



# PERIPHERAL INTRAVASCULAR LITHOTRIPSY (IVL) 2026 Coding and Billing Guide



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**The procedure codes listed below apply to Peripheral Intravascular lithotripsy (IVL) cases utilizing the SEISMIQ IVL device.**

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 SEISMIQ IVL™. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) rendered. CPT® Copyright 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

## Physician Services CY 2026 (01/01/2026-12/31/2026)

Service Provided			Physician Fee Schedule <sup>1</sup>			
Old CPT® Code	New CPT® Code	CPT® Description	Work RVUs	Total RVUs	Facility*	Non-Facility*
NA	37262	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	3.00	4.07	\$136	\$3,412
NA	37279	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 the same artery	4.00	5.44	\$182	\$4,640

## Hospital Outpatient CY 2026 (01/01/2026-12/31/2026)

Service Provided			Hospital Outpatient <sup>2</sup>	
Old CPT® Code	New CPT® Code	CPT® Description	APC	Payment*
NA	37262	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	NA	NA
NA	37279	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 the same artery	NA	NA

## Hospital Outpatient *Continued* CY 2026 (01/01/2026-12/31/2026)

Service Provided		Hospital Outpatient <sup>2</sup>	
CPT® Code	CPT Description	APC	Payment*
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	5193	\$11,794
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	5194	\$18,729
C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	5194	\$18,729
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	5194	\$18,729
C9772	Revascularization, endovascular, open or percutaneous, tibial/ peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	5193	\$11,794
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	5194	\$18,729
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	5194	\$18,729
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	5194	\$18,729

*\*It is important to note that the C-codes are designed to identify the entire procedure, and not just the IVL catheter, when IVL is performed in revascularization procedures. Hospital and ASC charges for the HCPCS codes should reflect charges for the entire procedure similar to other lower extremity revascularization procedures, including charges associated with the IVL catheter.*

## Ambulatory Surgery Center (ASC) CY 2026 (01/01/2026-12/31/2026)

Service Provided		ASC <sup>3</sup>
CPT® Code	CPT Description	Payment*
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	\$8,249
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	\$13,269
C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	\$13,628
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	\$13,908
C9772	Revascularization, endovascular, open or percutaneous, tibial/ peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	\$8,000
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	\$12,025
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	\$13,064
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	\$14,121

## Hospital Inpatient ICD-10-PCS<sup>4</sup> Codes FY 2026 (10/01/2025-09/30/2026)

Hospital inpatient claims must contain the appropriate ICD-10 code(s) to indicate the items and services that are furnished to the patient. The table below contains a list of possible ICD 10-PCS codes that may be used to bill IVL.

Providers should select the most appropriate ICD-10 code(s) with the highest level of detail to describe the service(s) rendered to the patient. Any questions should be directed to the pertinent local payer.

Code	Description
04FC3ZZ	Fragmentation of Right Common Iliac Artery, Percutaneous Approach
04FE3ZZ	Fragmentation of Right Internal Iliac Artery, Percutaneous Approach
04FH3ZZ	Fragmentation of Right External Iliac Artery, Percutaneous Approach
04FK3ZZ	Fragmentation of Right Femoral Artery, Percutaneous Approach
04FM3ZZ	Fragmentation of Right Popliteal Artery, Percutaneous Approach
04FP3ZZ	Fragmentation of Right Anterior Tibial Artery, Percutaneous Approach
04FR3ZZ	Fragmentation of Right Posterior Tibial Artery, Percutaneous Approach
04FT3ZZ	Fragmentation of Right Peroneal Artery, Percutaneous Approach
04FD3ZZ	Fragmentation of Left Common Iliac Artery, Percutaneous Approach
04FF3ZZ	Fragmentation of Left Internal Iliac Artery, Percutaneous Approach
04FJ3ZZ	Fragmentation of Left External Iliac Artery, Percutaneous Approach
04FL3ZZ	Fragmentation of Left Femoral Artery, Percutaneous Approach
04FN3ZZ	Fragmentation of Left Popliteal Artery, Percutaneous Approach
04FQ3ZZ	Fragmentation of Left Anterior Tibial Artery, Percutaneous Approach
04FS3ZZ	Fragmentation of Left Posterior Tibial Artery, Percutaneous Approach
04FU3ZZ	Fragmentation of Left Peroneal Artery, Percutaneous Approach
04FY3ZZ	Fragmentation of Lower Artery, Percutaneous Approach

## Hospital Inpatient FY 2026 (10/01/2025-09/30/2026)

Service Provided		Hospital Inpatient <sup>5</sup>
MS-DRG <sup>6</sup>	MS-DRG Description	Payment*
278	Ultrasound accelerated and other thrombolysis of peripheral vascular structures with MCC	\$40,504
279	Ultrasound accelerated and other thrombolysis of peripheral vascular structures without MCC	\$26,243

## Sources

1. 2026 Physician Fee Schedule. CMS-1834-FC. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1834-fc>  
2026 Conversion Factor of 33.40
2. 2026 OPPS Payment. CMS-1834-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>
3. 2026 ASC Payment. CMS-1834-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1834-fc>
4. CMS 2026 ICD-10 Procedure Coding System ICD-10-PCS <https://www.cms.gov/medicare/coding-billing/icd-10-codes>
5. FY 2026 IPPS Payment. CMS-CMS-1833-F. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipps-final-rule-home-page#CMS-1833-F>
6. CMS ICD-10-CM/PCS MS-DRG V43.0 Definitions Manual. <https://www.cms.gov/files/zip/definition-medicare-code-edits-version-43.zip>

*Not intended as an all-inclusive list of MS-DRGs*

## 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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PI\_2406707\_AB | Jan 2026