340</b>	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	\$619	9.99 18.52	NA	Status C, not paid under OPPTS.	02L73DK	<b>Percutaneous Intracardiac Procedures</b> MS-DRG 273 with MCC MS-DRG 274 without MCC MS-DRG 317	\$30,020 \$23,953 \$48,656
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WATCHMAN is a registered or unregistered trademark of Boston Scientific Corporation. All other trademarks are the property of their respective owners.

<sup>1</sup> Current Procedural Terminology (CPT) © 2025 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

<sup>2</sup> Source: CMS CY2026 Physician Fee Schedule (PFS) Final Rule: CMS-1832-F, including related PFS addenda. Conversion Factor used in calculations = \$33.40. Effective through December 31, 2026. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>

<sup>3</sup> Source: CMS CY2026 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1834-FC, including related addenda. Effective through December 31, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>

<sup>4</sup> Total RVU is the total relative value unit for Facility for global, or 26 modifier if it applies.

<sup>5</sup> Source: Optum360 EncoderProForPayers.com - Login. (n.d.). Wwww.encoderprofp.com; Optum. Retrieved December 8th, 2025, from [https://www.encoderprofp.com/epr4payers/cptHandler.do?\\_k=101](https://www.encoderprofp.com/epr4payers/cptHandler.do?_k=101) [Optum EncoderPro.com for Payers - CPT® Code Section \(93451-93505\) \(encoderprofp.com\)](https://www.encoderprofp.com/epr4payers/cptHandler.do?_k=101)

<sup>6</sup> Source: CMS. FY2026 IPPS Final Rule: CMS-1833-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, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipp-final-rule-home-page#CMS-1833-F>

<sup>7</sup> MS-DRG grouping is driven by other primary procedures that are performed in conjunction with this procedure.

<sup>8</sup> Total RVU is the relative value unit total for Facility calculation.

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>
<b>Transluminal Balloon Angioplasty</b>										
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	\$308	\$1,747	6.83 9.23	\$3,617	APC 5192	\$5,815	027_3ZZ 037_3ZZ 047_3ZZ	<b>Other Vascular Procedures</b> MS-DRG 252 with MCC 252 MS-DRG 253 with CC 253 MS-DRG 254 without CC 254	\$25,384 \$18,888 \$12,965
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	\$152	\$600	3.41 4.55	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate				
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;	\$260	\$1,306	5.85 7.79	\$3,499	APC 5192	\$5,815	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	\$128	\$428	2.90 3.84	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate				
<b>Iliac Artery Revascularization</b>										
37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	\$336	\$2,074	7.30 10.05	\$3,587	APC 5192	\$5,815	047_3ZZ	<b>Other Vascular Procedures</b> MS-DRG 252 with MCC 252 MS-DRG 253 with CC 253 MS-DRG 254 without CC 254	\$25,384 \$18,888 \$12,965
37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	\$492	\$2,432	10.75 14.73	\$3,587	APC 5192	\$5,815			
37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty	\$401	\$3,565	8.75 12.01	\$7,665	APC 5193	\$11,794	047_3DZ		

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			
<b>Iliac Artery Revascularization (Continued)</b>										
<b>37260</b>	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty	<b>\$580</b>	<b>\$8,441</b>	12.69 17.36	<b>\$7,665</b>	APC 5193	<b>\$11,794</b>	047_3DZ	<b>Other Vascular Procedures</b> MS-DRG 252 with MCC 252 <b>\$25,384</b> MS-DRG 253 with CC 253 <b>\$18,888</b> MS-DRG 254 without CC 254 <b>\$12,965</b>	
<b>37255</b>	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel	<b>\$136</b>	<b>\$510</b>	3.00 4.07	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	047_3ZZ			
<b>37257</b>	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery,	<b>\$176</b>	<b>\$579</b>	3.89 5.26						
<b>37259</b>	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty	<b>\$181</b>	<b>\$1,207</b>	4.00 5.43						047_3DZ
<b>37261</b>	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty	<b>\$193</b>	<b>\$3,364</b>	4.25 5.77						

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>		Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>	
<b>Femoral/Popliteal Artery Revascularization</b>											
<b>37263</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within	<b>\$356</b>	<b>\$5,434</b>	7.75 10.66	<b>\$3,796</b>	APC 5192	<b>\$5,815</b>	047_3ZZ 047_3Z1	<b>Other Vascular Procedures</b>		
									MS-DRG 252 with MCC	252	<b>\$25,384</b>
									MS-DRG 253 with CC	253	<b>\$18,888</b>
									MS-DRG 254 without CC	254	<b>\$12,965</b>
<b>37265</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within	<b>\$481</b>	<b>\$6,834</b>	10.50 14.41	<b>\$3,796</b>	APC 5192	<b>\$5,815</b>				
<b>+37264</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel	<b>\$136</b>	<b>\$2,185</b>	3.00 4.08	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.					
<b>+37266</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel	<b>\$181</b>	<b>\$2,443</b>	4.00 5.43							
<b>37271</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and	<b>\$411</b>	<b>\$10,572</b>	9.00 12.32	<b>\$13,100</b>	APC 5194	<b>\$18,729</b>				
<b>37273</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and	<b>\$576</b>	<b>\$13,239</b>	12.63 17.24	<b>\$13,100</b>	APC 5194	<b>\$18,729</b>				

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>
<b>Femoral/Popliteal Artery Revascularization (Continued)</b>										
<b>+37272</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and	\$181	\$2,339	4.00 5.43	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.				
<b>+37274</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and	\$249	\$2,489	5.50 7.47						
<b>37267</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement	\$401	\$5,213	8.75 12.02	\$8,066	APC 5193	\$11,794	047_3_1 047_3_Z		
<b>37269</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement	\$674	\$11,562	14.75 20.19	\$8,066	APC 5193	\$11,794			
<b>+37268</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement	\$170	\$3,363	3.73 5.08	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.				
<b>+37270</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement	\$228	\$3,499	5.00 6.82						

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			
<b>Femoral/Popliteal Artery Revascularization (Continued)</b>										
<b>37275</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to	\$501	\$10,284	11.00 15.01	\$13,205	APC 5194	\$18,729	047_3_1 047_3_Z 04C_3ZZ		
<b>37277</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to	\$682	\$15,433	15.00 20.41	\$13,205	APC 5194	\$18,729			
<b>+37276</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to	\$192	\$3,461	4.25 5.76	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.				
<b>+37278</b>	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to	\$271	\$3,877	6.00 8.11						
<b>C7531</b>	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			\$5,419	Status E: Not paid by Medicare when submitted on outpatient claims				
<b>C7532</b>	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)	NA Physician uses 37246 and 37252			\$6,309				<b>Other Vascular Procedures</b>	
<b>C7534</b>	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	NA Physician uses 37225 and 37252			NA				MS-DRG 252 with MCC	252 \$25,384
<b>C7535</b>	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			\$8,591				MS-DRG 253 with CC	253 \$18,888
									MS-DRG 254 without CC	254 \$12,965

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			
<b>Tibial/Peroneal Artery Revascularization</b>										
37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within	\$448	\$2,699	9.80 13.40	\$7,078	APC 5193	\$11,794	047_3ZZ 047_3Z1	<b>Other Vascular Procedures</b> MS-DRG 252 with MCC 252 \$25,384 MS-DRG 253 with CC 253 \$18,888 MS-DRG 254 without CC 254 \$12,965	
37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within	\$561	\$6,103	12.31 16.79	\$7,078	APC 5193	\$11,794			
37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when	\$609	\$7,802	13.50 18.24	\$12,373	APC 5194	\$18,729	04C_3ZZ 047_3Z1		
37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when	\$767	\$10,655	17.00 22.96	\$12,373	APC 5194	\$18,729			
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty	\$461	\$5,635	10.00 13.81	\$12,207	APC 5194	\$18,729			

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>			
<b>Tibial/Peroneal Artery Revascularization (Continued)</b>										
<b>37286</b>	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty	<b>\$619</b>	<b>\$10,375</b>	13.46 18.53	<b>\$12,207</b>	APC 5194	<b>\$18,729</b>	047_3_1 047_3_Z	<b>Other Vascular Procedures</b> MS-DRG 252 with MCC 252 <b>\$25,384</b> MS-DRG 253 with CC 253 <b>\$18,888</b> MS-DRG 254 without CC 254 <b>\$12,965</b>	
<b>37292</b>	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent	<b>\$679</b>	<b>\$10,240</b>	15.00 20.33	<b>\$12,901</b>	APC 5194	<b>\$18,729</b>			
<b>37294</b>	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent	<b>\$814</b>	<b>\$15,211</b>	18.00 24.37	<b>\$12,901</b>	APC 5194	<b>\$18,729</b>			
<b>37281</b>	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within	<b>\$135</b>	<b>\$737</b>	3.00 4.03	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		047_3ZZ 047_3Z1		
<b>37283</b>	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within	<b>\$191</b>	<b>\$863</b>	4.26 5.73						

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	
<b>Tibial/Peroneal Artery Revascularization Continued</b>										
37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when	\$215	\$922	4.75 6.43	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	047_3ZZ 047_3Z1 047_3ZZ	<b>Other Vascular Procedures</b>		
							MS-DRG 252 with MCC	252	\$25,384	
							MS-DRG 253 with CC	253	\$18,888	
							MS-DRG 254 without CC	254	\$12,965	
37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when	\$293	\$1,076	6.50 8.76						
37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty	\$152	\$2,791	3.34 4.56			047_3_1 047_3_Z			
37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty	\$229	\$4,944	5.00 6.86						
37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent	\$299	\$3,512	6.50 8.94			047_3_1 047_3_Z 04C_3ZZ			
37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent	\$376	\$6,006	8.16 11.27						

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>				
<b>Inframalleolar Artery Revascularization</b>											
<b>37296</b>	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within	<b>\$501</b>	<b>\$3,035</b>	11.00 15.01	<b>\$7,078</b>	APC 5193	<b>\$11,794</b>	047_3ZZ 047_3Z1	<b>Other Vascular Procedures</b> MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC		
										252	<b>\$25,384</b>
										253	<b>\$18,888</b>
<b>37298</b>	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within	<b>\$619</b>	<b>\$3,413</b>	13.70 18.52	<b>\$7,078</b>	APC 5193	<b>\$11,794</b>		254	<b>\$12,965</b>	

