

# ZelanteDVT™ and AngioJet™

## 2026 Coding and Billing Guide

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**The procedure codes listed below are applicable to Venous/Arterial Mechanical Thrombectomy (PMT) cases.**

Claims must contain the appropriate HCPCS/CPT/ICD-10 code(s) for the specific site of service to indicate the furnished items and services. The tables below contain a list of possible HCPCS/CPT/ICD-10 codes that may be used to bill for Non-coronary Thrombectomies using AngioJet™ and ZelanteDVT™. 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.

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

Service Provided		Hospital Outpatient <sup>1</sup>		Physician Fee Schedule <sup>2</sup>		
CPT® Code	CPT® Description	APC	Payment*	RVUs	Facility*	Non Facility*
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	5194	\$18,729	8.20	\$376	\$1,632
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)		\$0	3.20	\$141	\$459
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)		\$0	4.80	\$218	\$1,158
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	5193	\$11,794	7.59	\$346	\$1,602
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	5183	\$3,226	5.32	\$251	\$1,378

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

Service Provided		ASC <sup>3</sup>	Physician Fee Schedule <sup>2</sup>
CPT <sup>®</sup> Code	CPT <sup>®</sup> Description	Payment*	Facility*
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$12,459	\$376
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)		\$141
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)		\$218
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$8,411	\$346
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	\$2,723	\$251

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

Service Provided		Physician Fee Schedule <sup>2</sup>	Hospital Inpatient <sup>4,5</sup>		
CPT® Code	CPT® Description	Facility*	ICD-10-PCS	MS DRG	Payment*
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$376		270	\$38,394
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	\$141	03C_3ZZ	271	\$25,878
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	\$218	04C_3ZZ	272	\$18,578
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$346	05C_3ZZ	252	\$25,384
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	\$251	06C_3ZZ	253 254	\$18,888 \$12,965

- 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.

**C Codes**

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

The HCPCS for AngioJet and Zelante DVT is C1757 – Catheter, thrombectomy/embolectomy. There is no C-code for the console.

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. 2026 OPPS Payment. CMS- CMS-1834-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>
2. 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
3. 2026 ASC Payment. CMS- CMS-1834-FC ASC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notice/cms-1834-fc>
4. MS-DRG V43.0 <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/ms-drg-classifications-and-software>
5. FY 2026 IPPS Payment. CMS-CMS-1833-F. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipp-final-rule-home-page#CMS-1833-F>

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