



# ENROUTE®

Transcarotid Artery Revascularization System

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## 2025/2026 Coding & Payment Guide

Transcarotid Artery Revascularization (TCAR) is a minimally invasive procedure to treat carotid artery disease and reduce stroke risk. The ENROUTE® TCAR System accesses the carotid artery through a small neck incision. During the procedure, blood flow is temporarily reversed to prevent plaque dislodgement. A stent is then placed at the blockage site to stabilize plaque and prevent future strokes.

### ICD-10-CM Diagnosis Codes

Physicians and hospitals use diagnosis codes to document the indication for TCAR procedures, including any additional diagnoses of other clinical conditions applicable to the patient's healthcare visit. Common diagnosis codes associated with TCAR procedures include:

ICD-10-CM Code	Code Description
<b>I65.[8,9]</b>	Occlusion and stenosis of [other, unspecified] precerebral artery(ies)
<b>I65.[21,22,23,29]</b>	Occlusion and stenosis of [right, left, bilateral, unspecified] carotid artery, not resulting in cerebral infarction
<b>I63.[131,132,133,139]</b>	Cerebral infarction due to embolism of [right, left, bilateral, unspecified] carotid artery
<b>I63.[031,032,033,039]</b>	Cerebral infarction due to thrombus of [right, left, bilateral, unspecified] carotid artery
<b>I63.[231,232,233,239]</b>	Cerebral infarction due to unspecified occlusion or stenosis of [right, left, bilateral, unspecified] carotid arteries

## Hospital Inpatient Coding & Payment

### ICD-10-PCS Procedure Codes

Hospitals use ICD-10-PCS codes to report inpatient procedures. The ENROUTE® TCAR System has two distinct ICD-10-PCS codes: one for carotid stenting and another for reverse flow embolic neuroprotection. Use both ICD-10-PCS code sets to accurately reflect the procedure performed.

Procedure	ICD-10-PCS Code	Code Description
Carotid Stenting	<b>037(H/J/K/L)3(D/E/F/G)Z</b>	Percutaneous dilation of vessel using an intraluminal device
Reverse Flow Embolic Neuroprotection	<b>5A05A6Q</b> <b>New code effective 10/1/25</b>	Intraoperative Cerebral embolic filtration, extracorporeal flow reversal circuit

Fourth Character: **H** - Common Carotid Artery, Right, **J** - Common Carotid Artery, Left, **K** - Internal Carotid Artery, Right, **L** - Internal Carotid Artery, Left

Sixth Character: **D** - Intraluminal Device, **E** - Intraluminal Device (2), **F** - Intraluminal Device (3), **G** - Intraluminal Device (4+)

## FY2026 MS-DRG Codes & Payments (effective October 1, 2025 – September 30, 2026)

Medicare reimburses TCAR as an inpatient procedure<sup>1</sup> using the Medicare Severity Diagnosis-Related Group (MS-DRG) system. Each inpatient stay is assigned a single MS-DRG based on the patient's diagnoses (ICD-10-CM) and procedures (ICD-10-PCS). The highest-ranked procedure code typically determines the assigned MS-DRG. Common MS-DRGs assigned for TCAR are included below.

Non-Medicare reimbursement for TCAR procedures may vary. Payment methods may include MS-DRG, case rates, percentage of billed charges, or device carve outs.

MS-DRG Code	Code Description	Medicare National Average <sup>2</sup>	National Discharge Volume (%) <sup>3</sup>
<b>034</b>	Carotid Artery Stent Procedures with MCC	\$28,166	2,115 (12.8%)
<b>035</b>	Carotid Artery Stent Procedures with CC	\$17,395	6,071 (36.9%)
<b>036</b>	Carotid Artery Stent Procedures without CC/MCC	\$14,137	8,275 (50.3%)
Weighted National Average <sup>4</sup>		\$17,141	16,461 (100%)

MS-DRG 034 represents Major Complications or Comorbidities (MCC), MS-DRG 035 represents Complications or Comorbidities (CC), and MS-DRG 036 represents neither CC nor MCC (CC/MCC).

