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Diagnostic and interventional procedures

2025 coding and medicare national
payment guide

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ICD-10 coding

ICD-10-CM diagnosis¹

Due to the varying coding options available, specific ICD-10 diagnosis codes are not listed in this guide. Refer to ICD-10-CM 2025: The Complete Official Codebook for complete coding options.

ICD-10 procedure²

Possible ICD-10 procedure code options are listed in Appendices C-G of this guide. See the table of contents on the following page for appendix corresponding to indication of interest. This is not an all-inclusive list of coding options. Refer to ICD-10-PCS 2025: The Complete Official Codebook for complete coding options and guidelines.

Questions? Contact Philips Reimbursement Resource Center

Phone: (858) 720.4030

Email: IGTDReimbursement@philips.com

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2025 Coronary

Hospital Inpatient – Medicare Severity Diagnosis Related Groups (MS-DRG)

MS-DRG	Description	Medicare 2025 National Payment
231	Coronary bypass with PTCA with MCC ⁴	\$59,103
232	Coronary bypass with PTCA without MCC	\$42,606
321	Percutaneous cardiovascular procedures with intraluminal device with MCC or 4+ arteries/intraluminal devices	\$19,856
322	Percutaneous cardiovascular procedures with intraluminal device without MCC	\$12,619
250	Percutaneous cardiovascular procedures without intraluminal device with MCC	\$16,130
251	Percutaneous cardiovascular procedures without intraluminal device without MCC	\$10,899
286	Circulatory disorders except AMI, with card cath with MCC	\$15,437
287	Circulatory disorders except AMI, with card cath without MCC	\$7,600

Hospital Outpatient, ASC and Physician

See Appendix A for Medicare APC/ASC Complexity Adjustments

See Appendix B for HCPCS – Device/Supply Codes

			Medicare 2025 National Payment Rates ^{5,6}					
			Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment	Payment	
Cardiac catheterization (code additional injection procedure, if performed)								
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	4.54	6.96	\$225	25.84	\$836	\$1,656	5191/J1 \$3,216
93455	with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	5.29	8.13	\$263	28.85	\$933	\$1,656	5191/J1 \$3,216
93456	with right heart catheterization	5.90	9.08	\$294	32.17	\$1,041	\$1,656	5191/J1 \$3,216
93457	with catheter placement(s) in bypass graft(s) (including intra-procedural injection(s) bypass graft angiography, right heart cath	6.64	10.21	\$330	35.11	\$1,136	\$1,656	5191/J1 \$3,216

Continued from Coronary

			Medicare 2025 National Payment Rates ^{5,6}					
			Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment	Payment	
Cardiac catheterization (continued)								
93458	with left heart cath including intraprocedural injection for left ventriculography	5.60	8.58	\$278	29.77	\$963	\$1,656	5191/J1 \$3,216
93459	with left heart cath Inc intraprocedural injection(s) for left ventriculography... catheter placement(s) in bypass graft(s) with bypass graft angiography	6.35	9.73	\$315	32.05	\$1,037	\$1,656	5191/J1 \$3,216
93460	with right and left heart cath including intraprocedural injection for left ventriculography, when performed	7.10	10.91	\$353	35.56	\$1,150	\$1,656	5191/J1 \$3,216
93461	... catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	7.85	12.05	\$390	39.23	\$1,269	\$1,656	5191/J1 \$3,216
Coronary intravascular ultrasound (IVUS)								
+92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic eval and or therapeutic intervention inc imaging supervision, interp and report; initial vessel (List separately in addition to code for primary procedure)	1.80	2.77	\$90	Not payable		Packaged	Packaged
+92979	; each additional vessel	1.44	2.21	\$71	Not payable		Not payable	Packaged
Fractional Flow Reserve (FFR) and Instant wave-Free Ratio (the iFR modality)								
+93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	1.38	2.11	\$68	Not payable		Packaged	Packaged
+93572	; each additional vessel	1.00	1.53	\$49	Not payable		Packaged	Packaged
Computed Tomography Coronary (cCT)								
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post-processing, assessment of cardiac function, and evaluation of venous structures)	1.75	2.44	\$79	6.94	\$224	\$145	5572/S \$357
Coronary CT Angiography (cCTA)								
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	2.40	3.37	\$109	9.84	\$318	\$193	5572/S \$357

Continued from Coronary

Medicare 2025 National Payment Rates^{5,6}

			Physician Payment Rates				ASC	Hospital Outpatient
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment	Payment	APC Group/ Payment
Percutaneous Coronary Intervention (PCI)								
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	9.85	15.49	\$501	Not payable		\$3,628	5192/J1 \$5,702
+92921	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	\$0	Not payable		Packaged	Packaged
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	11.74	18.45	\$597	Not payable		Not payable	5193/J1 \$11,341
+92925	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	\$0	Not payable		Not payable	Packaged
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	10.96	17.21	\$557	Not payable		\$6,994	5193/J1 \$11,341
+92929	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	\$0	Not payable		Packaged	Packaged
92933	Percutaneous transluminal coronary atherectomy, w intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	12.29	19.32	\$625	Not payable		Not payable	5194/J1 \$17,957
+92934	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0.00	\$0	Not payable		Not payable	Packaged
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any comb of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	10.95	17.20	\$556	Not payable		Not payable	5193/J1 \$11,341
+92938	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0.00	\$0	Not payable		Not payable	Packaged

Continued from Coronary

			Medicare 2025 National Payment Rates ^{5,6}					
			Physician Payment Rates				ASC	Hospital Outpatient
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment	Payment	APC Group/ Payment
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute MI, coronary artery/graft, any comb intracoronary stent, atherectomy and angioplasty, incl aspiration thrombectomy, single vessel	12.31	19.34	\$626		Not payable	Not payable	Inpatient Only
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or CABG, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	12.31	19.34	\$626		Not payable	Not payable	5193/J1 \$11,341
+92944	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0.00	\$0		Not payable	Not payable	Packaged
Drug-eluting stent (DES)								
C9600	Percutaneous transcatheter placement of DES, with coronary angioplasty when performed; single major coronary artery or branch		NA	Facility-only device code			\$7,062	5193/J1 \$11,341
+C9601	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		NA	Facility-only device code			Packaged	Pkgd
C9602	Percutaneous transluminal coronary atherectomy, with DES, with coronary angioplasty; single major coronary artery or branch		NA	Facility-only device code			Not payable	5194/J1 \$17,957
+C9603	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		NA	Facility-only device code			Not payable	Pkgd
C9604	Perc transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of DES, atherectomy and angioplasty, including distal protection when performed; single vessel		NA	Facility-only device code			Not payable	5193/J1 \$11,341
+C9605	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		NA	Facility-only device code			Not payable	Pkgd

Continued from Coronary

Medicare 2025 Payment Rates ^{5,6}						
CPT Code ⁹	CPT description	Work RVU	Physician Payment Rates		ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility Total RVU	Non-Facility (OBL) Total RVU		
C9606	Percutaneous transluminal revascularization of acute total/ subtotal occlusion during acute myocardial infarction, coronary artery or CABG, any combination of DES, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel		NA	Facility-only device code	Not payable	Inpatient only
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or CABG, any combination of DES, atherectomy and angioplasty; single vessel		NA	Facility-only device code	Not payable	5194/J1 \$17,957
+C9608	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		NA	Facility-only device code	Not payable	Pkgd

2025 Peripheral - Arterial

Hospital Inpatient – Medicare Severity Diagnosis Related Groups (MS-DRG)

MS-DRG	Description	Medicare 2025 National Payment
Peripheral Arterial Thrombectomy/Atherectomy with or without stent		
270	Other Major Cardiovascular Procedures w MCC	\$35,801
271	Other Major Cardiovascular Procedures w CC	\$24,024
272	Other Major Cardiovascular Procedures w/o CC/MCC	\$17,452
Peripheral Arterial Angioplasty with or without stent		
252	Other Vascular Procedures with MCC	\$23,926
253	Other Vascular Procedures with CC	\$17,806
254	Other Vascular Procedures w/o CC/MCC	\$12,202