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	
<b>Peripheral Intravascular Lithotripsy (IVL)</b>										
<b>37262</b>	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery	<b>\$136</b>	<b>\$3,412</b>	3.00 4.07	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	04FC3ZZ 04FE3ZZ 04FH3ZZ 04FK3ZZ 04FM3ZZ 04FP3ZZ 04FR3ZZ 04FT3ZZ 04FD3ZZ 04FF3ZZ 04FJ3ZZ 04FL3ZZ 04FN3ZZ 04FQ3ZZ 04FS3ZZ 04FU3ZZ 04FY3ZZ	<b>Other Vascular Procedures</b>		
<b>37279</b>	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within	<b>\$182</b>	<b>\$4,640</b>	4.00 5.44						
<b>C9764</b>	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	NA Physician uses 37262 and 37279			<b>\$8,249</b>	APC 5193	<b>\$11,794</b>			
<b>C9765</b>	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same				<b>\$13,269</b>	APC 5194	<b>\$18,729</b>			
<b>C9766</b>	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when				<b>\$13,628</b>	APC 5194	<b>\$18,729</b>			
<b>C9767</b>	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty				<b>\$13,908</b>	APC 5194	<b>\$18,729</b>			
<b>C9773</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when				<b>\$12,025</b>	APC 5194	<b>\$18,729</b>			
<b>C9774</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed				<b>\$13,064</b>	APC 5194	<b>\$18,729</b>			
<b>C9775</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when				<b>\$14,121</b>	APC 5194	<b>\$18,729</b>			

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>		Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>	
<b>37236</b>	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	\$390	\$2,601	8.53 11.68	\$7,532	APC 5193	\$11,794	027_3_Z 027_3_6 037_3_Z 047_3_Z	<b>Other Vascular Procedures</b> MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	252 253 254	\$25,384 \$18,888 \$12,965
<b>37237</b>	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	\$188	\$1,217	4.14 5.62	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate		027_3_Z 027_3_6 037_3_Z 047_3_Z			
<b>37238</b>	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and	\$271	\$3,277	5.89 8.11	\$7,562	APC 5193	\$11,794	027_3DZ 057_3DZ 067_3DZ			
<b>37239</b>	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)	\$132	\$1,661	2.90 3.94	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate					

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.)

<b>37215</b>	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and	\$889	NA	17.31 26.63	NA	Status C: Not Paid under OPPS		037_3_Z	<b>Carotid Artery Stent Procedure</b> MS-DRG 034 with MCC MS-DRG 035 with CC MS-DRG 036 without CC/MCC	34 35 36	\$28,166 \$17,395 \$14,137
<b>37216</b>	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	\$860	NA	17.53 26.63	NA	Status E: Not paid by Medicare when submitted on outpatient					

**Transcarotid Artery Revascularization**

(Boston Scientific's ENROUTE® Transcarotid Stent System is used in conjunction with the ENROUTE Transcarotid Neuroprotection System. Medicare will not consider payment for the procedure when performed without embolic protection.)

<b>37215</b>	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection.	\$889	NA	17.75 29.01	NA	Status C: Not Paid under OPPS		037_3_Z + 5A05A6Q	<b>Carotid Artery Stent Procedure</b> MS-DRG 034 with MCC MS-DRG 035 with CC MS-DRG 036 without CC/MCC	34 35 36	\$28,166 \$17,395 \$14,137
<b>7693726</b>	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real time ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for	\$14	\$14	0.30 0.40	NA						

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<b>Ultrasound Guidance</b>										
<b>76937</b>	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	<b>\$14</b>	<b>\$40</b>	0.29 0.41	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	B_4_ZZA	NA <sup>7</sup>		
<b>76940</b>	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	<b>\$103</b>	<b>\$103</b>	1.95 3.07						
<b>76942</b>	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	<b>\$31</b>	<b>\$64</b>	0.65 0.94						
<b>Catheter Access</b>										
<b>36005</b>	Injection procedure for extremity venography (including introduction of needle or intracatheter)	<b>\$42</b>	<b>\$245</b>	0.93 1.25	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	05H_33Z 06H_33Z 02HV33Z 06H033Z 02H_33Z 03H_33Z 04H_33Z 02H_33Z 02HW33Z 02HX33Z	NA <sup>7</sup>		
<b>36010</b>	Introduction of catheter, superior or inferior vena cava	<b>\$95</b>	<b>\$513</b>	2.13 2.85						
<b>36013</b>	Introduction of catheter, right heart or main pulmonary artery	<b>\$112</b>	<b>\$776</b>	2.46 3.36						
<b>36140</b>	Introduction of needle or intracatheter; extremity artery	<b>\$79</b>	<b>\$500</b>	1.72 2.36						
<b>36160</b>	Introduction of needle or intracatheter, aortic, translumbar	<b>\$107</b>	<b>\$546</b>	2.46 3.20						
<b>36200</b>	Introduction of catheter, aorta	<b>\$123</b>	<b>\$567</b>	2.70 3.68						

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	
<b>Catheter Placement</b>										
<b>36011</b>	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	<b>\$137</b>	<b>\$783</b>	3.06 4.09	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	05H_33Z 06H_33Z	02H_33Z	03H_33Z	NA <sup>7</sup>
<b>36012</b>	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	<b>\$154</b>	<b>\$809</b>	3.42 4.60						
<b>36014</b>	Selective catheter placement, left or right pulmonary artery	<b>\$131</b>	<b>\$751</b>	2.94 3.91						
<b>36015</b>	Selective catheter placement, segmental or subsegmental pulmonary artery	<b>\$149</b>	<b>\$795</b>	3.42 4.46						
<b>36215</b>	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	<b>\$188</b>	<b>\$1,065</b>	4.07 5.63						
<b>36216</b>	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	<b>\$243</b>	<b>\$1,081</b>	5.14 7.29						
<b>36217</b>	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	<b>\$302</b>	<b>\$1,977</b>	6.13 9.03						
<b>36218</b>	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	<b>\$46</b>	<b>\$230</b>	0.98 1.39						
<b>36245</b>	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	<b>\$207</b>	<b>\$1,199</b>	4.53 6.20						
<b>36246</b>	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	<b>\$221</b>	<b>\$798</b>	4.89 6.63						

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HCPCS/ CPT® <sup>1</sup> Code	HCPCS/CPT Descriptions	*PHYSICIAN <sup>2</sup>			ASC <sup>3</sup>	HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>		MS-DRG Payment <sup>6,7</sup>			
		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment				
<b>Catheter Placement (Continued)</b>													
<b>36247</b>	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a	<b>\$259</b>	<b>\$1,357</b>	5.89 7.75	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	04H_33Z	NA <sup>7</sup>					
<b>36248</b>	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)	<b>\$41</b>	<b>\$112</b>	0.98 1.24									
<b>36251</b>	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	<b>\$224</b>	<b>\$1,226</b>	4.97 6.71							APC 5183	<b>\$3,226</b>	04H933Z 04HA33Z B416_ZZ B417_ZZ B418_ZZ
<b>36252</b>	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	<b>\$310</b>	<b>\$1,344</b>	6.57 9.27							APC 5183	<b>\$3,226</b>	
<b>36253</b>	Supers elective 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,	<b>\$305</b>	<b>\$1,899</b>	7.12 9.13							APC 5184	<b>\$5,685</b>	
<b>36254</b>	Supers elective 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,	<b>\$362</b>	<b>\$1,911</b>	7.70 10.85							APC 5183	<b>\$3,226</b>	

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	
<b>Angiography (Use physician modifier -26 as appropriate)</b>										
<b>73706</b>	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image	<b>\$87</b>	<b>\$322</b>	1.85 2.60	<b>\$97</b>	APC 5571	<b>\$179</b>	B42F_ZZ	NA <sup>7</sup>	
<b>75630</b>	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	<b>\$91</b>	<b>\$156</b>	1.95 2.73	Status N1: No separate payment.	APC 5183	<b>\$3,226</b>	B4_D_ZZ		
<b>75710</b>	Angiography, extremity, unilateral, radiological supervision and interpretation	<b>\$80</b>	<b>\$149</b>	1.71 2.41		APC 5183	<b>\$3,226</b>	B3__ZZ B4__ZZ		
<b>75716</b>	Angiography, extremity, bilateral, radiological supervision and interpretation	<b>\$90</b>	<b>\$163</b>	1.92 2.70		APC 5183	<b>\$3,226</b>			
<b>75726</b>	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	<b>\$91</b>	<b>\$168</b>	2.00 2.72		APC 5184	<b>\$5,685</b>	B40__ZZ B41__ZZ		
<b>75731</b>	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	<b>\$52</b>	<b>\$151</b>	1.11 1.57	<b>\$98</b>	APC 5183	<b>\$3,226</b>			
<b>75733</b>	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	<b>\$60</b>	<b>\$175</b>	1.28 1.79	Status N1: No separate payment.	APC 5183	<b>\$3,226</b>			
<b>75736</b>	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	<b>\$50</b>	<b>\$143</b>	1.11 1.50		APC 5184	<b>\$5,685</b>	B40C_ZZ B41C_ZZ		
<b>75741</b>	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	<b>\$58</b>	<b>\$128</b>	1.28 1.75		APC 5183	<b>\$3,226</b>	B30S_ZZ B31S_ZZ		
<b>75743</b>	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	<b>\$74</b>	<b>\$146</b>	1.62 2.23		APC 5183	<b>\$3,226</b>	B30T_ZZ B31T_ZZ		
<b>75774</b>	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	<b>\$44</b>	<b>\$95</b>	0.98 1.33	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate		B3__ZZ B4__ZZ		