## HCPCS II Device Codes

HCPCS II codes may be utilized by some hospitals for internal tracking across different care settings, even when not used for billing. The HCPCS codes for the ENROUTE® TCAR System include:

Device	HCPCS C-Code	Device
ENROUTE® Transcarotid Neuroprotection System	<b>C1884</b>	Embolization protective system
ENROUTE® Transcarotid Stent System	<b>C1876</b>	Stent, non-coated/non-covered, with delivery system
ENROUTE Enflate® Transcarotid RX Balloon Dilatation Catheter	<b>C1725</b>	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
ENHANCE® Transcarotid Peripheral Access Kit	<b>C1894</b>	Introducer/Sheath, non-laser
ENROUTE® 0.014" Guidewire	<b>C1769</b>	Guidewire

<sup>1</sup> Medicare will continue to pay CPT code 37215 as a hospital inpatient only procedure in 2025. Addendum E.-- HCPCS Codes That Would Be Paid Only as Inpatient Procedures for calendar year 2025. <https://www.cms.gov/license/ama?file=/files/zip/2025-nfrm-opps-addenda.zip>

<sup>2</sup> Medicare payments to hospital inpatient are based on the FY 2026 Medicare Inpatient Prospective Payment System (IPPS), effective October 1, 2025 - September 30, 2026. Payments do not include the 2% sequestration reduction and are subject to change without notice. Actual hospital payments will vary. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipp-final-rule-home-page>

<sup>3</sup> After Outliers Removed (AOR) v43| CMS. Cms.gov. <https://www.cms.gov/files/zip/fy2026-ipp-fr-aor-bor.zip>

<sup>4</sup> Weighted National Average represents the estimated average payment for all Carotid Artery Stent Procedures. It is calculated by considering the fiscal year 2026 payment for each MS-DRG within this group and the proportion of cases falling into each DRG in fiscal year 2024.

## Physician Coding & Payment

### CY2025 CPT® Codes<sup>5</sup> & Payment (effective January 1, 2025 – December 31, 2025)

Physicians use Current Procedural Terminology (CPT) codes to describe the TCAR procedures performed. Proper documentation is crucial for selecting the correct CPT codes. The CPT codes below describe the procedures associated with the ENROUTE® TCAR System.

Medicare physician payments for TCAR procedures are determined using the Resource-Based Relative Value Scale (RBRVS) methodology. Each CPT code is assigned a relative value unit (RVU), which contributes to the final payment amount.

CPT Code	Code Description	Facility RVU		Medicare National Average <sup>6</sup>
		Work	Total	
<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	17.75	29.01	\$938
<b>76937-26</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 primary procedure)	0.30	0.40	\$13

## Clinical Trial Numbers

The ENROUTE® TCAR System is covered under the National Coverage Determination (NCD) 20.7.<sup>7</sup> For coverage under Section B3 (Concurrent with Carotid Stent Placement in FDA-Approved Post-Approval Studies), participation in an approved clinical study is required. The following studies are associated with Section B3 coverage, where study participation and accurate National Clinical Trial (NCT) number billing are mandatory<sup>8</sup>:

Study Title	Sponsor	National Clinical Trial (NCT) Number
SVS VQI TransCarotid Revascularization Surveillance Project (VQI TSP)	Society for Vascular Surgery	<b>NCT02850588</b>
The ROADSTER 3 Study	Silk Road Medical	<b>NCT05365490</b>

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<sup>6</sup> Medicare payments to physicians are based on the CY 2026 Medicare Physician Fee Schedule and effective January 1, 2025 - December 31, 2025. The conversion factor for CY 2025 is \$32.3465. Payments do not include the 2% sequestration reduction and are subject to change without notice. Actual physician payment will vary based on geographic location and may differ based on policies and fee schedules outlined in health plan and/or payer contracts. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1807-f>

<sup>7</sup> NCD - Percutaneous Transluminal Angioplasty (PTA) (20.7). Cms.gov. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=201>

<sup>8</sup> Carotid Artery Stenting (CAS) Investigational Studies | CMS. Cms.gov. <https://www.cms.gov/medicare/coverage/approved-facilities-trials-registries/carotid-artery-stenting-studies>

## Billing Requirements

Medicare has specific claim submission instructions for TCAR procedures, varying depending on the covered indication under NCD 20.7.<sup>9</sup>

- **Section B3:** Concurrent with Carotid Stent Placement in FDA-Approved Post-Approval Studies (e.g., SVS VQI TransCarotid Revascularization Surveillance Project (VQI TSP))
- **Section B4:** Concurrent with Carotid Stent Placement

See the tables below for claim submission instructions for hospitals and physicians. Section B3 provides instructions for providers participating in the VQI TSP, as an example of an approved clinical study.