Hospital Outpatient, ASC and Physician

See Appendix A for Medicare Complexity Adjustments

See Appendix B for HCPCS – Device/Supply Codes

			Medicare 2025 National Payment Rates ^{5,6}					
			Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment		
Selective Catheter Placement								
36245	Selective catheter placement, arterial system; each first order abd, pelvic, or lower extremity artery branch, within a vascular family	4.65	6.93	\$224	35.37	\$1,144	Packaged	Packaged
36246	; initial second order abd, pelvic, or lower extremity artery branch, w/in a vascular family	5.02	7.38	\$239	23.79	\$770	Packaged	Packaged
36247	; initial third order or more	6.04	8.71	\$282	40.49	\$1,310	Packaged	Packaged
+36248	; addl second order, third order & beyond... (List in addition to initial 2 nd /3 rd order vessel)	1.01	1.42	\$46	3.39	\$110	Packaged	Packaged
Diagnostic Angiography								
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	1.75	2.42	\$78	4.44	\$144	Packaged	5183/Q2 \$3,148
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	1.97	2.73	\$88	4.87	\$158	Packaged	5183/Q2 \$3,148
+75774	Angiography, selective, each additional vessel studied after basic exam, radiological S&I (List in addition to code for primary procedure)	1.01	1.36	\$44	2.87	\$93	Packaged	Packaged

Continued from Peripheral

			Medicare 2025 National Payment Rates ^{5,6}					
			Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment		
Non-Coronary Intravascular Ultrasound (IVUS)								
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, inc radiological S&I; initial non-coronary vessel (list separately in addition to code for primary procedure)	1.80	2.61	\$84	26.60	\$860	Packaged	Packaged
+37253	; each addl non-coronary vessel (list in addition to code for primary procedure)	1.44	2.08	\$67	5.08	\$164	Packaged	Packaged
Endovascular Revascularization - Iliac								
37220	Revascularization, endovasc, open or percutaneous, iliac artery, unilateral, initial vessel; w transluminal angioplasty	7.90	11.67	\$377	70.74	\$2,288	\$3,426	5192/J1 \$5,702
37221	; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	9.75	14.37	\$465	86.59	\$2,801	\$7,176	5193/J1 \$11,341
+37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure	3.73	5.42	\$175	17.71	\$573	Packaged	Packaged
+37223	; with transluminal stent placement(s), incl angioplasty w/in same vessel, when performed (List separately in addition to primary procedure)	4.25	6.18	\$200	35.73	\$1,156	Packaged	Packaged
Endovascular Revascularization – Femoral/Popliteal								
37224	Revascularization, endovascular, open or perc, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	8.75	12.96	\$419	82.02	\$2,653	\$3,640	5192/J1 \$5,702
37225	; with transluminal angioplasty with atherectomy	11.75	17.39	\$563	244.26	\$7,901	\$12,445	5194/J1 \$17,957
37226	; with transluminal angioplasty w transluminal stent placement(s)	10.24	15.13	\$489	226.06	\$7,312	\$7,579	5193/J1 \$11,341
37227	; with transluminal stent placement(s) and atherectomy, inc angioplasty within the same vessel	14.25	20.86	\$675	311.96	\$10,091	\$12,540	5194/J1 \$17,957

Continued from Peripheral

			Medicare 2025 National Payment Rates ^{5,6}					
			Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment		
Endovascular Revascularization – Tibial Peroneal								
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; w trans angioplasty	10.75	15.78	\$510	116.00	\$3,752	\$6,603	5193/J1 \$11,341
37229	; with atherectomy, including angioplasty within the same vessel, when performed	13.80	20.19	\$653	249.50	\$8,070	\$11,855	5194/J1 \$17,957
37230	; with transluminal stent placement(s), including angioplasty within the same vessel	13.55	20.27	\$656	249.67	\$8,076	\$11,439	5194/J1 \$17,957
37231	; with transluminal stent placement(s) and atherectomy, including angioplasty w/in the same vessel when performed	14.75	21.60	\$699	327.58	\$10,596	\$12,261	5194/J1 \$17,957
+37232	; with transluminal angioplasty (List in addition to primary procedure)	4.00	5.80	\$188	23.23	\$751	Packaged	Packaged
+37233	; with atherectomy, including angioplasty (List in addition to primary procedure)	6.50	9.39	\$304	30.26	\$979	Packaged	Packaged
+37234	; with transluminal stent placement(s), incl angioplasty w in the same vessel when performed (List separately in addition to code for primary procedure)	5.50	8.21	\$266	101.51	\$3,283	Packaged	Packaged
+37235	; each addl vessel; with stent placement(s) and atherectomy, including angioplasty within the same vessel (List separately in addition to code for primary procedure)	7.80	10.89	\$352	112.49	\$3,639	Packaged	Packaged
Mechanical Thrombectomy – Arterial								
37184	Primary perc transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, inc fluoro guidance and intraprocedural pharma thrombolytic injection(s); intl vessel	8.41	12.62	\$408	48.75	\$1,577	\$11,943	5194/J1 \$17,957
+37185; second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mech thrombectomy procedure)	3.28	4.76	\$154	13.64	\$441	Packaged	Packaged
Secondary thrombectomy/embolectomy								
+37186	Secondary perc trans thrombectomy (eg, nonprimary mech, snare basket), non-coronary, arterial or arterial bypass graft, inc fluoro, intra procedural thrombolytic injections, provided in conj w/ another perc intervention other than primary mech thrombectomy (List separately)	4.92	7.16	\$232	33.84	\$1,095	Packaged	Packaged

2025 Peripheral - Venous

Hospital Inpatient – Medicare Severity Diagnosis Related Groups (MS-DRG)

MS-DRG	Description	Medicare 2025 National Payment
Venous Angioplasty with or without Stent		
252	Other Vascular Procedures with MCC	\$23,926
253	Other Vascular Procedures with CC	\$17,806
254	Other Vascular Procedures w/o CC/MCC	\$12,202
Venous Thrombectomy		
270	Other Major Cardiovascular Procedures w MCC ⁴	\$35,801
271	Other Major Cardiovascular Procedures w CC ⁵	\$24,024
272	Other Major Cardiovascular Procedures w/o CC/MCC	\$17,452
Venous Thrombolysis		
299	Peripheral vascular disorders with MCC	\$11,282
300	Peripheral vascular disorders with CC	\$7,467
301	Peripheral vascular disorders without CC/MCC	\$4,976

Hospital Outpatient, ASC and Physician

See Appendix A for Medicare Complexity Adjustments

See Appendix B for HCPCS – Device/Supply Codes

			Medicare 2025 National Payment Rates ^{5,6}					
			Physician Payment Rates				ASC	Hospital Outpatient
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment	Payment	APC Group/ Payment
Selective Catheter Placement								
36011	Selective catheter placement, venous system; first order branch	3.14	4.58	\$148	22.89	\$740	Packaged	Packaged
36012	; second order, or more selective, branch	3.51	5.14	\$166	23.87	\$772	Packaged	Packaged
Diagnostic Venography								
36005	Injection procedure for extremity venography	0.95	1.40	\$45	7.22	\$234	Packaged	Packaged
75820	Venography, extremity, unilateral, radiological S&I	1.05	1.44	\$47	3.18	\$103	Packaged	5182/Q2 \$1,553
75822	Venography, extremity, bilateral, radiological supervision and interpretation	1.48	2.04	\$66	3.98	\$129	\$62	5182/J1 \$1,553