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<b>Venography (Use physician modifier -26 as appropriate)</b>										
75820	Venography, extremity, unilateral, radiological supervision and interpretation	\$48	\$107	1.02 1.44	Status N1: No separate payment.	APC 5182	\$1,608	B50__ZZ B51__ZZ	NA <sup>7</sup>	
75822	Venography, extremity, bilateral, radiological supervision and interpretation	\$67	\$134	1.44 2.02		APC 5182	\$1,608			
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	\$52	\$114	1.11 1.56		APC 5183	\$3,226			
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	\$53	\$119	1.11 1.58		APC 5182	\$1,608			
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	\$50	\$119	1.11 1.50		APC 5183	\$3,226	B50J_ZZ B50K_ZZ		
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	\$72	\$157	1.45 2.15		APC 5183	\$3,226	B51J_ZZ B51K_ZZ		
<b>Venography Continued (Use physician modifier -26 as appropriate)</b>										
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	\$52	\$126	1.11 1.57	Status N1: No separate payment.	APC 5183	\$3,226	B50__ZZ B51__ZZ	NA <sup>7</sup>	
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	#N/A	#N/A	#N/A #N/A			\$0			
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	\$53	\$130	1.11 1.60		APC 5183	\$3,226			
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	\$62	\$184	1.11 1.87		APC 5183	\$3,226			
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	\$63	\$135	1.40 1.90	Status N1: No separate payment.	APC 5183	\$3,226	B50__ZZ B51__ZZ		
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	\$63	\$136	1.40 1.90		APC 5183	\$3,226			
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	\$50	\$122	1.11 1.50	Status N1: No separate payment.	APC 5183	\$3,226	B51T__Z		
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	\$50	\$123	1.11 1.51		APC 5183	\$3,226			

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment		
<b>Vascular Imaging</b>											
<b>78445</b>	Non-cardiac vascular flow imaging (ie, angiography, venography)	<b>\$23</b>	<b>\$167</b>	0.48 0.68	<b>\$220</b>	APC 5591	<b>\$408</b>	C713YZZ	<b>NA<sup>7</sup></b>		
<b>78456</b>	Acute venous thrombosis imaging, peptide	<b>\$46</b>	<b>\$285</b>	0.98 1.37	<b>\$719</b>	APC 5593	<b>\$1,323</b>	C51__ZZ			
<b>78457</b>	Venous thrombosis imaging, venogram; unilateral	<b>\$35</b>	<b>\$167</b>	0.75 1.06	<b>\$300</b>	APC 5592	<b>\$555</b>				
<b>78458</b>	Venous thrombosis imaging, venogram; bilateral	<b>\$42</b>	<b>\$186</b>	0.88 1.25	<b>\$220</b>	APC 5591	<b>\$408</b>				
<b>Transhepatic Shunts (TIPS)</b>											
<b>37182</b>	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract)	<b>\$701</b>	<b>NA</b>	16.55 20.99	<b>\$13,284</b>	Status C: Not Paid under OPPS		06H43DZ 06H83DZ 06183DY	<b>Other Vascular Procedures</b>		
									MS-DRG 252 with MCC	252	<b>\$25,384</b>
									MS-DRG 253 with CC	253	<b>\$18,888</b>
									MS-DRG 254 without CC	254	<b>\$12,965</b>
<b>37183</b>	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	<b>\$322</b>	<b>\$5,409</b>	7.55 9.64	<b>\$3,549</b>	APC 5192	<b>\$5,815</b>	06H43DZ 06H83DZ 06PY3DZ 06WY3DZ 06183DY	<b>Pancreas, Liver and Shunt Procedures</b>		
									MS-DRG 405 with MCC	405	<b>\$39,808</b>
									MS-DRG 406 with CC	406	<b>\$21,104</b>
									MS-DRG 407 without CC/MCC	407	<b>\$16,151</b>

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>	
<b>Dialysis Circuit</b>											
<b>36901</b>	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,	\$147	\$687	3.28 4.41	\$563	APC 5182	\$1,608	B30_ _ZZ B31_ _ZZ	<b>Other Vascular Procedures</b>		
									MS-DRG 252 with MCC	252	\$25,384
									MS-DRG 253 with CC	253	\$18,888
									MS-DRG 254 without CC	254	\$12,965
<b>36902</b>	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	\$210	\$1,191	4.71 6.29	\$2,727	APC 5192	\$5,815	037_3ZZ 067_3ZZ	<b>Other Kidney and Urinary Tract Procedures</b>		
									MS-DRG 673 with MCC	673	\$30,574
									MS-DRG 674 with CC	674	\$17,017
									MS-DRG 675 without CC/MCC	675	\$11,944
<b>36903</b>	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	\$278	\$4,806	6.23 8.31	\$7,799	APC 5193	\$11,794	037_3_Z 067_3DZ	<b>Other Vascular Procedures</b>		
									MS-DRG 252 with MCC	252	\$25,384
									MS-DRG 253 with CC	253	\$18,888
									MS-DRG 254 without CC	254	\$12,965
<b>36904</b>	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	\$321	\$1,742	7.31 9.60	\$3,621	APC 5192	\$5,815	03C_3ZZ			
<b>36905</b>	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	\$386	\$2,206	8.78 11.55	\$6,895	APC 5193	\$11,794	03C_3ZZ	<b>Other Kidney and Urinary Tract Procedures</b>		
									MS-DRG 673 with MCC	673	\$30,574
									MS-DRG 674 with CC	674	\$17,017
									MS-DRG 675 without CC/MCC	675	\$11,944
<b>36906</b>	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	\$445	\$5,919	10.16 13.33	\$12,365	APC 5194	\$18,729				

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<b>Dialysis Circuit Continued</b>												
<b>36907</b>	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	<b>\$128</b>	<b>\$579</b>	2.93 3.82	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	037_3ZZ 067_3ZZ	<b>Other Vascular Procedures</b>				
<b>36908</b>	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	<b>\$182</b>	<b>\$1,392</b>	4.14 5.44				037_3_Z 067_3DZ	MS-DRG 252 with MCC 252 MS-DRG 253 with CC 253 MS-DRG 254 without CC 254	<b>\$25,384</b>	<b>\$18,888</b>	<b>\$12,965</b>
<b>36909</b>	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	<b>\$176</b>	<b>\$1,818</b>	4.02 5.26				05L_3DZ 06L_3DZ	MS-DRG 673 with MCC 673 MS-DRG 674 with CC 674 MS-DRG 675 without CC/MCC 675	<b>\$25,892</b>	<b>\$16,679</b>	<b>\$11,108</b>
<b>C7513</b>	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	NA Physician uses 36901 and 36907			<b>\$1,624</b>	Status E: Not paid by Medicare when submitted on outpatient claims		<b>Other Vascular Procedures</b> MS-DRG 252 with MCC 252 MS-DRG 253 with CC 253 MS-DRG 254 without CC 254				
<b>C7514</b>	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	NA Physician uses 36901 and 36908			<b>\$1,624</b>	Status E: Not paid by Medicare when submitted on outpatient claims		<b>Other Kidney and Urinary Tract Procedures</b> MS-DRG 673 with MCC 673 MS-DRG 674 with CC 674 MS-DRG 675 without CC/MCC 675				
<b>C7515</b>	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	NA Physician uses 36901 and 36909			<b>\$1,624</b>	Status E: Not paid by Medicare when submitted on outpatient claims						
<b>C7530</b>	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	NA Physician uses 36902 and 36908			<b>#N/A</b>	Status E: Not paid by Medicare when submitted on outpatient claims						

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>		Possible MS-DRG Assignment		
<b>Arterial Mechanical Thrombectomy</b>											
<b>37184</b>	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic	<b>\$376</b>	<b>\$1,632</b>	8.20 11.27	<b>\$12,459</b>	APC 5194	<b>\$18,729</b>	03C_3ZZ 04C_3ZZ 05C_3ZZ	<b>Other Major Cardiovascular Procedures</b>		
									MS-DRG 270 with MCC	270	<b>\$38,394</b>
									MS-DRG 271 with CC	271	<b>\$25,878</b>
									MS-DRG 272 without CC/MCC	272	<b>\$18,578</b>
<b>37185</b>	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	<b>\$141</b>	<b>\$459</b>	3.20 4.23	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.			<b>Other Vascular Procedures</b>		
									MS-DRG 252 with MCC	252	<b>\$25,384</b>
									MS-DRG 253 with CC	253	<b>\$18,888</b>
									MS-DRG 254 without CC	254	<b>\$12,965</b>
<b>37186</b>	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	<b>\$218</b>	<b>\$1,158</b>	4.80 6.52							
<b>Venous Mechanical Thrombectomy</b>											
<b>37187</b>	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	<b>\$346</b>	<b>\$1,602</b>	7.59 10.35	<b>\$8,411</b>	APC 5193	<b>\$11,794</b>	05C_3ZZ 06C_3ZZ	<b>Other Major Cardiovascular Procedures</b>		
									MS-DRG 270 with MCC	270	<b>\$38,394</b>
									MS-DRG 271 with CC	271	<b>\$25,878</b>
									MS-DRG 272 without CC/MCC	272	<b>\$18,578</b>
<b>37188</b>	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	<b>\$251</b>	<b>\$1,378</b>	5.32 7.50	<b>\$2,723</b>	APC 5183	<b>\$3,226</b>		<b>Other Vascular Procedures</b>		
									MS-DRG 252 with MCC	252	<b>\$25,384</b>
									MS-DRG 253 with CC	253	<b>\$18,888</b>
									MS-DRG 254 without CC	254	<b>\$12,965</b>

**Vascular Therapies**

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>		Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>	
<b>Ultrasound Assisted Thrombolysis</b>											
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	\$338	NA	7.56 10.13	\$4,420	APC 5184	\$5,685	02F_3Z0 03F_3Z0 04F_3Z0	<b>Ultrasound Accelerated And Other Thrombolysis With Principal Diagnosis Pulmonary Embolism</b>		
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$295	NA	6.64 8.82	\$2,089	APC 5183	\$3,226	02F_3Z0 05F_3Z0 06F_3Z0	MS-DRG 173	173	\$21,659
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	\$202	NA	4.63 6.06	\$1,624	APC 5183	\$3,226	02F_3Z0 03F_3Z0 04F_3Z0 05F_3Z0 06F_3Z0	<b>Ultrasound Accelerated and Other Thrombolysis</b>		
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	\$107	NA	2.43 3.21	\$1,624	APC 5183	\$3,226	0[2/3/4][P/Q]3Z2	MS-DRG 278 with MCC MS-DRG 279 without CC	278 279	\$40,504 \$26,243
<b>Intravascular Ultrasound</b>											
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	\$79	\$896	1.76 2.37	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	B34_ZZ3 B44_ZZ3 B54_ZZ3	<b>Other Vascular Procedures</b>			
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in	\$62	\$170	1.40 1.87				MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	252 253 254	\$25,384 \$18,888 \$12,965	
<b>Superficial Venous Disease</b>											
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,	\$106	\$1,288	2.29 3.16	\$1,129	APC 5054	\$2,108	065_3ZZ	<b>Vein Ligation &amp; Stripping</b>		
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	\$133	\$1,340	2.93 3.99	\$1,129	APC 5054	\$2,108		MS-DRG 263	263	\$22,248
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	\$34	\$121	0.73 1.01	\$92	APC 5052	\$415				
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	\$67	\$205	1.46 2.00	\$147	APC 5052	\$415				

