

Intravascular Ultrasound (IVUS)

2026 Coding and Billing Guide

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The procedure codes listed below are applicable to intravascular ultrasound.

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.

Claims must contain the appropriate HCPCS/CPT/ICD-10 code(s) for the specific site of service to indicate the items and services that are furnished. The tables below contain a list of possible HCPCS/CPT/ICD-10 codes that may be used to bill for intravascular ultrasound. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered. CPT® Copyright 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Physician Services & Reimbursement CY 2026 (01/01/2026-12/31/2026)

Service Provided		Physician Fee Schedule ¹			
CPT® Code	CPT® Description	Work RVUs	Total RVUs	Facility*	Non Facility*
+37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel	1.76	2.37	\$79	\$896
+37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel	1.40	1.87	\$62	\$170

CPT Codes are used to report medical services and procedures performed by or under the direction of physicians in the office or facility setting. The MPFS is based on Relative Value Units (RVUs) assigned to each CPT code. RVUs represent the physician’s work, practice expenses and malpractice costs associated with each procedure or service. Reimbursement for commercial payers may be based on the Medicare RVUs or by a contractually negotiated rate.

Ambulatory Surgical Center (ASC) & Outpatient Reimbursement

CY 2026 (01/01/2026-12/31/2026)

Service Provided		ASC ²	Hospital Outpatient ³
CPT® Code	CPT® Description	Payment*	Payment*
+37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel	Status N1 : Packaged services. No separate payment is made to facility	Status N: Packaged services. No separate payment is made to facility
+37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel		

See the CPT® 2026 Professional Edition Codebook for important instructions regarding the use of the codes shown above.

Ambulatory Surgical Center (ASC) Only for Complexity

Adjustment C Codes CY 2026 (01/01/2026-12/31/2026)

In 2023, CMS introduced new C-codes to address claims processing limitations. These codes are exclusively for ASCs performing certain procedure pairs and are used to apply complexity adjustments. Notably, the listed code pairs are the only ones eligible for this complexity adjustment when using IVUS.

Service Provided		ASC ²	Physician Fee Schedule ¹
CPT® Code	CPT® Description	Payment*	Facility
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	\$5,419	NA Physician uses 37263 or 37265 and +37252
C7532	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	\$6,309	NA Physician uses 37246 and +37252
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	\$8,591	NA Physician uses 37267 or 37269 and +37252
C7564	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance with intravascular ultrasound (noncoronary vessel(s)) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	\$11,583	NA Physician uses 37187 and +37252

Notes

- Add-on code (+) must be performed in addition to a primary procedure; (i.e., stent, PTA, atherectomy, embolization, thrombolysis, thrombectomy).
- Add-on codes are exempt from multiple procedure reduction.
- Coding is per vessel evaluated; however, contiguous vessel abnormalities (i.e., DVT, diffuse atherosclerotic disease) are described by a single code.
- Check your payer guidelines closely, as there may be limitations for the use of these codes- contractors will define specific primary codes.

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.

See important notes on the uses and limitations of this information on page 1.

Sources

1. 2026 Physician Fee Schedule. CMS-CMS-1832-CN2. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-cn2>
2026 Conversion Factor of 33.40
2. 2026 ASC Payment. CMS- CMS-1834-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notice/cms-1834-fc>
3. 2026 OPPS Payment. CMS- CMS-1834-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>

Endnotes & Legend

- * Payment refers to the Medicare Allowable Amount published by the Centers for Medicare & Medicaid Services (CMS) for the calendar or fiscal year.

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