Continued from Venous

			Medicare National 2025 Payment Rates ^{5,6}					
			Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment		
Non-Coronary Intravascular Ultrasound (IVUS)								
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (list separately in addition to code for primary procedure)	1.80	2.61	\$84	26.60	\$860	Packaged	Packaged
+37253	; each additional non-coronary vessel (list separately in addition to code for primary procedure)	1.44	2.08	\$67	5.08	\$164	Packaged	Packaged
Venous Balloon Angioplasty								
37248	Transluminal balloon angioplasty (except dialysis circuit), open or perc, including all imaging and radiological supervision and interp necessary to perform angioplasty within the same vein; initial vein	6.00	8.68	\$281	38.35	\$1,240	\$3,321	5192/J1 \$5,702
37249	; each addl vein (List separately in addition to code for primary procedure)	2.97	4.29	\$139	12.74	\$412	Packaged	Packaged
Venous Stent Placement								
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interp, including angioplasty within the same vessel, when performed; initial vein	6.04	8.98	\$290	96.98	\$3,137	\$7,102	5193/J1 \$10,341
+37239	; each addl vein (List separately in addition to code for primary procedure)	2.97	4.42	\$143	48.55	\$1,570	Packaged	Packaged
Mechanical Thrombectomy - Venous								
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), inc intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	7.78	11.53	\$373	47.89	\$1,549	\$7,800	5193/J1 \$11,341
37188 repeat treatment on subsqnt day during course of thrombolytic therapy	5.46	8.28	\$268	41.13	\$1,330	\$2,666	5183/J1 \$3,148

Continued from Venous

			Medicare National 2025 Payment Rates ^{5,6}					
			Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment	Payment	
IVC Filter Removal (CavaClear)								
Note: Qualifies for Pass-through Payment in the Hospital Outpatient and ASC when billed with C1603								
37193	Retrieval (removal) of IVC filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interp, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	7.10	10.14	\$328	42.80	\$1,384	\$1,589	5183/J1 \$3,148

2025 AV Access / AV Fistula Repair

Hospital Inpatient – Medicare Severity Diagnosis Related Groups (MS-DRG)

MS-DRG	Description	Medicare 2025 National Payment
252	Other Vascular Procedures with MCC	\$23,926
253	Other Vascular Procedures with CC	\$17,806
254	Other Vascular Procedures w/o CC/MCC	\$12,202

Hospital Outpatient, ASC and Physician

See Appendix A for Medicare Complexity Adjustments

See Appendix B for HCPCS – Device/Supply Codes

Medicare 2025 National Payment Rates ^{5,6}								
			Physician Payment Rates				ASC Payment	Hospital Outpatient
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment	Payment	APC Group/ Payment
Non-Coronary Intravascular Ultrasound (IVUS)								
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (list separately in addition to code for primary procedure)	1.80	2.61	\$84	26.60	\$860	Packaged	Packaged
+37253	; each addl non-coronary vessel (list separately in addition to primary procedure)	1.44	2.08	\$67	5.08	\$164	Packaged	Packaged
Dialysis Circuit								
36901	Intro of needle(s) and/or catheter(s), dialysis circuit, w diagnostic angiography of dialysis circuit, including all direct puncture(s), catheter placement(s), injection(s) of contrast, all imaging ... fluoroscopic, radiological S&I, image documentation and report	3.36	4.94	\$160	20.21	\$694	\$528	5182/J1 \$1,553
36902	; w transluminal balloon angioplasty, peripheral dialysis segment, inc all imaging and radiological S&I	4.83	7.01	\$227	34.41	\$1,113	\$2,630	5192/J1 \$5,702

Continued from AV Access/AV Fistula Repair

			Medicare 2025 National Payment Rates ^{5,6}					
			Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment		
Dialysis Circuit (continued)								
36903	; w transcatheter placement of intravascular stent(s), peripheral dialysis segment, inc all imaging and radiological S&I necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	6.39	9.22	\$298	118.86	\$3,845	\$7,351	5193/J1 \$11,341
36904	Perc transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, ... inc all imaging, radiological S&I, diagnostic angiography, fluoro, catheter placement(s), intraprocedural pharma thrombolytic injection(s)	7.50	10.76	\$348	51.53	\$1,667	\$3,516	5192/J1 \$5,702
36905	; with transluminal balloon angioplasty, peripheral dialysis segment, inc all imaging and radiological S&I necessary to perform the angioplasty	9.00	12.95	\$419	64.53	\$2,087	\$6,491	5193/J1 \$11,341
36906	; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, inc all imaging and radiological S&I necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	10.42	14.91	\$482	151.63	\$4,905	\$11,783	5194/J1 \$17,957
+36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological S&I required to perform angioplasty (List separately in add to code for primary procedure)	3.00	4.30	\$139	16.85	\$545	Packaged	Packaged
+36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed thru dialysis circuit, inc imaging radiological S&I required to perform stenting, and all angioplasty in central dialysis segment (List separately in addition to primary procedure)	4.25	6.07	\$196	40.13	\$1,298	Packaged	Packaged
+36909	Dialysis circuit permanent vascular embolization or occlusion (inc main circuit or any accessory veins), endovascular, inc all imaging and radiological S&I ... (List separately in addition to code for primary procedure)	4.12	5.86	\$190	53.14	\$1,719	Packaged	Packaged

2025 Cardiac Lead Extraction and Rhythm Management

Hospital inpatient – Medicare Severity Diagnosis Related Groups (MS-DRG)

MS-DRG	Description	Medicare 2025 National Payment
Lead Extraction and Management		
260	Cardiac pacemaker revision except device replacement w/ MCC ⁴	\$23,757
261	Cardiac pacemaker revision except device replacement w/ CC ⁵	\$13,235
262	Cardiac pacemaker revision except device replacement w/o CC/MCC	\$10,586
Cardiac Rhythm Management		
242	Permanent cardiac pacemaker implant w/ MCC	\$23,658
243	Permanent cardiac pacemaker implant w/ CC	\$15,713
244	Permanent cardiac pacemaker implant w/o CC/MCC	\$12,587
258	Cardiac pacemaker device replacement w/ MCC	\$19,567
259	Cardiac pacemaker device replacement w/o MCC	\$12,259
265	AICD lead procedures	\$24,880

Hospital Outpatient, ASC and Physician

See Appendix B for HCPCS – Device/Supply Codes

			Medicare 2025 National Payment Rates ^{5,6}				
			Physician Payment Rates		ASC Payment	Hospital Outpatient APC Group/ Payment	
			Facility	Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment	
Lead Extraction							
33234	Removal of transvenous pacemaker electrodes; single lead system, atrial or ventricular	7.66	14.34	\$464	Not payable	\$1,954	5221/Q2 \$3,639
33235	Removal of transvenous pacemaker electrode(s), dual lead system	9.90	18.84	\$609	Not payable	\$1,954	5221/Q2 \$3,639
33244	Removal of single or dual chamber pacing cardioverter defibrillator electrode(s); by transvenous extraction	13.74	25.48	\$824	Not payable	Not payable	5221/Q2 \$3,639
Lead / Cardiac Rhythm Management							
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	7.80	14.17	\$458	Not payable	\$7,589	5223/J1 \$10,465
33208	Insertion of new or replacement of PPM with transvenous electrode(s); atrial and ventricular	8.52	15.25	\$495	Not payable	\$7,690	5223/J1 \$10,465