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<b>Biliary Procedures - Diagnostic</b>											
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation;	\$62	\$399	1.27 1.85	Status N1: No separate payment.	APC 5341	\$3,658	BF0__ZZ BF1__ZZ	<b>Disorders of the Biliary Tract</b>		
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation;	\$183	\$810	4.14 5.47		APC 5341	\$3,658		MS-DRG 444 with MCC	444	\$12,159
								MS-DRG 445 with CC	445	\$7,964	
								MS-DRG 446 without CC	446	\$6,020	
<b>Biliary Procedures - Drainage (Internal Stent/External Catheter)</b>											
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;	\$227	\$1,112	5.25 6.79	\$1,744	APC 5341	\$3,658	0F9_30Z	<b>Disorders of the Biliary Tract</b>		
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;	\$317	\$1,219	7.41 9.49	\$1,744	APC 5341	\$3,658		MS-DRG 444 with MCC	444	\$12,159
									MS-DRG 445 with CC	445	\$7,964
									MS-DRG 446 without CC	446	\$6,020
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	\$169	\$849	3.85 5.07	\$1,744	APC 5341	\$3,658	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,	\$115	\$605	2.54 3.43	\$1,744	APC 5341	\$3,658				
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	\$84	\$463	1.79 2.51	\$498	APC 5301	\$927	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	\$202	\$3,498	4.63 6.05	\$4,265	APC 5361	\$6,176	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;	\$367	\$3,976	8.53 10.98	\$4,500	APC 5361	\$6,176	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;	\$376	\$3,960	8.80 11.27	\$4,015	APC 5361	\$6,176	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	\$294	\$1,183	6.58 8.79	\$3,365	APC 5342	\$6,614	0F7_3DZ 0F9_30Z			

**Vascular Therapies**

**2026 Procedural Payment Guide**

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		Facility Rate	Office Rate			APC Category	APC Payment <sup>4</sup>						
<b>Biliary Procedures - Drainage (Internal Stent/External Catheter) Continued</b>													
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	\$117	\$476	2.78 3.51	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	0F7_3DZ	Disorders of the Biliary Tract	MS-DRG 444 with MCC	444	\$12,159		
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,	\$123	\$374	2.93 3.68					0FB_3ZX	MS-DRG 445 with CC	445	\$7,964	
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	\$135	\$793	3.20 4.03					0FC_3ZZ	MS-DRG 446 without CC	446	\$6,020	
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	\$207	NA	4.10 6.19					APC 5341	\$3,658	0WHG03Z		
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	\$61	\$550	1.42 1.82					APC 5302	\$1,960	0D2_X0Z 0W2_X0Z		
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	\$37	\$94	0.81 1.11	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate	BF1__ZZ		NA <sup>7</sup>				
<b>Biliary Stenting</b>													
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$341	NA	8.34 10.20	\$6,862	APC 5362	\$10,860	0F7_4DZ	Disorders of the Biliary Tract				
									MS-DRG 444 with MCC	444	\$12,159		
									MS-DRG 445 with CC	445	\$7,964		
									MS-DRG 446 without CC	446	\$6,020		
<b>Radiological S&amp;I Codes – Billed in Conjunction with Procedure Code (Use physician modifier</b>													
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	\$38	\$38	0.86 1.15	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate	BF00_ZZ BF10_ZZ BF12_ZZ		NA <sup>7</sup>				

<sup>1</sup> Current Procedural Terminology (CPT) © 2025 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

<sup>2</sup> Source: CMS CY2026 Physician Fee Schedule (PFS) Final Rule: CMS-1832-F, including related PFS addenda. Conversion Factor used in calculations = \$33.40. Effective through December 31, 2026. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f>

<sup>3</sup> Source: CMS CY2026 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1834-FC, including related addenda. Effective through December 31, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>

<sup>4</sup> Total RVU is the total relative value unit for Facility for global, or 26 modifier if it applies.

<sup>5</sup> Source: Optum360 EncoderProForPayers.com - Login. (n.d.). Www.encoderprofp.com; Optum. Retrieved December 8th, 2025, from [https://www.encoderprofp.com/epr4payers/cptHandler.do?\\_k=101](https://www.encoderprofp.com/epr4payers/cptHandler.do?_k=101) [Optum EncoderPro.com for Payers - CPT® Code Section \(93451-93505\) \(encoderprofp.com\)](https://www.encoderprofp.com/epr4payers/cptHandler.do?_k=101)

<sup>6</sup> Source: CMS. FY2026 IPPS Final Rule: CMS-1833-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, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ippf-final-rule-home-page#CMS-1833-F>

<sup>7</sup> MS-DRG grouping is driven by other primary procedures that are performed in conjunction with this procedure.

<sup>8</sup> Total RVU is the relative value unit total for Facility calculation.

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<b>Embolization</b>										
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)	\$371	\$4,396	8.53 11.11	\$6,866	APC 5193	\$11,794	05L_3DZ 06L_3DZ	<b>Other Major Cardiovascular Procedures</b> MS-DRG 270 with MCC \$38,394 MS-DRG 271 with CC \$25,878 MS-DRG 272 without CC/MCC \$18,578	
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)	\$413	\$6,681	9.56 12.37	\$11,449	APC 5194	\$18,729	03L_3DZ 04L_3DZ	<b>Other Vascular Procedures</b> MS-DRG 252 with MCC \$25,384 MS-DRG 253 with CC \$18,888 MS-DRG 254 without CC \$12,965	
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	\$482	\$8,002	11.45 14.44	\$5,419	APC 5193	\$11,794	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	\$566	\$6,112	13.41 16.95	\$6,866	APC 5193	\$11,794	03L_3DZ 04L_3DZ		
<b>Ultrasound Guidance</b>										
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)	\$14	\$40	0.29 0.41	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.		B_4_ZZA	NA <sup>7</sup>	
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	\$103	\$103	1.95 3.07						
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$31	\$64	0.65 0.94						
<b>Ablation Procedures - Renal</b>										
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	\$398	\$3,509	8.66 11.93	\$7,332	APC 5362	\$10,860	0T5_3ZZ	<b>Kidney and Ureter Procedures for Neoplasm</b> MS-DRG 656 with MCC \$23,168 MS-DRG 657 with CC \$13,316 MS-DRG 658 without CC/MCC \$11,292	
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	\$1,045	NA	20.83 31.28	\$5,121	APC 5362	\$10,860	0T5_4ZZ		
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	\$1,088	NA	21.66 32.58	NA	Status C: Not Paid under OPPS		0T5_0ZZ		
50592	Ablation, 1 or more renal tumor(s), unilateral, percutaneous, radiofrequency	\$298	\$2,624	6.39 8.91	\$3,031	APC 5361	\$6,176	0T5_3ZZ		
50200	Renal biopsy; percutaneous, by trocar or needle	\$110	\$492	2.32 3.30	\$742	APC 5072	\$1,687	0TB_3ZZ		

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<b>Ablation Procedures - Liver</b>										
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	\$403	\$5,828	8.66 12.07	\$7,684	APC 5362	\$10,860	0F5_3ZZ	<b>Pancreas, Liver and Shunt Procedures</b> MS-DRG 405 with MCC MS-DRG 406 with CC MS-DRG 407 without CC/MCC	\$39,808
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	\$1,182	NA	20.28 35.39	\$5,121	APC 5362	\$10,860	0F5_4ZZ		\$21,104
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	\$1,383	NA	24.26 41.40	NA	Status C: Not Paid under OPPS		0F5_0ZZ		\$16,151
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	\$641	\$3,433	14.60 19.18	\$3,031	APC 5361	\$6,176	0F5_3ZZ		
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	\$1,172	NA	20.28 35.10	\$5,121	APC 5362	\$10,860	0F5_4ZZ		
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	\$1,344	NA	23.95 40.24	NA	Status C: Not Paid under OPPS		0F5_0ZZ		
47000	Biopsy of liver, needle; percutaneous	\$76	\$288	1.61 2.29	\$742	APC 5072	\$1,687	0FB_3ZZ		
<b>Ablation Procedures - Lung</b>										
32994	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance	\$381	\$4,548	8.80 11.40	\$7,344	APC 5362	\$10,860	0F5_3ZZ	<b>Major Chest Procedures</b> MS-DRG 163 with MCC MS-DRG 164 with CC MS-DRG 165 without CC/MCC	\$32,613
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	\$381	\$2,925	8.80 11.40	\$3,031	APC 5361	\$6,176	0F5_4ZZ		\$18,367
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	\$131	\$805	3.10 3.91	\$742	APC 5072	\$1,687	0F5_0ZZ 0FB_3ZZ		\$13,929
<b>Ablation Procedures - Breast</b>										
19105	Ablation, cryosurgical, breast fibroadenoma, includes ultrasound guidance, each fibroadenoma	\$194	\$2,537	3.60 5.80	\$2,387	APC 5091	\$4,000	0H5_3ZZ	<b>Breast Biopsy, Local Excision and Other Breast Procedures</b> MS-DRG 584 with MCC MS-DRG 585 without MCC	\$15,577 \$14,038
<b>Ablation Procedures - Bone</b>										
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	\$322	\$3,485	6.84 9.63	\$9,256	APC 5116	\$17,914	0NB_3ZZ 0PB_3ZZ 0QB_3ZZ	<b>Local Excision and Removal of Internal Fixation Devices Except Hip and Femur</b> MS-DRG 495 with MCC MS-DRG 496 with CC MS-DRG 497 without CC/MCC	\$26,383 \$13,127 \$8,793
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	\$303	\$4,910	6.71 9.06	\$5,274	APC 5114	\$7,413			\$8,793
20220	Biopsy, bone, trocar, or needle; superficial	\$76	\$223	1.61 2.29	\$742	APC 5072	\$1,687	0N5_3ZZ 0P5_3ZZ		<b>Biopsies of Musculoskeletal System and Connective Tissue</b> MS-DRG 477 with MCC MS-DRG 478 with CC MS-DRG 479 without CC/MCC
20225	Biopsy, bone, trocar, or needle; deep	\$113	\$365	2.39 3.39	\$742	APC 5072	\$1,687	0Q5_3ZZ	\$13,527	

