

RANGER™ DRUG-COATED BALLOON CODING AND REIMBURSEMENT GUIDE

The procedure codes listed below are applicable to Femoral/Popliteal cases utilizing the Ranger™ Drug-Coated Balloon.

Claims must contain the appropriate CPT/HCPCS/ICD-10-PCS 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 CPT/HCPCS/ICD-10-PCS codes that may be used to bill for venous stents. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) rendered.

HOSPITAL OUTPATIENT

CPT®	Description	APC	CY 2021 National Average Payment
37224	Femoral/Popliteal PTA	5192	\$4,957
37225	Femoral/Popliteal PTA + Atherectomy	5193	\$10,043
37226	Femoral/Popliteal PTA + Stent		
37227	Femoral/Popliteal PTA, Atherectomy + Stent	5194	\$16,064

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

- The applicable C-Code to report the use of Ranger™ is C2623, defined as “catheter, transluminal angioplasty, drug-coated, non-laser.”

HOSPITAL INPATIENT

MS-DRG	Description	FY 2022 MS-DRG National Average Payment
• 252	Other Vascular Procedures with MCC	\$21,931 \$17,499 \$11,975
• 253	Other Vascular Procedures with CC	
• 254	Other Vascular Procedures without CC/MCC	

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

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PHYSICIAN CODING & REIMBURSEMENT

CPT Codes are used to report medical services and procedures performed by or under the direction of physicians in the office or facility setting.

The MPFS is based on Relative Value Units (RVUs) assigned to each CPT code. RVUs represent the physician work, practice expenses and malpractice costs associated with each procedure or service. Reimbursement for commercial payers may be based on the Medicare RVUs or by a contractually negotiated rate.

CPT®	Description	CY 2021 RVU ¹ Rates are for work performed in a facility setting (hospital – inpatient or outpatient, and ASC)	CY 2021 National Average Payment In-Hospital ¹	CY 2021 National Average Payment OBL/In-Office ¹
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Work 8.75 Total 12.94	\$452	\$3,459
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Work 11.75 Total 17.52	\$611	\$10,957
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Work 10.24 Total 15.13	\$528	\$9,969
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	Work 14.25 Total 20.99	\$732	\$14,044

CPT® CODES

CPT®	Description
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
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

ICD-10 PCS CODES

ICD-10-PCS	Description
047K3Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Approach
047L3Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Percutaneous Approach
047M3Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach
047N3Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, 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.

See important notes on the uses and limitations of this information on page 3.

IMPORTANT INFORMATION

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1. [2021 Physician Fee Schedule. CMS-1734-F](#). 2021 Conversion Factor of \$34.8931.
2. [2021 OPPS Payment. CMS-1736-FC](#).
3. [2021 ASC Payment. CMS-1736-FC ASC](#).
4. [2022 IPPS Payment. CMS-1752-F](#)

CMS ICD-10-CM/PCS

<https://www.cms.gov/medicare/icd-10/2021-icd-10-cm>

<https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs>

[MS-DRG V38.1](#).



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