Continued from Lead Extraction and Rhythm Management

			Medicare National 2025 Payment Rates ^{5,6}					
			Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
CPT Code ⁹	CPT description	Work RVU	Total RVU	Payment	Total RVU	Payment		
Lead / Cardiac Rhythm Management (continued)								
33216	Insertion of a single transvenous electrode, PPM or cardioverter-defibrillator	5.62	11.02	\$356	Not payable		\$5,903	5222/J1 \$8,276
33217	Insertion of 2 transvenous electrodes, PPM or implantable defibrillator	5.59	10.96	\$355	Not payable		\$6,179	5222/J1 \$8,276
33218	Repair of single transvenous electrode for a single chamber, PPM or single chamber pacing cardioverter-defibrillator	5.82	11.55	\$374	Not payable		\$1,954	5221/T \$3,639
33220	Repair of 2 transvns electrodes for permanent pacemaker or implantable defibrillator	5.90	11.31	\$366	Not payable		\$1,954	5221/T \$3,639
33223	Relocation of skin pocket for cardioverter-defibrillator	6.30	12.12	\$392	Not payable		\$981	5054/T \$1,829
33224	Insertion of pacing electrode, cardiac venous system, for LV pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (inc revision of pocket, removal, insertion and/or replacement of generator)	9.04	15.04	\$486	Not payable		\$7,637	5223/J1 \$10,465
+33225	Insertion of pacing electrode for LV pacing, at time of insertion of pacing cardio-defib or pacemaker pulse generator (inc upgrade to dual chamber system and pocket revision)	8.33	13.56	\$439	Not payable		Packaged	Packaged
33233	Removal of permanent pacemaker pulse generator only	3.14	6.94	\$224	Not payable		\$5,506	5222/J1 Q2 \$8,276
33241	Removal of pacing cardioverter-defibrillator pulse generator only	3.04	6.40	\$207	Not payable		\$1,954	5221/T Q2 \$3,639
33249	Insertion or replacement of perm pacing cardio-defib system w transvenous lead(s), single or dual chamber	14.92	26.92	\$871	Not payable		\$24,924	5232/J1 \$32,062
Deployment of Bridge Balloon Occlusion Catheter								
37244	Vascular embolization or occlusion, inclusive of all radiological S&I, intraprocedural road mapping, & imaging guidance; for arterial or venous hemorrhage or lymph extravasation	13.75	19.29	\$624	191.95	\$6,390	Not payable	5193/J1 \$11,341

Appendices

Appendix A: Complexity Adjustments

CMS applies a “complexity adjustment” in the hospital outpatient setting and ambulatory surgery center for certain add-on codes, J1 status codes and bilateral procedures when two CPT codes together represent “a complex, costly form or version of the primary service” based on claims frequency and other established criteria. If the criteria are met, a “complexity adjustment” is made for the code combination by reassigning them to the next higher cost APC/ASC payment within the same clinical family of Comprehensive APCs. The following Complexity Adjustments are applicable to procedures identified in this Guide.

Hospital Outpatient C-APC Complexity Adjustments

Primary CPT CODE - 2025 OPPS Payment			Secondary CPT Code - 2025 OPPS Payment			2025 Complexity Adjustment	
Primary CPT Code	Shortened Description	Primary APC	Secondary CPT Code	Shortened Description	Secondary APC		
Coronary							
93451	Right heart cath	5191	75822	Vein x-ray arms/legs	5182	5192	\$5,702
93454	Coronary artery angio s&i	5191	92978	Endoluminl ivus oct c 1st	N	5192	\$5,702
93454	Coronary artery angio s&i	5191	93454	Coronary artery angio s&i	5191	5192	\$5,702
93454	Coronary artery angio s&i	5191	G0278	Iliac art angio,cardiac cath	N	5192	\$5,702
93455	Coronary art/grft angio s&i	5191	92978	Endoluminl ivus oct c 1st	N	5192	\$5,702
93455	Coronary art/grft angio s&i	5191	93571	Heart flow reserve measure	N	5192	\$5,702
93456	R hrt coronary artery angio	5191	92978	Endoluminl ivus oct c 1st	N	5192	\$5,702
93456	R hrt coronary artery angio	5191	93571	Heart flow reserve measure	N	5192	\$5,702
93458	L hrt artery/ventricle angio	5191	92978	Endoluminl ivus oct c 1st	N	5192	\$5,702
93458	L hrt artery/ventricle angio	5191	93454	Coronary artery angio s&i	5191	5192	\$5,702
93458	L hrt artery/ventricle angio	5191	93458	L hrt artery/ventricle angio	5191	5192	\$5,702
93458	L hrt artery/ventricle angio	5191	93571	Heart flow reserve measure	N	5192	\$5,702
93459	L hrt art/grft angio	5191	92978	Endoluminl ivus oct c 1st	N	5192	\$5,702
93459	L hrt art/grft angio	5191	93454	Coronary artery angio s&i	5191	5192	\$5,702
93459	L hrt art/grft angio	5191	93571	Heart flow reserve measure	N	5192	\$5,702
93460	R&l hrt art/ventricle angio	5191	92978	Endoluminl ivus oct c 1st	N	5192	\$5,702
93460	R&l hrt art/ventricle angio	5191	93571	Heart flow reserve measure	N	5192	\$5,702
93461	R&l hrt art/ventricle angio	5191	93571	Heart flow reserve measure	N	5192	\$5,702
92920	Prq cardiac angioplast 1 art	5192	92920	Prq cardiac angioplast 1 art	5192	5193	\$11,341
92920	Prq cardiac angioplast 1 art	5192	93456	R hrt coronary artery angio	5191	5193	\$11,341
92924	Prq card angio/athrect 1 art	5193	C9600	Perc drug-el cor stent sing	5193	5194	\$17,957
92928	Prq card stent w/angio 1 vsl	5193	92920	Prq cardiac angioplast 1 art	5192	5194	\$17,957
92928	Prq card stent w/angio 1 vsl	5193	92928	Prq card stent w/angio 1 vsl	5193	5194	\$17,957
92943	Prq card revasc chronic 1vsl	5193	C9600	Perc drug-el cor stent sing	5193	5194	\$17,957

Appendix A: Continued from Hospital C-APC Complexity Adjustments

Primary CPT CODE - 2025 OPPS Payment			Secondary CPT Code - 2025 OPPS Payment			2025 Complexity Adjustment	
Primary CPT Code	Shortened Description	Primary APC	Secondary CPT Code	Shortened Description	Secondary APC		
Peripheral - Iliac							
37220	Iliac revasc	5192	37220	Iliac revasc	5192	5193	\$11,341
37221	Iliac revasc w/ stent	5193	37228	Tib/per revasc w/tla	5193	5194	\$17,957
37221	Iliac revasc w/ stent	5193	C9600	Perc drug-el cor stent sing	5193	5194	\$17,957
Peripheral - Arterial							
37224	Fem/popl revas w/tla	5192	37220	Iliac revasc	5192	5193	\$11,341
37224	Fem/popl revas w/tla	5192	37224	Fem/popl revas w/tla	5192	5193	\$11,341
37224	Fem/popl revas w/tla	5192	37252	Intrasc us noncoronary 1st	N	5193	\$11,341
37226	Fem/popl revasc w/stent	5193	37220	Iliac revasc	5192	5194	\$17,957
37226	Fem/popl revasc w/stent	5193	37221	Iliac revasc w/stent	5193	5194	\$17,957
37226	Fem/popl revasc w/stent	5193	37226	Fem/popl revasc w/stent	5193	5194	\$17,957
37226	Fem/popl revasc w/stent	5193	37228	Tib/per revasc w/tla	5193	5194	\$17,957
37226	Fem/popl revasc w/stent	5193	37252	Intrasc us noncoronary 1st	N	5194	\$17,957
Peripheral - Venous							
75822	Vein x-ray arms/legs	5182	37252	Intrasc us noncoronary 1st	N	5183	\$3,148
37238	Open/perq place stent same	5193	37193	Rem endovas vena cava filter	5183	5194	\$17,957
37238	Open/perq place stent same	5193	37238	Open/perq place stent same	5193	5194	\$17,957
37248	Trluml balo angiop 1st vein	5192	37248	Trluml balo angiop 1st vein	5192	5193	\$11,341
37248	Trluml balo angiop 1st vein	5192	75898	Follow-up angiography	5183	5193	\$11,341
Peripheral - Venous Thrombectomy							
37187	Venous mech thrombectomy	5193	37187	Venous mech thrombectomy	5193	5194	\$17,957
37187	Venous mech thrombectomy	5193	37238	Open/perq place stent same	5193	5194	\$17,957
37187	Venous mech thrombectomy	5193	37248	Trluml balo angiop 1st vein	5192	5194	\$17,957
37187	Venous mech thrombectomy	5193	37252	Intrasc us noncoronary 1st	N	5194	\$17,957
AV Access							
36901	Intro cath dialysis circuit	5182	36907	Balo angiop ctr dialysis seg	N	5183	\$3,148
36901	Intro cath dialysis circuit	5182	36908	Stent plmt ctr dialysis seg	N	5183	\$3,148
36901	Intro cath dialysis circuit	5182	36909	Dialysis circuit embolj	N	5183	\$3,148

Appendix A: Ambulatory Surgery Center APC Complexity Adjustments

The CMS hospital outpatient complexity adjustment concept applies to ASCs where certain combinations of procedures will be paid at a higher rate. ASCs are required to bill the new ASC C-codes, a crosswalk of two paired codes developed by CMS, in order to receive the complexity adjusted payments. The following ASC Complexity Adjustments are applicable to procedures identified in this Guide. Payment rates shown are site specific based on CBSA.