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	
<b>0440T</b>	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Status C: Contractor-Priced Code			<b>\$1,476</b>	APC 5431	<b>\$1,995</b>	015_3ZZ	<b>Cranial &amp; Peripheral Nerve Disorders</b> MS-DRG 073 with MCC MS-DRG 074 without MCC	<b>\$11,674</b> <b>\$7,501</b>
<b>0441T</b>	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Status C: Contractor-Priced Code			<b>\$1,466</b>	APC 5431	<b>\$1,995</b>			
<b>0442T</b>	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Status C: Contractor-Priced Code			<b>\$6,353</b>	APC 5433	<b>\$8,966</b>			
<b>64600</b>	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	<b>\$227</b>	<b>\$531</b>	3.40 6.79	<b>\$486</b>	APC 5443	<b>\$904</b>	005K3ZZ 3E0X3TZ	<b>Cranial &amp; Peripheral Nerve Disorders</b> MS-DRG 073 with MCC MS-DRG 074 without MCC	
<b>64605</b>	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	<b>\$424</b>	<b>\$1,102</b>	5.51 12.69	<b>\$949</b>	APC 5431	<b>\$1,995</b>			
<b>64610</b>	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	<b>\$449</b>	<b>\$860</b>	7.02 13.45	<b>\$949</b>	APC 5431	<b>\$1,995</b>			
<b>64620</b>	Destruction by neurolytic agent, intercostal nerve	<b>\$167</b>	<b>\$226</b>	2.82 5.01	<b>\$486</b>	APC 5443	<b>\$904</b>	01583ZZ 3E0T3TZ		
<b>64624</b>	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	<b>\$133</b>	<b>\$411</b>	2.44 3.99	<b>\$949</b>	APC 5431	<b>\$1,995</b>	015G3ZZ 3E0T3TZ		
<b>64625</b>	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	<b>\$177</b>	<b>\$496</b>	3.31 5.29	<b>\$949</b>	APC 5431	<b>\$1,995</b>	015A3ZZ 015Q3ZZ 3E0T33Z		
<b>64630</b>	Destruction by neurolytic agent; pudendal nerve	<b>\$184</b>	<b>\$274</b>	2.97 5.50	<b>\$486</b>	APC 5443	<b>\$904</b>	015C3ZZ 3E0T33Z		
<b>64640</b>	Destruction by neurolytic agent; other peripheral nerve or branch	<b>\$112</b>	<b>\$268</b>	1.93 3.34	<b>\$197</b>	APC 5443	<b>\$904</b>	015[4-6]3ZZ 015D3ZZ 015[F-H]3ZZ 3E0T33Z		
<b>64680</b>	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	<b>\$147</b>	<b>\$347</b>	2.60 4.39	<b>\$486</b>	APC 5443	<b>\$904</b>	015M3ZZ 3E0T33Z		
<b>64681</b>	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	<b>\$193</b>	<b>\$463</b>	3.69 5.78	<b>\$486</b>	APC 5443	<b>\$904</b>	01593ZZ 015A3ZZ 3E0T33Z		

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>		Possible MS-DRG Assignment			
<b>Ablation Procedures - Prostate</b>													
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	\$688	\$5,695	13.26 20.61	\$7,398	APC 5376	\$9,672	0V5_3ZZ	<b>Major Male Pelvic Procedures</b> MS-DRG 707 with MCC MS-DRG 708 without MCC	\$14,556 \$11,164			
55705	Biopsy, prostate; any approach, nonimaging-guided	\$100	\$233	1.88 2.99	\$1,723	APC 5374	\$3,601						
55707	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])	\$136	\$342	2.63 4.08	\$1,723	APC 5374	\$3,601						
55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion	\$170	\$420	3.39 5.08	\$1,723	APC 5374	\$3,601						
55709	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])	\$163	\$582	3.23 4.88	\$1,723	APC 5374	\$3,601						
55710	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion	\$188	\$653	3.81 5.64	\$1,723	APC 5374	\$3,601						
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	\$136	\$367	2.61 4.06	\$1,723	APC 5374	\$3,601						
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	\$158	\$607	3.10 4.73	\$1,723	APC 5374	\$3,601						
55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant) with biopsy of additional targeted lesion(s), first targeted lesion	\$186	\$765	4.00 5.56	\$2,730	APC 5375	\$5,478						
55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion	\$169	\$746	3.62 5.06	\$2,730	APC 5375	\$5,478						
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore-CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)	\$47	\$81	1.05 1.41	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.							
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	\$354	\$1,397	5.78 10.60	\$1,185	APC 5374	\$3,601				0V5_7ZZ		
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	\$331	\$1,428	5.28 9.92	\$1,236	APC 5374	\$3,601						
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	\$354	\$3,398	5.78 10.60	\$1,723	APC 5374	\$3,601						

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		Facility Rate	Office Rate		Work RVU Total RVU <sup>8</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>		Possible MS-DRG Assignment
<b>Radiological S&amp;I Codes – Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)</b>										
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	\$103	\$103	1.95	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	B_4_ZZA	NA <sup>7</sup>		
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	\$177	\$177	3.89						
77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	\$191	\$191	4.13						
				5.72						
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$31	\$64	0.65						
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	\$27	\$121	0.53						
				0.81						
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	\$67	\$123	1.46						
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	\$70	\$428	1.46						
				2.10						

**TheraSphere Radioembolization (SIRT/TARE) Procedures  
Simulation Planning & Simulation**

77263	Therapeutic Radiology Simulation Treatment Planning, Complex	\$169	\$169	3.06	NA	Status B: not paid under OPPS.	NA	NA <sup>7</sup>		
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$259	\$1,357	5.89	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	04H_33Z			
				7.75						
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)	\$41	\$112	0.98						
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	\$91	\$168	2.00			APC 5184		\$5,685	B40_0ZZ B40_1ZZ
				2.72			Status N: items & services packaged into primary procedure APC rate. No separate payment.		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	\$95	0.98						
77290	Therapeutic Radiology Simulation, Complex	\$82	\$445	1.52			\$206	APC 5612	\$383	NA
				2.47						
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)	\$413	\$6,681	9.56	\$11,449	APC 5194	\$18,729	03L_3DZ 04L_3DZ 04LE3DT 04LF3DU	<b>Other Vascular Procedures</b> MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC	\$25,384 \$18,888 \$12,965

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<b>Simulation Nuclear Imaging</b>									
78800	Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day	\$31	\$232	0.62 0.92	\$220	APC 5591	\$408	CF151ZZ CF15YZZ	NA <sup>7</sup>
78803	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	\$49	\$336	1.06 1.47	\$300	APC 5592	\$555	CF251ZZ CF25YZZ	
78830	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT) w/concurrent CT, 1 area, 1 day	\$65	\$421	1.45 1.95	\$719	APC 5593	\$1,323	CF25_ZZ BF25_Z	
74175	Ct angio abdomen w/o dye, then dye & further sections	\$83	\$304	1.77 2.49	\$97	APC 5571	\$179	BF25_OZ	
74183	MRI w/o contrast, followed by w/contrast, abdomen	\$102	\$336	2.15 3.04	\$193	APC 5572	\$356	B43HY0Z	
76377	3D rendering, image post-processing, independent workstation [CBCT fusion option]	\$37	\$79	0.77 1.11	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	
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine [CBCT fusion option]	\$0	\$0	0.00 0.00	\$220	APC 5591	\$408	CF26YZZ	

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		Facility Rate	Office Rate		Work RVU Total RVU <sup>8</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>		Possible MS-DRG Assignment
<b>Brachytherapy Clinical Treatment Planning &amp; Dosimetry</b>										
77300	Basic dosimetry calc, CADD calc, TDF, NSD, Gap calc, OAF, TIF, NIRSDD calc (req Rx treat phys)	\$33	\$67	0.60 0.98	\$35	APC 5611	\$137	NA	NA <sup>7</sup>	
77316	Brachytherapy Isodose Plan, 1-4 Sources, Incl Basic Dosimetry Calc	\$74	\$251	1.37 2.21	\$176	APC 5612	\$383			
77317	Brachytherapy Isodose Plan, 5-10 Sources, Incl Basic Dosimetry Calc	\$96	\$329	1.78 2.88	\$206	APC 5612	\$383			
77295	3-dimensional radiotherapy plan, including dose-volume histograms	\$226	\$489	4.18 6.77	\$262	APC 5613	\$1,414			
77370	Special Medical Radiation Physics Consult	NA	\$153	0.00 NA	\$74	APC 5611	\$137			
77470	Special Treatment Procedure	\$107	\$146	1.98 3.20	\$39	APC 5623	\$565			
<b>TheraSphere Delivery</b>										
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$259	\$1,357	5.89 7.75	Status N1: No separate payment.	Status N: items & services packaged into primary procedure APC rate. No separate payment.	04H_33Z	NA <sup>7</sup>		
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)	\$41	\$112	0.98 1.24						
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	\$482	\$8,002	11.45 14.44	\$5,419	APC 5193	\$11,794	03L_3DZ 04L_3DZ 04LE3DT 04LF3DU	<b>Pancreas, Liver and Shunt Procedures</b> MS-DRG 405 with MCC MS-DRG 406 with CC MS-DRG 407 without CC/MCC	\$39,808 \$21,104 \$16,151
79445	Radiopharmaceutical Therapy (intra-arterial)	\$106	\$106	2.34 3.18	\$128	APC 5661	\$238	3E0_3HZ	NA <sup>7</sup>	
77778	Interstitial Radiation Source Application, Complex [only when IR is NOT the AU]	\$463	\$941	8.56 13.86	\$387	APC 5624	\$712			

