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Therapy

Diagnostic and interventional procedures

2022 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 2022: The Complete Official Codebook for complete coding options.

ICD-10 procedure²

Possible ICD-10 procedure code options are listed in Appendices A-E 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 2022: The Complete Official Codebook for complete coding options and guidelines.

Questions

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Table of contents

Coronary	4
Hospital inpatient	4
Hospital outpatient, ASC, physician	4
HCPCS supply code	9
Peripheral arterial	10
Hospital inpatient	10
Hospital outpatient, ASC, physician	10
HCPCS supply code	14
Peripheral venous	15
Hospital inpatient	15
Hospital outpatient, ASC, physician	15
HCPCS supply code	17
AV fistula – dialysis circuit	18
Hospital inpatient	18
Hospital outpatient, ASC, physician	18
HCPCS supply code	20
Lead extraction and cardiac rhythm management	22
Hospital inpatient	22
Hospital outpatient, ASC, physician	22
HCPCS supply code	24
Appendices	25
Appendix A: Coronary ICD-10 procedure codes	25
Appendix B: Peripheral arterial ICD-10 procedure codes	28
Appendix C: Peripheral venous ICD-10 procedure codes	34
Appendix D: AV fistula–dialysis circuit ICD-10 procedure codes	35
Appendix E: Lead extraction and cardiac rhythm management ICD-10 procedure codes	41
Appendix F: HCPCS - Device/supply codes	42
References and endnotes	44

Coronary

Hospital inpatient - Diagnosis Related Groups (DRG)

MS-DRG	Description	Medicare 2022 payment ³
231	Coronary bypass with PTCA with MCC ⁴	\$57,475
232	Coronary bypass with PTCA without MCC	\$39,261
246	Percutaneous cardiovascular proc with drug-eluting stent with MCC or 4+ vessels/stents	\$20,602
247	Percutaneous cardiovascular proc with drug eluting stent without MCC	\$13,012
248	Percutaneous cardiovascular proc w non-drug-eluting stent with MCC or 4+ vessels/stents	\$20,852
249	Percutaneous cardiovascular proc w non-drug-eluting stent without MCC	\$12,356
250	Percutaneous cardiovascular procedures without coronary artery stent with MCC	\$16,629
251	Percutaneous cardiovascular procedures without coronary artery stent without MCC	\$10,936
286	Circulatory disorders except AMI, with card cath with MCC	\$14,087
287	Circulatory disorders except AMI, with card cath without MCC	\$7,353

Hospital outpatient, ASC, physician

CPT code ⁹	CPT description	Medicare 2022 payment ^{5,6}						
		Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
	Total Rvu ¹⁰		Payment ¹¹	Total rvu ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²	

Cardiac catheterization

93454	Catheter placement in coronary artery(s) for coronary angiography, inc intraprocedural injection(s) for coronary angiography, imaging S&I	4.54	7.01	\$243	28.02	\$970	\$1,438	5191/J1 \$2,962
93455	; with catheter placement(s) in bypass graft(s), inc intra procedural injection(s) for bypass graft angiography	5.29	8.14	\$282	31.15	\$1,078	\$1,438	5191/J1 \$2,962
93456	; with right heart catheterization	5.90	9.08	\$314	34.81	\$1,205	\$1,438	5191/J1 \$2,962
93457	; with catheter placement(s) in bypass graft(s) (inc intra-procedural injection(s) for bypass graft angiography and right heart cath	6.64	10.24	\$354	37.97	\$1,314	\$1,438	5191/J1 \$2,962
93458	; with left heart cath including intraprocedural inj for left ventriculography, if performed	5.60	8.62	\$298	32.12	\$1,112	\$1,438	5191/J1 \$2,962