2025 ASC Complexity Payment	2025 ASC Code	New Code Descriptor (Shortened)	Code 1 Shortened Description	Code 2 Shortened Description
Coronary				
\$2,630	C7516	Cor angio w/ ivus or oct	93454 Coronary artery angio s&i	+92978 Endoluminl ivus oct c 1st
\$2,630	C7518	Cor/grft angio w/ ivus or oct	93455 Coronary art/grft angio s&i	+92978 Endoluminl ivus oct c 1st
\$2,630	C7519	Cor/grft angio w/ flow resrv	93455 Coronary art/grft angio s&i	+93571 Heart flow reserve measure
\$2,630	C7521	R hrt angio w/ ivus or oct	93456 R hrt coronary artery angio	+92978 Endoluminl ivus oct c 1st
\$2,630	C7522	R hrt angio w/flow resrv	93456 R hrt coronary artery angio	+93571 Heart flow reserve measure
\$2,630	C7523	L hrt angio w/ ivus or oct	93458 L hrt artery/ventricle angio	+92978 Endoluminl ivus oct c 1st
\$2,630	C7524	L hrt angio w/flow resrv	93458 L hrt artery/ventricle angio	+93571 Heart flow reserve measure
\$2,630	C7525	L hrt gft ang w/ ivus or oct	93459 L hrt art/grft angio	+92978 Endoluminl ivus oct c 1st
\$2,630	C7526	L hrt gft ang w/flow resrv	93459 L hrt art/grft angio	+93571 Heart flow reserve measure
\$2,630	C7527	R&L hrt angio w/ ivus or oct	93460 R&L hrt art/ventricle angio	+92978 Endoluminl ivus oct c 1st
\$2,630	C7528	R&L hrt angio w/flow resrv	93460 R&L hrt art/ventricle angio	+93571 Heart flow reserve measure
\$2,630	C7529	R&L hrt gft ang w/flow resrv	93461 R&L hrt art/ventricle angio	+93571 Heart flow reserve measure
\$2,630	C7562	R&L hrt angio w/ffr & 3d map	93460 R&L hrt art/ventricle angio	+0523T Ntrapx c ffr w/3d funcjl map
\$10,902	C7564	Vein mech throm w/intrvas us	37187 Venous mech thrombectomy	+37252 Intrvasc us noncoronary 1st
Peripheral - Arterial				
\$6,102	C7531	Angio fem/pop w/ us	37224 Fem/popl revas w/tla	+37252 Intrvasc us noncoronary 1st
\$10,681	C7535	Fem/pop revasc w/stent & us	37226 Fem/popl revasc w/stent	+37252 Intrvasc us noncoronary 1st
Peripheral - AV Access				
\$1,589	C7513	Cath/angio dialcir w/aplasty	36901 Intro cath dialysis circuit	+36907 Balo angiop ctr dialysis seg
\$1,589	C7514	Cath/angio dial cir w/stents	36901 Intro cath dialysis circuit	+36908 Stent plmt ctr dialysis seg
\$1,589	C7515	Cath/angio dial cir w/embol	36901 Intro cath dialysis circuit	+36909 Dialysis circuit embolj

Appendix B: Philips HCPCS – Device/Supply Codes

HCPCS	Descriptor	Device
IVC FILTER REMOVAL –		
Eligible for Medicare Transitional Pass-Through (TPT) Payment when billed with CPT code 37193		
C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)	CavaClear IVC Filter removal laser sheath
CORONARY		
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/ perfusion capability)	AngioSculpt PTCA
C1753	Catheter, intravascular ultrasound	Eagle Eye Platinum REFINITY Rotational IVUS Catheter
C1759	Catheter, intracardiac echocardiography	VeriSight Pro (2D/3D)
C1769	Guidewire	VerrataPlus
C1885	Catheter, transluminal angioplasty, laser	ELCA
PERIPHERAL		
Arterial		
C1724	Catheter, transluminal atherectomy, rotational	Phoenix Atherectomy Catheter
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/ perfusion capability)	AngioSculpt PTA Scoring Balloon Catheter
C1753	Catheter, intravascular ultrasound	Visions PV Reconnaissance PV
C1757	Catheter, thrombectomy/ embolectomy	QuickCat Extraction Catheter QuickClear Mechanical Thrombectomy System
C1773	Retrieval device, insertable	Quick-Cross Capture Guidewire Retriever
C1876	Stent, non-coated/non-covered, with delivery system	Tack Endovascular System®
C1885	Catheter, transluminal angioplasty, laser	Turbo-Power Laser Atherectomy Catheter Turbo-Elite Laser Atherectomy Catheter Turbo-Elite Reach Laser Atherectomy Catheter
C1887	Catheter, guiding (may include infusion/perfusion capability)	Pioneer Plus IVUS Guided Re-entry Catheter Quick-Cross® Support Catheter Quick-Cross® Extreme Support Catheter Quick-Cross® Select Support Catheter
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	Stellarex Drug-Coated Balloon
Venous		
C1753	Catheter, intravascular ultrasound	Visions PV, Reconnaissance PV
C1757	Catheter, thrombectomy/ embolectomy	QuickCat Extraction Catheter QuickClear Mechanical Thrombectomy System
AV Access		
C1753	Catheter, intravascular ultrasound	Visions PV, Reconnaissance PV
C1757	Catheter, thrombectomy/ embolectomy	QuickCat Extraction Catheter QuickClear Mechanical Thrombectomy System
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/ perfusion capability)	AngioSculpt PTA Scoring Balloon Catheter

Continued from Appendix B: Philips HCPCS – Device/Supply Codes

HCPCS	Descriptor	Device
LEAD MANAGEMENT		
C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)	CavaClear IVC Filter removal laser sheath
C1773	Retrieval device, insertable	LLD (Lead Locking Device) TightRail SightRail Dilator Sheath Set
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	VisiSheath
C1769	Guide wire AND	Bridge Prep Kit
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	
C2628	Catheter, occlusion	Bridge Balloon Occlusion Catheter
C2629	Introducer/sheath, other than guiding, intracardiac electrophysiological, laser	GlideLight SLS II Laser Sheath