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<b>TheraSphere Y-90 Brachytherapy Source</b>										
<b>C2616</b>	Brachytherapy Source, Non-Stranded, Yttrium-90 (per source)	NA	NA	NA NA	<b>\$18,003</b>	APC 2616	<b>\$17,771</b>	DF109YZ		<b>NA<sup>7</sup></b>
<b>S2095</b>	Transcatheter Occlusion or Embolization, Tumor Destruction, Percutaneous, Y-90 Microspheres	NA	NA	NA NA	NA	Not covered by Medicare.				
<b>Q3001</b>	Brachytherapy Radioelements, Each	Status C: Contractor-Priced Code			NA	Status B: not paid under OPSS.				
<b>C2699</b>	Brachytherapy source, non-stranded, not otherwise specified, per source	NA	NA	NA NA	<b>\$38</b>	APC 2699	<b>\$37</b>			
<b>Post-TheraSphere Implantation (only if required)</b>										
<b>76145</b>	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	NA	<b>\$1,040</b>	0.00 NA	<b>\$205</b>	APC 5723	<b>\$381</b>	NA		<b>NA<sup>7</sup></b>
<b>HAI - Patient Evaluation - Office Visit</b>										
<b>99214</b>	Office or other outpatient visit (moderate MDM or ≥ 30 min)	<b>\$85</b>	<b>\$136</b>	1.92 2.53	<b>Status N1: No separate payment.</b>		<b>\$0</b>			<b>NA<sup>7</sup></b>
<b>99215</b>	Office or other outpatient visit (high MDM or ≥ 40 min)	<b>\$126</b>	<b>\$192</b>	2.80 3.76		<b>\$0</b>	<b>NA<sup>7</sup></b>			
<b>99244</b>	Office or other outpatient consultation (moderate MDM or ≥ 40 min)	<b>\$134</b>	<b>\$161</b>	2.69 4.00		<b>\$0</b>	<b>NA<sup>7</sup></b>			
<b>99245</b>	Office or other outpatient consultation (high MDM or ≥ 55 min)	<b>\$179</b>	<b>\$209</b>	3.75 5.35		<b>\$0</b>	<b>NA<sup>7</sup></b>			
<b>HAI - Patient Evaluation - Preoperative Consultation</b>										
<b>99254</b>	Inpatient or observation consultation (moderate MDM ≥ 60 min)	<b>\$138</b>	NA	2.72 4.12	NA		<b>\$0</b>			<b>NA<sup>7</sup></b>
<b>99255</b>	Inpatient or observation consultation (high MDM ≥ 60 min)	<b>\$185</b>	NA	3.86 5.53	NA		<b>\$0</b>			<b>NA<sup>7</sup></b>

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<b>HAI - Patient Evaluation - Imaging (Diagnostic Workup)</b>										
74160	Computed tomography, abdomen; with contrast material(s)	\$58	\$230	1.24 NA	\$97	APC 5571	\$179	BF2[5,C][0,1,Y,Z][0,Z]Z	NA <sup>7</sup>	
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	\$64	\$259	1.37 NA	\$97	APC 5571	\$179		NA <sup>7</sup>	
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$83	\$304	1.77 NA	\$97	APC 5571	\$179		NA <sup>7</sup>	
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	\$54	\$167	1.13 NA	\$97	APC 5571	\$179	BB240ZZ BB241ZZ	NA <sup>7</sup>	
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	\$57	\$196	1.22 NA	\$97	APC 5571	\$179	BB24YZZ BB24ZZZ	NA <sup>7</sup>	
71046	Radiologic examination, chest; 2 views	\$10	\$33	0.21 NA	\$23	APC 5521	\$89	BB0DZZZ	NA <sup>7</sup>	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	\$69	\$0	0.00 NA	\$719	APC 5593	\$1,323	CB3YYZZ	NA <sup>7</sup>	
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	\$87	\$0	0.00 NA	\$785	APC 5594	\$1,461	CW3NYZZ	NA <sup>7</sup>	
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	\$99	\$0	0.00 NA	\$785	APC 5594	\$1,461	CB3YYZZ BF25ZZZ BF2CZZZ BW24ZZZ	NA <sup>7</sup>	
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	\$110	\$0	0.00 NA	\$785	APC 5594	\$1,461	CW3NYZZ BF25ZZZ BF2CZZZ BW24ZZZ	NA <sup>7</sup>	
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	\$49	\$336	1.06 NA	\$300	APC 5592	\$555	CF251ZZ CF261ZZ	NA <sup>7</sup>	
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	\$65	\$421	1.45 NA	\$719	APC 5593	\$1,323	CW241ZZ BF25ZZZ BF2CZZZ BW24ZZZ	NA <sup>7</sup>	
A9540	Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries	\$0	\$0	0.00 0.00			\$0	NA	NA <sup>7</sup>	

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\*National Average Medicare physician payment rates calculated using the 2026 conversion factor of 33.4

HCPCS/ CPT® <sup>1</sup> Code	HCPCS/CPT Descriptions	*PHYSICIAN <sup>2</sup>			ASC <sup>3</sup>	HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>		MS-DRG Payment <sup>6,7</sup>
		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	
<b>HAI - Patient Evaluation - Hospital Doctor Visit</b>										
G0463	Hospital outpatient clinic visit for assessment and management of a patient	\$0	\$0	0.00 0.00	NA	APC 5012	\$136	NA		NA <sup>7</sup>
<b>HAI - Surgical Preparation for Pump Implant - Laparoscopic Cholecystectomy (does not include Exploratory Laparotomy code 49000)</b>										
47562	Laparoscopy, surgical; cholecystectomy	\$632	NA	10.21 18.91	\$3,031	APC 5361	\$6,176	0FT44ZG 0FT44ZZ		NA <sup>7</sup>
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	\$684	NA	11.18 20.49	\$3,031	APC 5361	\$6,176	0FT44Z[G,Z] BF00[0,1]ZZ BF03[0,1]ZZ		
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	\$1,061	NA	17.55 31.78	\$5,121	APC 5362	\$10,860	0FT44Z[G,Z] BF0[3,0][0,1]ZZ 0FJB[4,8]ZZ		
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	\$729	NA	12.23 21.82	NA		\$0	0FJ[0,4,B,D,G]0ZZ		
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	\$13	\$0	0.00 NA	NA		\$0	BF0[3,C][0,1]ZZ BF13[0,1]ZZ		
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	\$9	\$0	0.00 NA	NA		\$0	BF0[3,C][0,1]ZZ BF13[0,1]ZZ		
<b>HAI - Surgical Preparation for Pump Implant - Open Cholecystectomy (includes Exploratory Laparotomy code 49000)</b>										
47600	Cholecystectomy	\$1,010	NA	17.04 30.25	NA		\$0	0FT40ZZ		NA <sup>7</sup>
47605	Cholecystectomy; with cholangiography	\$1,061	NA	18.02 31.78	NA		\$0	0FT40ZZ BF0[0,3][0,1]ZZ		
47610	Cholecystectomy with exploration of common duct	\$1,173	NA	20.40 35.13	NA		\$0	0FT40ZZ BF10[0,1]ZZ BF0[0,3][0,1]ZZ		
47612	Cholecystectomy with exploration of common duct; with choledochostomy	\$1,192	NA	20.68 35.69	NA		\$0	0FT40ZZ BF10[0,1]ZZ BF0[0,3][0,1]ZZ 0F190[Z,D]3		
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	\$1,283	NA	22.49 38.40	NA		\$0	0FT40ZZ BF10[0,1]ZZ BF0[0,3][0,1]ZZ 0FC90ZZ		
<b>HAI - Surgical Preparation for Pump Implant - Liver Excision/Resection</b>										
47120	Hepatectomy, resection of liver; partial lobectomy	\$2,166	NA	38.03 64.86	NA		\$0	0FB0[0,4]ZZ 0FB[1,2][0,4]ZZ		NA <sup>7</sup>
47122	Hepatectomy, resection of liver; trisegmentectomy	\$3,147	NA	57.99 94.22	NA		\$0	0FT[1,2][0,4]ZZ		

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	
<b>HAI - Surgical Preparation for Pump Implant - Imaging Guidance</b>										
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	\$27	\$121	0.53 NA	NA		\$0	BF15[0,1,Z]ZZ	NA <sup>7</sup>	
76937	Ultrasound guidance for vascular access (List separately in addition to code for primary procedure)	\$14	\$40	0.29 NA	NA		\$0	B54[B,C,D]ZZA		
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$31	\$64	0.65 NA	NA		\$0	B54[B,C,D]ZZA B44[F,G,H,B,K,L]ZZZ		
<b>HAI - Surgical Preparation for Pump Implant - Embolization</b>										
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)	\$413	\$6,681	9.56 12.37	\$11,449	APC 5194	\$18,729	04L[0,3]0DZ 04L3[3,4][D,Z]Z	NA <sup>7</sup>	
<b>HAI - Surgical Pump Implant, Inpatient Hospital - Pump Implant, Post-Implant Imaging, &amp; Embolization</b>										
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	\$633	NA	9.66 18.96	\$4,038	APC 5184	\$5,685	0JH[6,8,T][0,3]VZ	<b>Hepatic Artery Infusion Pump Implant with Liver Resection</b>	
15860	Intravenous injection of agent to test vascular flow	\$93	NA	1.90 2.79		APC 5735	\$456	3E050KZ 3E053KZ	MS-DRG 405 with MCC <b>\$39,808</b> MS-DRG 406 with CC <b>\$21,104</b> MS-DRG 407 without CC/MCC <b>\$16,151</b>	
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (e.g., head, neck, chest, pelvis), single day imaging	\$49	\$49	1.06 1.47	\$300	APC 5592	\$555	CF251ZZ CF261ZZ	<b>Hepatic Artery Infusion Pump Implant</b> MS-DRG 423 with MCC <b>\$30,220</b> MS-DRG 424 with CC <b>\$15,921</b> MS-DRG 425 without CC/MCC <b>\$10,917</b>	
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	\$65	\$65	1.45 1.95	\$719	APC 5593	\$1,323	CW241ZZ	<b>Hepatic Artery Infusion Pump Implant with Cholecystectomy and Exploratory Laparotomy</b> MS-DRG 414 with MCC <b>\$25,924</b> MS-DRG 415 with CC <b>\$15,039</b> MS-DRG 416 without CC/MCC <b>\$9,920</b> MS-DRG 417 with MCC <b>\$17,365</b> MS-DRG 418 with CC <b>\$12,309</b> MS-DRG 419 without CC/MCC <b>\$9,939</b>	
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)	\$413	\$6,681	9.56 12.37	\$11,449	APC 5194	\$18,729	04L00DZ 04L30DZ 04L33DZ 04L33ZZ 04L34DZ 04L34ZZ	<b>Hepatic Artery Infusion Pump Implant with Exploratory Laparotomy without Cholecystectomy</b> MS-DRG 420 with MCC <b>\$24,793</b> MS-DRG 421 with CC <b>\$12,643</b> MS-DRG 422 without CC/MCC <b>\$10,184</b>	