Non-Medicare payers may have different billing requirements. Contact the payer directly to verify specific billing and claims submission requirements for carotid artery stent procedures.

### Hospital Claims

Medicare Billing Requirements	Section B3	Section B4
Secondary Diagnosis Code	<b>Z00.6</b> Encounter for examination for normal comparison and control in clinical research program <sup>10</sup>	NA
Bill Type <sup>1</sup>	<b>11X</b> Inpatient	<b>11X</b> Inpatient
Condition Code	<b>30</b> Qualifying clinical trial	NA
National Clinical Trial (NCT)	<b>NCT02850588</b> is required for cases enrolled in the VQI TSP <sup>11</sup>	NA

### Physician Claims

Medicare Billing Requirements	Section B3	Section B4
Secondary Diagnosis Code	<b>Z00.6</b> Encounter for examination for normal comparison and control in clinical research program <sup>10</sup>	NA
Modifier	<b>Q0</b> Investigational service provided in a clinical research study that is in an approved clinical research study <sup>12</sup>	NA
Place of Service <sup>1</sup>	<b>21</b> Inpatient Hospital	<b>21</b> Inpatient Hospital
National Clinical Trial (NCT)	<b>NCT02850588</b> is required for cases enrolled in the VQI TSP <sup>13</sup>	NA

<sup>9</sup> Medicare Managed Care Manual Chapter 4 - Benefits and Beneficiary Protections. Cms.gov. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c04.pdf>

<sup>10</sup> ICD-10-CM diagnosis code Z00.6 is billed with NCT02850588.

<sup>11</sup> For institutional claims, 02850588 should be placed in the value amount of value code D4 on Form UB-40 (Form Locators 39-41) or in Loop 2300 REF02 (REF01=P4) in the electronic 837I.

<sup>12</sup> Modifier Q0 is appended to CPT code 37215 for professional claims submitted to Medicare or Medicare Advantage.

<sup>13</sup> For professional claims, 02850588 should be preceded by "CT" and placed in Field 19 of Form CMS-1500 or it should be entered without the "CT" prefix in the electronic 837P in Loop 2300 REF02 (REF01=P4).

### **ENROUTE Transcarotid Stent System**

**INTENDED USE/INDICATIONS FOR USE** The ENROUTE® Transcarotid Stent System used in conjunction with the ENROUTE Transcarotid Neuroprotection System (NPS) is indicated for the treatment of patients at high risk and standard risk for adverse events from carotid endarterectomy, who require carotid revascularization and meet the criteria outlined below: High Risk | Standard Risk With neurological symptoms:  $\geq 50\%$  stenosis of the common or internal carotid artery by ultrasound or angiogram |  $\geq 70\%$  stenosis of the common or internal carotid artery by ultrasound or  $\geq 50\%$  stenosis of the common or internal carotid artery by angiogram Without neurological symptoms:  $\geq 80\%$  stenosis of the common or internal carotid artery by ultrasound or angiogram |  $\geq 70\%$  stenosis of the common or internal carotid artery by ultrasound or  $\geq 60\%$  stenosis of the common or internal carotid artery by angiogram Reference vessel diameter: Must be within 4.0 mm – 9.0 mm at the target lesion Carotid bifurcation location: Minimum 5 cm above the clavicle to allow for placement of the ENROUTE Transcarotid NPS

### **ENROUTE Transcarotid Neuroprotection System**

**INTENDED USE/INDICATIONS FOR USE** The ENROUTE Transcarotid Neuroprotection System (ENROUTE Transcarotid NPS) is intended to provide transcarotid vascular access, introduction of diagnostic agents and therapeutic devices, and embolic protection during carotid artery angioplasty and stenting procedures for patients diagnosed with carotid artery stenosis and who have appropriate anatomy described below: • Adequate femoral venous access • Common carotid artery reference diameter of at least 6 mm • Carotid bifurcation is a minimum of 5 cm above the clavicle as measured by duplex Doppler ultrasound (DUS) or computerized axial tomography (CT) angiography or magnetic resonance (MR) angiography.

### **Important Information**

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