Appendix C: Coronary ICD-10 procedure codes

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
Coronary IVUS	
B240ZZ3	Ultrasonography of single coronary artery, intravascular
B241ZZ3	Ultrasonography of multiple coronary arteries, intravascular
FFR/iFR	
4A033BC	Measurement of arterial pressure, coronary, percutaneous approach
Coronary interventions, Angioplasty	
0270346	Dilation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
027034Z	Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Site, Bifurcation, with Intraluminal Device, Percutaneous Approach
02703DZ	Dilation of Coronary Artery, One Site with Intraluminal Device, Percutaneous Approach
02703Z6	Dilation of Coronary Artery, One Site, Bifurcation, Percutaneous Approach
02703ZZ	Dilation of Coronary Artery, One Site, Percutaneous Approach
0270446	Dilation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
027044Z	Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
02704D6	Dilation of Coronary Artery, One Site, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02704DZ	Dilation of Coronary Artery, One Site with Intraluminal Device, Percutaneous Endoscopic Approach
02704Z6	Dilation of Coronary Artery, One Site, Bifurcation, Percutaneous Endoscopic Approach
02704ZZ	Dilation of Coronary Artery, One Site, Percutaneous Endoscopic Approach
0271346	Dilation of Coronary Artery, Two Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
027134Z	Dilation of Coronary Artery, Two Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
02713DZ	Dilation of Coronary Artery, Two Sites with Intraluminal Device, Percutaneous Approach
02713Z6	Dilation of Coronary Artery, Two Sites, Bifurcation, Percutaneous Approach
02713ZZ	Dilation of Coronary Artery, Two Sites, Percutaneous Approach
0271446	Dilation of Coronary Artery, Two Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
027144Z	Dilation of Coronary Artery, Two Sites with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
02714D6	Dilation of Coronary Artery, Two Sites, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02714DZ	Dilation of Coronary Artery, Two Sites with Intraluminal Device, Perc Endoscopic Approach
02714Z6	Dilation of Coronary Artery, Two Sites, Bifurcation, Percutaneous Endoscopic Approach

continued from Appendix C

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
02714ZZ	Dilation of Coronary Artery, Two Sites, Percutaneous Endoscopic Approach
0272346	Dilation of Coronary Artery, Three Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
027234Z	Dilation of Coronary Artery, Three Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
02723D6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723DZ	Dilation of Coronary Artery, Three Sites with Intraluminal Device, Percutaneous Approach
02723Z6	Dilation of Coronary Artery, Three Sites, Bifurcation, Percutaneous Approach
02723ZZ	Dilation of Coronary Artery, Three Sites, Percutaneous Approach
0272446	Dilation of Coronary Artery, Three Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
027244Z	Dilation of Coronary Artery, Three Sites with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
02724D6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02724DZ	Dilation of Coronary Artery, Three Sites with Intraluminal Device, Percutaneous Endoscopic Approach
02724Z6	Dilation of Coronary Artery, Three Sites, Bifurcation, Percutaneous Endoscopic Approach
02724ZZ	Dilation of Coronary Artery, Three Sites, Percutaneous Endoscopic Approach
0273346	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
027334Z	Dilation of Coronary Artery, Four or More Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
02733D6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733DZ	Dilation of Coronary Artery, Four or More Sites with Intraluminal Device, Perc Approach
02733Z6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, Percutaneous Approach
02733ZZ	Dilation of Coronary Artery, Four or More Sites, Percutaneous Approach
0273446	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
027344Z	Dilation of Coronary Artery, Four or More Sites with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
02734D6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02734DZ	Dilation of Coronary Artery, Four or More Sites with Intraluminal Device, Percutaneous Endoscopic Approach
02734Z6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, Percutaneous Endoscopic Approach
02734ZZ	Dilation of Coronary Artery, Four or More Sites, Percutaneous Endoscopic Approach

continued from Appendix C

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
Atherectomy	
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Perc Approach
02C04Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach
02C04ZZ	Extirpation of Matter from Coronary Artery, One Artery, Perc Endoscopic Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Perc Approach
02C14Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach
02C14ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Perc Endoscopic Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Perc Approach
02C24Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach
02C24ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Perc Endoscopic Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach
02C34Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach
02C34ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach

Appendix D: Peripheral arterial ICD-10 procedure codes

ICD-10
procedureⁱⁱ ICD-10 procedure description

Arterial IVUS (non-coronary)

B34HZZ3	Ultrasonography of Right Upper Extremity Arteries, Intravascular
B34JZZ3	Ultrasonography of Left Upper Extremity Arteries, Intravascular
B34KZZ3	Ultrasonography of Bilateral Upper Extremity Arteries, Intravascular
B44FZZ3	Ultrasonography of Right Lower Extremity Arteries, Intravascular
B44GZZ3	Ultrasonography of Left Lower Extremity Arteries, Intravascular
B44HZZ3	Ultrasonography of Bilateral Lower Extremity Arteries, Intravascular
B44LZZ3	Ultrasonography of Femoral Artery, Intravascular

Dilation (angioplasty or mechanical thrombectomy), drug coated balloons

047K341	Dilation of right femoral artery with drug eluting intraluminal device using drug coated balloon, percutaneous approach
047K3D1	Dilation of right femoral artery with intraluminal device using drug coated balloon, percutaneous approach
047K3Z1	Dilation of right femoral artery using drug coated balloon, percutaneous approach
047K441	Dilation of right femoral artery with drug eluting intraluminal device using drug coated balloon, percutaneous endoscopic approach
047K4D1	Dilation of right femoral artery with intraluminal device using drug coated balloon, percutaneous endoscopic approach
047K4Z1	Dilation of right femoral artery using drug coated balloon, perc endoscopic approach
047L341	Dilation of left femoral artery with drug eluting intraluminal device using drug coated balloon, percutaneous approach
047L3D1	Dilation of left femoral artery with intraluminal device using drug coated balloon, perc Approach
047L3Z1	Dilation of left femoral artery using drug coated balloon, percutaneous approach
047L441	Dilation of left femoral artery with drug eluting intraluminal device using drug coated balloon, percutaneous endoscopic approach
047L4D1	Dilation of left femoral artery with intraluminal device using drug coated balloon, Percutaneous endoscopic approach
047L4Z1	Dilation of left femoral artery using drug coated balloon, percutaneous endoscopic Approach
047M341	Dilation of right popliteal artery with drug-eluting intraluminal device using drug-coated balloon, percutaneous approach
047M3D1	Dilation of right popliteal artery with intraluminal device using drug-coated balloon, percutaneous approach
047M3Z1	Dilation of right popliteal artery using drug-coated balloon, percutaneous approach
047M441	Dilation of right popliteal artery with drug-eluting intraluminal device using drug-coated balloon, percutaneous endoscopic approach
047M4D1	Dilation of right popliteal artery with intraluminal device using drug-coated balloon, percutaneous endoscopic approach
047M4Z1	Dilation of right popliteal artery using drug-coated balloon, perc endoscopic approach

continued from Appendix D

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
047N341	Dilation of left popliteal artery with drug-eluting intraluminal device using drug-coated balloon, percutaneous approach
047N3D1	Dilation of left popliteal artery with intraluminal device using drug-coated balloon, percutaneous approach
047N3Z1	Dilation of left popliteal artery using drug-coated balloon, percutaneous approach
047N441	Dilation of left popliteal artery with drug-eluting intraluminal device using drug-coated balloon, percutaneous endoscopic approach
047N4D1	Dilation of left popliteal artery with intraluminal device using drug-coated balloon, percutaneous endoscopic approach
047N4Z1	Dilation of left popliteal artery using drug-coated balloon, perc endoscopic approach
Dilation (angioplasty or mechanical thrombectomy), iliac	
047C34Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047C3ZZ	Dilation of Right Common Iliac Artery, Percutaneous Approach
047C44Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047C4DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach
047D34Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047D3ZZ	Dilation of Left Common Iliac Artery, Percutaneous Approach
047D44Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047D4DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047D4ZZ	Dilation of Left Common Iliac Artery, Percutaneous Endoscopic Approach
047E34Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047E3DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
047E3ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Approach
047E44Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047E4DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047E4ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Endoscopic Approach
047F34Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach
047F44Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047F4DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Perc Endoscopic Approach

continued from Appendix D

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
047F4ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Endoscopic Approach
047H34Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047H3DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Approach
047H3ZZ	Dilation of Right External Iliac Artery, Percutaneous Approach
047H44Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047H4DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047H4ZZ	Dilation of Right External Iliac Artery, Percutaneous Endoscopic Approach
047J34Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047J3DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Approach
047J3ZZ	Dilation of Left External Iliac Artery, Percutaneous Approach
047J44Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047J4DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047J4ZZ	Dilation of Left External Iliac Artery, Percutaneous Endoscopic Approach
04CC3Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Percutaneous Approach
04CC3ZZ	Extirpation of Matter from Right Common Iliac Artery, Percutaneous Approach
04CD3Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Percutaneous Approach
04CD3ZZ	Extirpation of Matter from Left Common Iliac Artery, Percutaneous Approach
04CE3Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Percutaneous Approach
04CE3ZZ	Extirpation of Matter from Right Internal Iliac Artery, Percutaneous Approach
04CF3Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Percutaneous Approach
04CF3ZZ	Extirpation of Matter from Left Internal Iliac Artery, Percutaneous Approach
04CH3Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Percutaneous Approach
04CH3ZZ	Extirpation of Matter from Right External Iliac Artery, Percutaneous Approach
04CJ3Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Percutaneous Approach
04CJ3ZZ	Extirpation of Matter from Left External Iliac Artery, Percutaneous Approach
Dilation (angioplasty or mechanical thrombectomy), femoral/popliteal	
047K34Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach
047K3ZZ	Dilation of Right Femoral Artery, Percutaneous Approach
047K44Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047K4DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047K4ZZ	Dilation of Right Femoral Artery, Percutaneous Endoscopic Approach
047L34Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach