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		Facility Rate	Office Rate	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	
<b>HAI - Surgical - Post Pump Implant - Pump Revision or Removal</b>										
36261	Revision of implanted intra-arterial infusion pump	\$407	NA	5.49 12.20	\$2,924	APC 5221	\$3,818	04H3[0,3,4]3Z 0JWJ[0,3]VZ	NA <sup>7</sup>	
36262	Removal of implanted intra-arterial infusion pump	\$317	NA	4.01 9.48	\$2,092	APC 5221	\$3,818	0JPT[0,3]VZ 0FPO[0,3,4]3Z	NA <sup>7</sup>	
C1891	Infusion pump, non-programmable, permanent (implantable)	NA	NA	NA NA			\$0	NA	NA <sup>7</sup>	
C2626	Infusion pump, non-programmable, temporary (implantable)	NA	NA	NA NA			\$0	NA	NA <sup>7</sup>	
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	NA	NA	NA NA	NA		\$0	NA	NA <sup>7</sup>	
<b>HAI - HAI Therapy - Chemotherapy Administration, Pump Refill, and Maintenance</b>										
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)	NA	\$125	0.21 NA	NA	APC 5693	\$217	3E05305	NA <sup>7</sup>	
77002	Fluoroscopic guidance	NA	\$121	0.53 NA	NA		\$0	B_1__ZZ	NA <sup>7</sup>	
76937	Ultrasound guidance for vascular access (List separately in addition to code for primary procedure)	NA	\$40	0.29 NA	NA		\$0	B54BZZA B54CZZA B54DZZA	NA <sup>7</sup>	
A4220	Refill kit for implantable infusion pump	NA	NA	NA NA	NA		\$0	NA	NA <sup>7</sup>	
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml (bacteriostatic water)	NA	NA	NA NA	NA		\$0	NA	NA <sup>7</sup>	
J1644	Injection, Heparin sodium, per 1000 units	NA	NA	NA NA			\$0	NA	NA <sup>7</sup>	
J9200	Floxuridine, 500 mg (NDC #81643-9270-01)	NA	NA	NA NA	\$4,128	APC 0827	\$4,128	NA	NA <sup>7</sup>	
J1100	Injection, dexamethasone sodium phosphate, 1 mg	NA	NA	NA NA			\$0	NA	NA <sup>7</sup>	
J3490	Unclassified drugs (used for glycerin injection)	NA	NA	NA NA			\$0	NA	NA <sup>7</sup>	
J7999	Compounded drug, not otherwise classified (used for glycerin injection)	NA	NA	NA NA			\$0	NA	NA <sup>7</sup>	

<sup>1</sup> Current Procedural Terminology (CPT) © 2025 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

<sup>2</sup> Source: CMS CY2026 Physician Fee Schedule (PFS) Final Rule: CMS-1832-F, including related PFS addenda. Conversion Factor used in calculations = \$33.40. Effective through December 31, 2026.

<https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f>

<sup>3</sup> Source: CMS CY2026 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1834-FC, including related addenda. Effective through December 31, 2026.

<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>

<sup>4</sup> Total RVU is the total relative value unit for Facility for global, or 26 modifier if it applies.

<sup>5</sup> Source: Optum360 EncoderProForPayers.com - Login. (n.d.). Www.encoderprofp.com; Optum. Retrieved December 8th, 2025, from [https://www.encoderprofp.com/epr4payers/cptHandler.do?\\_k=101](https://www.encoderprofp.com/epr4payers/cptHandler.do?_k=101)

[Optum EncoderPro.com for Payers - CPT® Code Section \(93451-93505\) \(encoderprofp.com\)](#)

<sup>6</sup> Source: CMS. FY2026 IPPS Final Rule: CMS-1833-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, 2026.

<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ippf-final-rule-home-page#CMS-1833-F>

<sup>7</sup> MS-DRG grouping is driven by other primary procedures that are performed in conjunction with this procedure.

<sup>8</sup> Total RVU is the relative value unit total for Facility calculation.

## APPENDIX A

### APC Reference Table

APC Category	APC Payment	APC Description
2616	\$17,771	Brachytx, non-str,Yttrium-90
2699	\$37	Brachytx, non-stranded, NOS
5052	\$415	Level 2 Skin Procedures
5054	\$2,108	Level 4 Skin Procedures
5071	\$723	Level 1 Excision/ Biopsy/ Incision and Drainage
5072	\$1,687	Level 2 Excision/ Biopsy/ Incision and Drainage
5091	\$4,000	Level 1 Breast/Lymphatic Surgery and Related Procedures
5114	\$7,413	Level 4 Musculoskeletal Procedures
5115	\$13,117	Level 5 Musculoskeletal Procedures
5164	\$3,387	Level 4 ENT Procedures
5181	\$641	Level 1 Vascular Procedures
5182	\$1,608	Level 2 Vascular Procedures
5183	\$3,226	Level 3 Vascular Procedures
5184	\$5,685	Level 4 Vascular Procedures
5191	\$3,312	Level 1 Endovascular Procedures
5192	\$5,815	Level 2 Endovascular Procedures
5193	\$11,794	Level 3 Endovascular Procedures
5194	\$18,729	Level 4 Endovascular Procedures
5211	\$1,244	Level 1 Electrophysiologic Procedures
5212	\$7,969	Level 2 Electrophysiologic Procedures
5213	\$26,704	Level 3 Electrophysiologic Procedures
5221	\$3,818	Level 1 Pacemaker and Similar Procedures
5222	\$8,455	Level 2 Pacemaker and Similar Procedures
5223	\$10,678	Level 3 Pacemaker and Similar Procedures
5224	\$19,679	Level 4 Pacemaker and Similar Procedures
5231	\$22,725	Level 1 ICD and Similar Procedures
5232	\$32,069	Level 2 ICD and Similar Procedures
5301	\$927	Level 1 Upper GI Procedures
5302	\$1,960	Level 2 Upper GI Procedures
5341	\$3,658	Level 1 Abdominal/Peritoneal/Biliary and Related Procedures
5342	\$6,614	Level 2 Abdominal/Peritoneal/Biliary and Related Procedures
5361	\$6,176	Level 1 Laparoscopy and Related Services
5362	\$10,860	Level 2 Laparoscopy and Related Services

## APPENDIX A

### APC Reference Table

APC Category	APC Payment	APC Description
5373	\$2,136	Level 3 Urology and Related Services
5374	\$3,601	Level 4 Urology and Related Services
5376	\$9,672	Level 6 Urology and Related Services
5431	\$1,995	Level 1 Nerve Procedures
5432	\$3,490	Level 2 Nerve Procedures
5443	\$904	Level 3 Nerve Injections
5521	\$89	Level 1 Imaging without Contrast
5524	\$558	Level 4 Imaging without Contrast
5571	\$179	Level 1 Imaging with Contrast
5572	\$356	Level 2 Imaging with Contrast
5591	\$408	Level 1 Nuclear Medicine and Related Services
5592	\$555	Level 2 Nuclear Medicine and Related Services
5593	\$1,323	Level 3 Nuclear Medicine and Related Services
5594	\$1,461	Level 4 Nuclear Medicine and Related Services
5611	\$137	Level 1 Therapeutic Radiation Treatment Preparation
5612	\$383	Level 2 Therapeutic Radiation Treatment Preparation
5613	\$1,414	Level 3 Therapeutic Radiation Treatment Preparation
5623	\$565	Level 3 Radiation Therapy
5624	\$712	Level 4 Radiation Therapy
5661	\$238	Therapeutic Nuclear Medicine
5694	\$337	Level 4 Drug Administration
5723	\$381	Level 3 Diagnostic Tests and Related Services
5731	\$30	Level 1 Minor Procedures
5741	\$38	Level 1 Electronic Analysis of Devices

## APPENDIX B

### Category Code (C-Code) Reference Guide 2026

[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, transvenous 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	Implantable/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

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### Category Code (C-Code) Reference Guide 2026

[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

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### Category Code (C-Code) Reference Guide 2026

[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

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Rhythm Management</b>	
<b>Pacemaker Procedures</b>	
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
<b>CRT-P</b>	
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
<b>Intracardiac Pacemaker</b>	
02HK3NZ	Insertion of Intracardiac Pacemaker into Right Ventricle, Percutaneous Approach
02PA3NZ	Removal of Intracardiac Pacemaker from Heart, Percutaneous Approach
<b>Defibrillator Procedures</b>	
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

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Rhythm Management</b>	
<b>CRT-D</b>	
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
<b>Insertion of Cardiac Rhythm Related Device</b>	
0JH60PZ	Insertion of Cardiac Rhythm Related Device into Chest Subcutaneous Tissue and Fascia, Open Approach
<b>Removal of Cardiac Lead</b>	
02PA0MZ	Removal of Cardiac Lead from Heart, Open Approach
02PA3MZ	Removal of Cardiac Lead from Heart, Percutaneous Approach
<b>Revision of Cardiac Lead</b>	
02WA0MZ	Revision of Cardiac Lead in Heart, Open Approach
02WA3MZ	Revision of Cardiac Lead in Heart, Percutaneous Approach
<b>Removal of Cardiac Rhythm Related Device</b>	
0JPT0PZ	Removal of Cardiac Rhythm Related Device from Trunk Subcutaneous Tissue and Fascia, Open Approach
<b>Revision of Cardiac Rhythm Related Device in Trunk</b>	
0JWT0PZ	Revision of Cardiac Rhythm Related Device in Trunk Subcutaneous Tissue and Fascia, Open Approach
<b>Subcutaneous Cardiac Rhythm Monitor</b>	
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 Approach
<b>Programming ILR and Remote Interrogation of ICM and ILR (Professional and Technical Components)</b>	
4A02X4Z	Measurement of Cardiac Electrical Activity, External Approach
<b>In Person Interrogation of transvenous ICD, ICM and ILR</b>	
4A12X4Z	Monitoring of Cardiac Electrical Activity, External Approach
4A02X9Z	Measurement of Cardiac Electrical Activity, External Approach

# APPENDIX C

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Rhythm Management</b>	
<b>Electrophysiology</b>	
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

