



ELUVIA™ DRUG-ELUTING STENT

2025 CODING AND REIMBURSEMENT GUIDE

The procedure codes listed below are applicable to Femoral/Proximal Popliteal cases involving Eluvia.

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 Eluvia. 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 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. For coding purposes, it's important to note that there is no distinction between bare metal stents and drug-eluting stents.

HOSPITAL OUTPATIENT CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Hospital Inpatient | | Physician Fee Schedule | |
|------------------|--|---------------------|----------------------|------------------------|---------------------------|
| CPT® Code | CPT® Description | MS DRG ⁴ | Payment ⁵ | Facility ¹ | Non Facility ¹ |
| 37226 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | • 252 • 253 | \$25,618 \$19,151 | \$489 | \$7,312 |
| 37227 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed | • 254 | \$13,105 | \$675 | \$10,091 |

HOSPITAL INPATIENT FY 2025 (10/01/2024-09/30/2025)

| Service Provided | | Hospital Inpatient | | Physician Fee Schedule |
|------------------|--|---------------------|----------------------|------------------------|
| CPT® Code | CPT® Description | MS DRG ⁴ | Payment ⁵ | Facility ¹ |
| 37226 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | • 252 • 253 | \$25,618 \$19,151 | \$489 |
| 37227 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed | • 254 | \$13,105 | \$675 |

- Denotes DRG assigned to patient w/ MCC (Major Complications or Comorbidities)
- Denotes DRG assigned to patient w/ CC (Complications or Comorbidities)
- Denotes DRG assigned to patient w/o MCC or CC

HOSPITAL INPATIENT ICD-10-PCS CODES

| ICD-10-PCS | Description |
|---|--|
| Right Femoral Artery: | |
| 047K342 | Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Sustained Release, Percutaneous Approach |
| 047K351 | Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047K361 | Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047K371 | Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047K3DZ | Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach |
| 047K3EZ | Dilation of Right Femoral Artery with Two Intraluminal Devices, Percutaneous Approach |
| 047K3FZ | Dilation of Right Femoral Artery with Three Intraluminal Devices, Percutaneous Approach |
| 047K3GZ | Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach |
| Left Femoral Artery: | |
| 047L342 | Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Sustained Release, Percutaneous Approach |
| 047L351 | Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047L361 | Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047L371 | Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047L3DZ | Dilation of Left Femoral Artery Intraluminal Device, Percutaneous Approach |
| 047L3EZ | Dilation of Left Femoral Artery with Two Intraluminal Devices, Percutaneous Approach |
| 047L3FZ | Dilation of Left Femoral Artery with Three Intraluminal Devices, Percutaneous Approach |
| 047L3GZ | Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach |
| Proximal Right Popliteal Artery: | |
| 047M341 | Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Sustained Release, Percutaneous Approach |
| 047M352 | Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047M362 | Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047M372 | Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047M3DZ | Dilation of Right Popliteal Arter with Intraluminal Device, Percutaneous Approach |
| 047M3EZ | Dilation of Right Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach |
| 047M3FZ | Dilation of Right Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach |

See important notes on the uses and limitations of this information on page 4 and 5.

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| | |
|--|---|
| 047M3GZ | Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Sustained Release, Percutaneous Approach |
| Proximal Left Popliteal Artery: | |
| 047N342 | Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Sustained Release, Percutaneous Approach |
| 047N352 | Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047N362 | Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047N372 | Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047N3DZ | Dilation of Left Popliteal Artery with Intraluminal Device, Sustained Release, Percutaneous Approach |
| 047N3EZ | Dilation of Left Popliteal Artery with Two Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047N3FZ | Dilation of Left Popliteal Artery with Three Intraluminal Devices, Sustained Release, Percutaneous Approach |
| 047N3GZ | Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Sustained Release, Percutaneous Approach |

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.

C CODES

C-codes are used to report devices used in combination with device-related procedures for hospital outpatient services.

- As Eluvia is a new and novel technology, Boston Scientific believes that currently available C-codes do not accurately describe it.
- However, the closest applicable C-code to report the use of Eluvia is **C1874**, defined as “Stent, coated/covered, with delivery system”.

SOURCES:

1. FY 2025 IPPS Payment. CMS-1808-IFC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ippa-final-rule-home-page>
2. CMS 2025 ICD-10 Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2025-icd-10-pps>
3. CMS ICD-10-CM/PCS MS-DRG V42.0 Definitions Manual. <https://www.cms.gov/files/zip/definition-medicare-code-edits-version-42.zip>
Not intended as an all-inclusive list of MS-DRGs
4. 2025 Physician Fee Schedule. CMS-1807-F. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1807-f>
2025 Conversion Factor of \$32.3465
5. 2025 ASC Payment. CMS-1809-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1809-fc>
6. 2025 OPPOS Payment. CMS-1809-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1809-fc>

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