



## JETSTREAM

# 2025 CODING AND REIMBURSEMENT GUIDE

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

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 Jetstream. 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.

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

Service Provided		Hospital Outpatient		Physician Fee Schedule <sup>1</sup>	
CPT® Code	CPT® Description	APC	Payment <sup>3</sup>	RVUs	Facility
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	5194	\$17,957	11.75	\$563
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	5194	\$17,957	14.25	\$675
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	5194	\$17,957	13.80	\$653
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	5194	\$17,957	14.75	\$699
+37233	Revascularization, endovascular, open or perc, tibial/ peroneal artery, uni, ea add'l vessel; w atherectomy, incl PTA same vessel (Add-on code)		NA	6.50	\$304
+37235	Revascularization, endovascular, open or perc, tibial/ peroneal artery, uni, ea add'l vessel; w stent(s) & atherectomy, incl PTA same vessel (Add-on code)		NA	7.80	\$352

## C CODES

C-codes are tracking codes established by the Centers for Medicare & Medicaid Services (CMS) to assist Medicare in establishing future APC payment rates. C-codes only apply to Medicare hospital outpatient claims. They do not trigger additional payment to the facility today. It is very important that hospitals report C-codes as well as the associated device costs. This will help inform future outpatient hospital payment rates.

**C1714** – Catheter, transluminal atherectomy, rotational. This applies to both the JetStream SC and XC Atherectomy Catheters. There is no C-code for the console.

HOSPITAL INPATIENT

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

Service Provided		Hospital Inpatient		Physician Fee Schedule <sup>1</sup>
CPT® Code	CPT® Description	MS DRG <sup>4</sup>	Payment <sup>5</sup>	Facility
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	\$24,481	\$489
		• 253	\$18,220	
		• 254	\$12,485	
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	• 270	\$36,632	\$675
		• 271	\$24,581	
		• 272	\$17,857	

- 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

The Medicare Reimbursement values for each MS-DRG, while specific to your hospital, do not include pass-through payments or New Technology Add-On Payment (NTAP) as these are calculated on a case-by-case basis.

HOSPITAL INPATIENT ICD-10-PCS CODES

ICD-10-PCS	ICD- PCS- Description
03CY3ZZ	Extirpation of Matter from Upper Artery, Perc Approach
04CK3ZZ	Extirpation of Matter from Right Femoral Artery, Perc Approach
04CL3ZZ	Extirpation of Matter from Left Femoral Artery, Perc Approach
04CM3ZZ	Extirpation of Matter from Right Popliteal Artery, Perc Approach
04CN3ZZ	Extirpation of Matter from Left Popliteal Artery, Perc Approach
04CP3ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Perc Approach
04CQ3ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Perc Approach
04CR3ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Perc Approach
04CS3ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Perc Approach
04CT3ZZ	Extirpation of Matter from Right Peroneal Artery, Perc Approach
04CU3ZZ	Extirpation of Matter from Left Peroneal Artery, Perc Approach
04CY3ZZ	Extirpation of Matter from Lower Artery, Perc 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

## SOURCES:

1. FY 2025 IPPS Payment. CMS-1808-IFC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipp-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-pcs>
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-notices/cms-1807-f>  
*2025 Conversion Factor of \$32.3465*
5. 2025 OPPOS Payment. CMS-1809-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc>

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