continued from Appendix D

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
047L3DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Approach
047L3ZZ	Dilation of Left Femoral Artery, Percutaneous Approach
047L44Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047L4DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047L4ZZ	Dilation of Left Femoral Artery, Percutaneous Endoscopic Approach
047M34Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Perc Approach
047M3DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach
047M3ZZ	Dilation of Right Popliteal Artery, Percutaneous Approach
047M44Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047M4DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Perc Endoscopic Approach
047M4ZZ	Dilation of Right Popliteal Artery, Percutaneous Endoscopic Approach
047N34Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Perc Approach
047N3DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Approach
047N3ZZ	Dilation of Left Popliteal Artery, Percutaneous Approach
047N44Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047N4DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047N4ZZ	Dilation of Left Popliteal Artery, Percutaneous Endoscopic Approach
Dilation (angioplasty or mechanical thrombectomy), tibial/peroneal	
047P34Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Perc Approach
047P3DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047P3ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Approach
047P44Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047P4DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Perc Endoscopic Approach
047P4ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Endoscopic Approach
047Q34Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Perc Approach
047Q3DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047Q3ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Approach
047Q44Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047Q4DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Perc Endoscopic Approach
047Q4ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Endoscopic Approach
047R34Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Perc Approach
047R3DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach

continued from Appendix D

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
047R3ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Approach
047R44Z	Dilation of Right Posterior Tibial Artery w Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047R4DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Perc Endoscopic Approach
047R4ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Endoscopic Approach
047S34Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Perc Approach
047S3DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047S3ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Approach
047S44Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047S4DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Perc Endoscopic Approach
047S4ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Endoscopic Approach
047T34Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Perc Approach
047T3DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Approach
047T3ZZ	Dilation of Right Peroneal Artery, Percutaneous Approach
047T44Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047T4DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Perc Endoscopic Approach
047T4ZZ	Dilation of Right Peroneal Artery, Percutaneous Endoscopic Approach
047U34Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Perc Approach
047U3DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Approach
047U3ZZ	Dilation of Left Peroneal Artery, Percutaneous Approach
047U44Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047U4DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047U4ZZ	Dilation of Left Peroneal Artery, Percutaneous Endoscopic Approach
Atherectomy, Femoral/popliteal	
04CK3Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Percutaneous Approach
04CK3ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Approach
04CK4Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Perc Endoscopic Approach
04CK4ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Endoscopic Approach
04CL3Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Percutaneous Approach
04CL3ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Approach
04CL4Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Perc Endoscopic Approach
04CL4ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Endoscopic Approach

continued from Appendix D

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
04CM3Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Percutaneous Approach
04CM3ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Approach
04CM4Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Perc Endoscopic Approach
04CM4ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Endoscopic Approach
04CN3Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Percutaneous Approach
04CN3ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Approach
04CN4Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Perc Endoscopic Approach
04CN4ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Endoscopic Approach
Atherectomy, tibial/peroneal	
04CP3Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Perc Approach
04CP3ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Approach
04CP4Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Perc Endoscopic Approach
04CP4ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Endoscopic Approach
04CQ3Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach
04CQ3ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Approach
04CQ4Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Perc Endoscopic Approach
04CQ4ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Endoscopic Approach
04CR3Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach
04CR3ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Approach
04CR4Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Perc Endoscopic Approach
04CR4ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Endoscopic Approach
04CS3Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach
04CS3ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Approach
04CS4Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Perc Endoscopic Approach
04CS4ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Endoscopic Approach
04CT3Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Approach
04CT3ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Approach
04CT4Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Perc Endoscopic Approach
04CT4ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Endoscopic Approach
04CU3Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Approach
04CU3ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Approach
04CU4Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Perc Endoscopic Approach
04CU4ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Endoscopic Approach

Appendix E: Peripheral venous ICD-10 procedure codes

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
Venous IVUS (non-coronary)	
B543ZZ3	Ultrasonography of Right Jugular Veins, Intravascular
B544ZZ3	Ultrasonography of Left Jugular Veins, Intravascular
B546ZZ3	Ultrasonography of Right Subclavian Vein, Intravascular
B547ZZ3	Ultrasonography of Left Subclavian Vein, Intravascular
B548ZZ3	Ultrasonography of Superior Vena Cava, Intravascular
B549ZZ3	Ultrasonography of Inferior Vena Cava, Intravascular
B54BZZ3	Ultrasonography of Right Lower Extremity Veins, Intravascular
B54CZZ3	Ultrasonography of Left Lower Extremity Veins, Intravascular
B54DZZ3	Ultrasonography of Bilateral Lower Extremity Veins, Intravascular
B54JZZ3	Ultrasonography of Right Renal Vein, Intravascular
B54KZZ3	Ultrasonography of Left Renal Vein, Intravascular
B54LZZ3	Ultrasonography of Bilateral Renal Veins, Intravascular
B54MZZ3	Ultrasonography of Right Upper Extremity Veins, Intravascular
B54NZZ3	Ultrasonography of Left Upper Extremity Veins, Intravascular
B54PZZ3	Ultrasonography of Bilateral Upper Extremity Veins, Intravascular
B54TZZ3	Ultrasonography of Portal and Splanchnic Veins, Intravascular
Dilation with stent (angioplasty or mechanical thrombectomy)	
067C3DZ	Dilation of Right Common Iliac Vein with Intraluminal Device, Percutaneous Approach
067C4DZ	Dilation of Right Common Iliac Vein with Intraluminal Device, Perc Endoscopic Approach
067D3DZ	Dilation of Left Common Iliac Vein with Intraluminal Device, Percutaneous Approach
067D4DZ	Dilation of Left Common Iliac Vein with Intraluminal Device, Perc Endoscopic Approach
067F3DZ	Dilation of Right External Iliac Vein with Intraluminal Device, Percutaneous Approach
067F4DZ	Dilation of Right External Iliac Vein with Intraluminal Device, Perc Endoscopic Approach
067G3DZ	Dilation of Left External Iliac Vein with Intraluminal Device, Percutaneous Approach
067G4DZ	Dilation of Left External Iliac Vein with Intraluminal Device, Perc Endoscopic Approach
067N3DZ	Dilation of Left Femoral Vein with Intraluminal Device, Percutaneous Approach
067N4DZ	Dilation of Left Femoral Vein with Intraluminal Device, Perc Endoscopic Approach
067Q3DZ	Dilation of Left Saphenous Vein with Intraluminal Device, Percutaneous Approach
067Q4DZ	Dilation of Left Saphenous Vein with Intraluminal Device, Perc Endoscopic Approach
067M3DZ	Dilation of Right Femoral Vein with Intraluminal Device, Percutaneous Approach
067M4DZ	Dilation of Right Femoral Vein with Intraluminal Device, Perc Endoscopic Approach
067P3DZ	Dilation of Right Saphenous Vein with Intraluminal Device, Percutaneous Approach
067P4DZ	Dilation of Right Saphenous Vein with Intraluminal Device, Perc Endoscopic Approach