continued from Coronary

Medicare 2022 payment^{5,6}

CPT code ⁹	CPT description	Physician						ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)		Payment		
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹		Payment	Group/status payment ¹²
93459	; with left heart cath Inc intra-procedural injection(s) for left ventriculography.. catheter placement(s) in bypass graft(s) with bypass graft angiography	6.35	9.78	\$338	34.54	\$1,195	\$1,438	5191/J1 \$2,962	
93460	; with right and left heart cath inc intraprocedural injection(s) for left ventriculography, when performed	7.10	10.95	\$379	38.38	\$1,328	\$1,438	5191/J1 \$2,962	
93461	; with right and left heart cath inc intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) with bypass graft angiography	7.85	12.10	\$419	42.31	\$1,464	\$1,438	5191/J1 \$2,962	
+93563	Injection procedure during cardiac cath inc imaging S&I and report; for selective coronary angio during congenital heart cath (List separately in addition to code for primary procedure)	1.11	1.70	\$59	1.70	\$59	Not payable	Pkgd	
+93564	; for selective opacification of aorto-coronary venous or arterial bypass graft(s) to one or more coronary arteries and in situ arterial conduits, whether native or used for bypass to 1 or more coronary arteries during congenital heart cath ..(List separately in addition to code for primary procedure)	1.13	1.77	\$61	1.77	\$61	Not payable	Pkgd	

Intracardiac Echocardiography (ICE)

ICE is an add-on code that may be used in conjunction with cardiac catheterization primary codes. The list of primary procedure codes billable with ICE include 33274, 33275], 33340, 33361-33366, 33418, 33477, 33741, 33745, 92986-92987, 92990, 92997, 93451-93461, 93505, 93580-93583, 93590-93591, 93593-93597, 93620, 93653-93654, 93656, 0345T, 0483T-0484T, 0543T, 0544T, 0545T)

+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	1.44	2.67	\$92	Not payable	Not payable	Pkgd
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CPT Copyright 2022 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.

continued from Coronary

Medicare 2022 payment^{5,6}

CPT code ⁹	CPT description	Physician					ASC	Hospital outpatient APC
		Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)				
		Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²
Coronary intravascular ultrasound (IVUS)								
+92978	Endoluminal imaging of coronary vessel or graft using intra-vascular 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	\$96	Not payable	Not payable	Pkgd	
+92979	: each additional vessel (List separately in addition to code for primary procedure)	1.44	2.21	\$76	Not payable	Not payable	Pkgd	
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	\$73	Not payable	Pkgd	Pkgd	
+93572	; each addl vessel (List separately in addition to code for primary procedure)	1.00	1.55	\$54	Not payable	Pkgd	Pkgd	
Coronary intervention								
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	9.85	15.53	\$537	Not payable	\$3,127	5192/J1 \$5,062	
+92921	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	\$0	Not payable	Pkgd	Pkgd	
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	11.74	18.51	\$641	Not payable	Not payable	5193/J1 \$10,258	
+92925	; each addl branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	\$0	Not payable	Not payable	Pkgd	
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angio-plasty when performed; single major coronary artery or branch	10.96	17.28	\$598	Not payable	\$6,111	5193/J1 \$10,258	
+92929	; each addl branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	\$0	Not payable	Pkgd	Pkgd	

*Modifier 52 must be added to the FFR code to indicate reduced service due to lack of pharmacologically induced stress (i.e., 93571 -52).

continued from Coronary

Medicare 2022 payment^{5,6}

CPT code ⁹	CPT description	Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	12.29	19.38	\$671		Not payable		5194/J1 \$16,402
+92934	; each addl branch of a major coronary artery (List separately in addtn to primary procedure)	0	0	\$0		Not payable		Pkgd
92937	Percutaneous transluminal revascularization of or through CABG, any combination of intra-coronary stent, atherectomy and angioplasty, inc distal protection when performed; single vessel	10.95	17.26	\$597		Not payable		5193/J1 \$10,258
+92938	; each addl branch subtended by the bypass graft (List separately in addition to code for primary procedure)	0	0	\$0		Not payable		Pkgd
92941	Percutaneous transluminal revasc of acute total/subtotal occlusion during AMI, coronary artery or CABG, any comb of intracoronary stent, atherectomy and angioplasty, inc aspiration thrombectomy when performed, single vessel	12.31	19.42	\$672		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	19.42	\$672		Not payable		5193/J1 \$10,258
+92944	; each addl coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	0	0	\$0		Not payable		Pkgd

Drug-eluting stent (DES)