# APPENDIX C

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Cardiology</b>	
<b>Diagnostic Cardiac Catheterization</b>	
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
<b>Angiography</b>	
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 Osmolar, None, 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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FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Cardiology</b>	
<b>Angiography Continued</b>	
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
<b>Injection Diagnostic Cardiac Catheterization</b>	
3E053KZ	Introduction of Other Diagnostic Substance into Peripheral Artery, Percutaneous Approach
3E063KZ	Introduction of Other Diagnostic Substance into Central Artery, Percutaneous Approach
<b>Miscellaneous</b>	
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
<b>Coronary Angioplasty (PTCA), without stent</b>	
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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FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Cardiology</b>	
<b>Coronary Atherectomy, without stent</b>	
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
<b>Coronary Atherectomy, without stent <i>Continued</i></b>	
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
<b>Bare Metal Coronary Stent with Angioplasty</b>	
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
<b>Drug-Eluting Coronary Stent with Angioplasty</b>	
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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FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Cardiology</b>	
<b>Bare Metal Coronary Stent with Atherectomy (Code dilation and extirpation as appropriate)</b>	
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
<b>Bare Metal Coronary Stent with Atherectomy (Code dilation and extirpation as appropriate) Continued</b>	
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
<b>Drug-Eluting Coronary Stent with Atherectomy (Code dilation and extirpation as appropriate)</b>	
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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FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Cardiology</b>	
<b>Coronary DCB with IVUS When Performed</b>	
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
<b>Bare Metal Stent - Bypass Graft Revascularization (Code dilation and extirpation as appropriate)</b>	
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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FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Cardiology</b>	
<b>Drug-Eluting Stent - Bypass Graft Revascularization (Code dilation and extirpation as appropriate)</b>	
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
<b>Bare Metal Stent - Acute Myocardial Infarction Revascularization (Code dilation and extirpation as appropriate)</b>	
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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FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Cardiology</b>	
<b>Drug-Eluting Stent - Acute Myocardial Infarction Revascularization (Code dilation and extirpation as appropriate)</b>	
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
<b>Drug-Eluting Stent - Acute Myocardial Infarction Revascularization (Code dilation and extirpation as appropriate) Continued</b>	
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
<b>Bare Metal Stent - Chronic Total Occlusion Revascularization (BSC currently has no stents FDA-approved for CTOs)</b>	
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

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Cardiology</b>	
<b>Drug-Eluting Stent - Chronic Total Occlusion Revascularization (BSC currently has no stents FDA-approved for CTOs)</b>	
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
<b>Drug-Eluting Stent - Chronic Total Occlusion Revascularization <i>Continued</i> (BSC currently has no stents FDA-approved for CTOs)</b>	
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
<b>Intravascular Lithotripsy</b>	
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
<b>Transesophageal Echocardiography (TEE)</b>	
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

## APPENDIX C

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Cardiology</b>	
<b>Computed Tomography (CT)</b>	
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
<b>Computed Tomography (CT) Continued</b>	
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
<b>Intracardiac Echocardiography (ICE)</b>	
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
<b>Intravascular Ultrasound</b>	
B240ZZ3	Ultrasonography of Single Coronary Artery, Intravascular
B241ZZ3	Ultrasonography of Multiple Coronary Arteries, Intravascular
<b>Fractional Flow Reserve</b>	
4A033BC	Measurement of Arterial Pressure, Coronary, Percutaneous Approach

# APPENDIX C

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Cardiology</b>	
<b>Thrombectomy</b>	
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
<b>Endovascular or Transthoracic Valves</b>	
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
<b>WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure</b>	
02L73DK	Occlusion of Left Atrial Appendage with Intraluminal Device, Percutaneous Approach

## APPENDIX C

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Vascular Therapies</b>	
<b>Percutaneous Transluminal Balloon Angioplasty</b>	
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
<b>Iliac Artery Revascularization</b>	
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

## APPENDIX C

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Vascular Therapies</b>	
<b>Iliac Artery Revascularization <i>Continued</i></b>	
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

# APPENDIX C

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Vascular Therapies</b>	
<b>Femoral/Popliteal Artery Revascularization</b>	
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

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Vascular Therapies</b>	
<b>Femoral/Popliteal Artery Revascularization Continued</b>	
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
<b>Tibial/Peroneal Artery Revascularization</b>	
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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FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Vascular Therapies</b>	
<b>Tibial/Peroneal Artery Revascularization <i>Continued</i></b>	
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
<b>Transcatheter Placement of Carotid Stents with Embolic Protection</b>	
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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FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Vascular Therapies</b>	
<b>Transcatheter Placement of Carotid Stents with Embolic Protection <i>Continued</i></b>	
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
<b>Embolization</b>	
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
<b>Catheter Placement</b>	
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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FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Vascular Therapies</b>	
<b>Catheter Placement Continued</b>	
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
<b>Angiography</b>	
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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FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Vascular Therapies</b>	
<b>Angiography Continued</b>	
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

## APPENDIX C

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Vascular Therapies</b>	
<b>Venography</b>	
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
<b>Vascular Therapies</b>	
<b>Venography Continued</b>	
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
<b>Transhepatic Shunts (TIPS)</b>	
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
<b>Dialysis Circuit</b>	
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
<b>Arterial Thrombectomy</b>	
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
<b>Venous Thrombectomy</b>	
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
<b>Vascular Therapies</b>	
<b>Ultrasound Assisted Thrombolysis</b>	
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
<b>Vena Cava Filters</b>	
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
<b>Intravascular Ultrasound</b>	
B34KZZ3	Ultrasonography, Bilateral Upper Extremity Arteries, Intravascular
B44HZZ3	Ultrasonography, Bilateral Lower Extremity Arteries, Intravascular
B54DZZ3	Ultrasonography, Bilateral Lower Extremity Veins, Intravascular
<b>Superficial Venous Disease</b>	
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
<b>Vascular Therapies</b>	
<b>Biliary Procedures - Diagnostic</b>	
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
<b>Vascular Therapies</b>	
<b>Biliary Drainage (Internal Stent/External Catheter)</b>	
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
<b>Vascular Therapies</b>	
<b>Biliary Drainage (Internal Stent/External Catheter) Continued</b>	
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
<b>Interventional Oncology &amp; Embolization</b>	
<b>Ablation Procedures (Renal)</b>	
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

## APPENDIX C

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Oncology &amp; Embolization</b>	
<b>Ablation Procedures (Liver)</b>	
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
<b>Ablation Procedures (Lung)</b>	
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
<b>Ablation Procedures (Nerve)</b>	
015Q3ZZ	Destruction, Sacral Plexus, Perc Approach

## APPENDIX C

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Oncology &amp; Embolization</b>	
<b>Ablation Procedures (Breast)</b>	
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
<b>Ablation Procedures (Bone)</b>	
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
<b>Ablation Procedures (Prostate)</b>	
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
<b>Beads Embolization</b>	
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
<b>Nuclear Medicine</b>	
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
<b>Radiation Therapy</b>	
3E053HZ	Introduction, Peripheral Artery, Radioactive Substance
DF10BYZ	Brachytherapy, Liver, LDR, Other Isotope
DF109YZ	Brachytherapy, Liver, HDR, Other Isotope

## APPENDIX C

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Oncology &amp; Embolization</b>	
<b>Surgical Preparation for Pump Implant</b>	
<b>Cholecystectomy</b>	
0FT40ZZ	Resection of Gallbladder, Open Approach
0FT44ZZ	Resection of Gallbladder, Percutaneous Endoscopic Approach
<b>Exploratory Laparotomy</b>	
0FJ00ZZ	Inspection of Liver, Open Approach
<b>Excision Hepatic Lymph Node</b>	
07BD0ZX	Excision of Aortic Lymphatic, Open Approach, Diagnostic
07BD4ZX	Excision of Aortic Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07BD3ZX	Excision of Aortic Lymphatic, Percutaneous Approach, Diagnostic
<b>Excision Liver</b>	
0FB[0,1,2]0ZZ	Excision of [Liver, Left Lobe, Right Lobe], Open Approach
0FB[0,1,2]4ZZ	Excision of [Liver, Left Lobe, Right Lobe], Percutaneous Endoscopic Approach
0FB[0,1,2]3ZZ	Excision of [Liver, Left Lobe, Right Lobe], Percutaneous Approach
<b>Resection Liver</b>	
0FT[0,1,2]0ZZ	Resection of [Liver, Left Lobe, Right Lobe], Open Approach
0FT[0,1,2]4ZZ	Resection of [Liver, Left Lobe, Right Lobe], Percutaneous Endoscopic Approach
<b>Irrigation &amp; Dilatation Biliary Tract</b>	
3E1J38Z	Irrigation of Biliary and Pancreatic Tract using Irrigating Substance, Percutaneous Approach
0F753ZZ	Dilation of Right Hepatic Duct, Percutaneous Approach
0F763ZZ	Dilation of Left Hepatic Duct, Percutaneous Approach
0F783ZZ	Dilation of Cystic Duct, Percutaneous Approach
0F793ZZ	Dilation of Common Bile Duct, Percutaneous Approach

## APPENDIX C

FY2026 Correction Notice ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
<b>Interventional Oncology &amp; Embolization</b>	
<b>Pump Implant</b>	
<b>Hepatic Artery Infusion Pump Implant</b>	
04H303Z	Insertion of Infusion Device into Hepatic Artery, Open Approach
04H343Z	Insertion of Infusion Device into Hepatic Artery, Percutaneous Endoscopic Approach
04H333Z	Insertion of Infusion Device into Hepatic Artery, Percutaneous Approach
0JH[6,8,T]0VZ	Insertion of Infusion Device into [Chest, Abdomen, Trunk] Subcutaneous Tissue and Fascia, Open Approach
<b>Hepatic Artery Perfusion Scintigraphy (HAPS) with Tc99m-MAA</b>	
CF151ZZ	Planar Nuclear Medicine Imaging of Liver using Technetium 99m (Tc-99m)
CF1C1ZZ	Planar Nuclear Medicine Imaging of Hepatobiliary System, All using Technetium 99m (Tc-99m)
CF251ZZ	Tomographic (Tomo) Nuclear Medicine Imaging of Liver using Technetium 99m (Tc-99m)
<b>Hepatic Computed Tomography</b>	
BF250ZZ	Computerized Tomography (CT Scan) of Liver using High Osmolar Contrast
BF25ZZZ	Computerized Tomography (CT Scan) of Liver
BF2C0ZZ	Computerized Tomography (CT Scan) of Hepatobiliary System, All using High Osmolar Contrast
BF2CZZZ	Computerized Tomography (CT Scan) of Hepatobiliary System, All
<b>Embolization Post HAPS</b>	
04L2[0,4,3]ZZ	Occlusion of Gastric Artery, [Open, Perc Endo, Percutaneous] Approach
04L3[0,4,3]ZZ	Occlusion of Hepatic (incl Cystic, Supraduodenal, R & Proper Hepatic) Artery, [Open, Perc Endo, Percutaneous] Approach



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