Appendix F: AV Fistula – dialysis circuit ICD-10 procedure codes

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
Extirpation of vein (atherectomy or mechanical thrombectomy)	
06CC3ZZ	Extirpation of Matter from Right Common Iliac Vein, Percutaneous Approach
06CD3ZZ	Extirpation of Matter from Left Common Iliac Vein, Percutaneous Approach
06CF3ZZ	Extirpation of Matter from Right External Iliac Vein, Percutaneous Approach
06CG3ZZ	Extirpation of Matter from Left External Iliac Vein, Percutaneous Approach
06CM3ZZ	Extirpation of Matter from Right Femoral Vein, Percutaneous Approach
06CN3ZZ	Extirpation of Matter from Left Femoral Vein, Percutaneous Approach
AV access imaging	
B34HZZ3	Ultrasonography of Right Upper Extremity Arteries, Intravascular
B34JZZ3	Ultrasonography of Left Upper Extremity Arteries, Intravascular
B34KZZ3	Ultrasonography of Bilateral Upper Extremity Arteries, Intravascular
B44FZZ3	Ultrasonography of Right Lower Extremity Arteries, Intravascular
B44GZZ3	Ultrasonography of Left Lower Extremity Arteries, Intravascular
B44HZZ3	Ultrasonography of Bilateral Lower Extremity Arteries, Intravascular
B44LZZ3	Ultrasonography of Femoral Artery, Intravascular
B54BZZ3	Ultrasonography of Right Lower Extremity Veins, Intravascular
B54CZZ3	Ultrasonography of Left Lower Extremity Veins, Intravascular
B54DZZ3	Ultrasonography of Bilateral Lower Extremity Veins, Intravascular
B54MZZ3	Ultrasonography of Right Upper Extremity Veins, Intravascular
B54NZZ3	Ultrasonography of Left Upper Extremity Veins, Intravascular
B54PZZ3	Ultrasonography of Bilateral Upper Extremity Veins, Intravascular
B3110ZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using High Osmolar Contrast
B3111ZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using Low Osmolar Contrast
B311YZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using Other Contrast
Dialysis circuit AV access repair (w/drug-eluting device)	
0377346	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device,
0377356	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
0377366	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
0377376	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037734Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Perc Approach
037735Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices,
037736Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Perc Approach

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ICD-10 procedure ⁱⁱ	ICD-10 procedure description
037737Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
0377446	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037744Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
0377456	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037745Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0377466	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037746Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0377476	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037747Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0378346	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0378356	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
0378366	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
0378376	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037834Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037835Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Perc Approach
037836Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Perc Approach
037837Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
0378446	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037844Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
0378456	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037845Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0378466	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037846Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0378476	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach

continued from Appendix F

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
037847Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037B346	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
037B34Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037B356	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037B35Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Perc Approach
037B366	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
037B36Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Perc Approach
037B376	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037B37Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037B446	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037B44Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037B456	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037B45Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037B466	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037B46Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037B476	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037B47Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037C346	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
037C34Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037C356	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037C35Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Perc Approach
037C366	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
037C36Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Perc Approach
037C376	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037C37Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037C446	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach

continued from Appendix F

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
037C44Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037C456	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037C45Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037C466	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037C46Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037C476	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037C47Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach

Appendix G: Lead extraction and cardiac rhythm management ICD-10 procedure codes

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
Lead extraction	
02PA3MZ	Removal of Cardiac Lead from Heart, Percutaneous Approach
02PA4MZ	Removal of Cardiac Lead from Heart, Percutaneous Endoscopic Approach
Cardiac rhythm management, De Novo implants	
0JH637Z	Insertion Cardiac Resynchronization Pacemaker Pulse Generator in Chest Subcutaneous/ Fascia, Perc
0JH837Z	Insertion Cardiac Resynchronization Pacemaker Pulse Generator in Abdomen Subcutaneous /Fascia, Perc
02HK3JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach
02HK4JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Endoscopic Approach
02HL3JZ	Insertion of Pacemaker Lead into Left Ventricle, Percutaneous Approach
02HL4JZ	Insertion of Pacemaker Lead into Left Ventricle, Percutaneous Endoscopic Approach
02H63JZ	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Approach
02H64JZ	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Endoscopic Approach
0JH639Z	Insertion Cardiac Resynchronization Defibrillator Pulse Generator in Chest Subcutaneous /Fascia, Perc
0JH839Z	Insertion Cardiac Resynchronization Defibrillator Pulse Generator in Abdomen Subcutaneous/Fascia, Perc
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02HK4KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Endoscopic Approach
02HL3KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Approach
02HL4KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Endoscopic Approach
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
02H64KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Endoscopic Approach
02HK3MA	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach
02H63MA	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Approach
0JH637Z	Insertion Cardiac Resynchronization Pacemaker Pulse Generator in Chest Subcutaneous/Fascia, Perc
0JH639Z	Insertion Cardiac Resynchronization Defibrillator Pulse Generator in Chest Subcutaneous/Fascia, Perc
Changeouts and upgrades	
02H43JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Approach
02H44JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Endoscopic Approach
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach
02H44KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Endoscopic Approach
02H43MZ	Insertion of Cardiac Lead into Coronary Vein, Percutaneous Approach

References and endnotes

Questions

Contact Philips Reimbursement Resource Center

Phone: (858) 720.4030

Email: IGTDReimbursement@philips.com

Resources

Third-party sources

- 2025 CPT Professional Edition
- 2016 CPT Changes, An Insider's View
- 2017 CPT Changes, An Insider's View
- CPT Assistant
- 2025 ICD-10-CM and ICD-10-PCS: The Complete Official Codebook

Endnotes

1. Refer to ICD-10-CM 2025: The Complete Official Codebook for a complete list of diagnosis codes.
2. Refer to ICD-10-PCS 2025: The Complete Official Codebook for a complete list of procedure codes and specific character codes.
3. Medicare Inpatient Prospective Payment System (IPPS) FY 2025 Final Rule, Table 5. Payment rates assume full update amount for hospitals which have submitted quality data and hospitals have a wage index greater than 1.
4. MCC - Major complications and comorbidities; CC- complications and comorbidities
5. Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs. CY2025 Final Rule, OPFS Addendum B (111424) and ASC Addenda AA-EE (111424).
6. Medicare Physician Fee Schedule (MPFS) based on Final Policy, Payment, and Quality Provisions in the Medicare Physician Fee Schedule for CY 2025, Addendum B, MPFS 2025, conversion factor \$32.3465, without work floor of 1.00 for Work GPCI, Addendum E. Note: In prior years congressional intervention has resulted in an increase to the MPFS conversion factor. Should an intervention occur for CY 2025, this Reimbursement Guide will be updated to reflect the revised physician payment rates."
7. Physician procedures performed in the facility setting (hospital or ASC) are reimbursed at the physician "facility" rate.
8. Physician procedures performed in the physician office setting or office-based lab (OBL) are reimbursed at the physician "non-facility" rate.
9. CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/ DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
10. RVU: Relative Value Units assigned under the CY2025 Medicare Physician Fee Schedule, Addendum B (110124). For each CPT code, RVUs are assigned to account for the relative resource costs used to provide the service. Each RVU consists of physician work value, practice expense and malpractice expense.
11. Standard payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure (with fee schedule indicator 1, 2 or 3) rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, and by report). Payment based on the lower of: (a) the actual charge or (b) the fee schedule amount reduced by the appropriate percentage. (Modifier -51). 150% payment adjustment for bilateral procedures applies. If the code is billed with the bilateral modifier or is reported twice on the same day by any other means (e.g., with RT and LT modifiers, or with a 2 in the unit field), base the payment for these codes when reported as bilateral procedures on the lower of: (a) the total actual charge for both sides or (b) 150% of the fee schedule amount for a single code. If the code is reported as a bilateral procedure and is reported with other procedure codes on the same day, apply the bilateral adjustment before applying any multiple procedure rules.
12. APC Status: Status J1: Comprehensive APC – accounts for all costs and component services typically involved in the provision of the complete primary procedure; Status N: No separate APC payment. Packaged into payment for other services; Status Q2: T-Packaged Codes - Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator "T" or "J1". In other circumstances, payment is made through a separate APC payment.
13. C-APC Complexity Adjustments, CY2025 OPFS and ASC Final Rule, Addendum J; ASC Complexity Adjustments 2025 NFRM ASC CPX Supplemental File.