C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Facility-only (device) code					\$6,404	5193/J1 \$10,258
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continued from Coronary

Medicare 2022 payment^{5,6}

CPT code ⁹	CPT description	Physician					ASC	Hospital outpatient APC	
		Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)		Payment			Group/status payment ¹²
		Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰				
+C9601	; each additional branch of a major coronary artery	Facility-only (device) code					Pkgd	Pkgd	
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Facility-only (device) code					Not payable	5194/J1 \$16,402	
+C9603	; each addl branch of a major coronary artery (List separately in addition to code for primary procedure)	Facility-only (device) code					Not payable	Pkgd	
C9604	Percutaneous transluminal revascularization of or through CABG., any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Facility-only (device) code					Not payable	5193/J1 \$10,258	
+C9605	; each additional branch subtended by the bypass graft (List separately in addition to primary procedure)	Facility-only (device) code					Not payable	Pkgd	
C9606	Percutaneous transluminal revascularization of acute total/ subtotal occlusion during acute myocardial infarction, coronary artery or CABG, any combination of drug-eluting intracoronary stent, atherectomy and angio, inc aspiration thrombectomy when performed, single vessel	Facility-only (device) code					Not payable	Inpatient only procedure	
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	Facility-only (device) code					Not payable	5194/J1 \$16,402	
+C9608	; each addl coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	Facility-only (device) code					Not payable	Pkgd	

continued from Coronary

HCPCS supply codes

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals and ASCs should report C-codes. While the device codes are not paid separately from the procedure, the assignment of charges and reporting of these codes, identify device-related costs. This information is important for future rate-setting by Medicare. Private payers' policies vary regarding use of C-codes.

HCPCS	Description	Device name	APC/payment
C1725	Catheter, transluminal angioplasty, non-laser (may inc guidance, infusion/perfusion capability)	Angiosculpt PTCA	Pkgd
C1753	Catheter, intravascular ultrasound	Eagle Eye Platinum REFINITY Rotational IVUS Catheter	Pkgd
C1759	Catheter, intracardiac echocardiography	VeriSight Pro (2D/3D)	Pkgd
C1769	Guide wire	VerrataPlus	Pkgd
C1885	Catheter, transluminal angioplasty, Laser	ELCA	Pkgd

Medicare C-APC Complexity Adjustment Coronary¹³

CMS applies a "complexity adjustment" in the hospital outpatient setting 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 within the same clinical family of Comprehensive APCs.

The full list of C-APCs, the data CMS used to evaluate each C-APC and the approved complexity adjustments are found in Addendum J of the CMS CY2022 OPPS Final Rule available at: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/cms-1753-fc>.

Peripheral arterial

Hospital inpatient - Diagnosis Related Groups (DRG)

MS-DRG	Description	Medicare 2022 payment ³
Thrombectomy / Atherectomy with or without stent		
270	Other Major Cardiovascular Procedures w MCC	\$34,204
271	Other Major Cardiovascular Procedures w CC	\$23,511
272	Other Major Cardiovascular Procedures w/o CC/MCC	\$17,727
Angioplasty with or without stent		
252	Other Vascular Procedures with MCC	\$21,930
253	Other Vascular Procedures with CC	\$17,498
254	Other Vascular Procedures w/o CC/MCC	\$11,974

Hospital outpatient, ASC, physician

CPT code ⁹	CPT description	Medicare 2022 payment ^{5,6}						
		Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
Total RVU ¹⁰	Payment ¹¹		Total RVU ¹⁰	Payment ¹¹	Payment			
Selective catheter placement								
36245	Selective catheter placement, arterial system; each 1st order abd, pelvic, or lower extremity artery branch	4.65	6.86	\$237	38.45	\$1,331	Pkgd	Pkgd
36246	; initial second order	5.02	7.37	\$255	25.78	\$892	Pkgd	Pkgd
36247	; initial third order or more	6.04	8.69	\$301	44.09	\$1,526	Pkgd	Pkgd
+36248	; addl second order, third order, and beyond (List in add to code for init 2nd or 3rd order vessel)	1.01	1.40	\$48	3.55	\$123	Pkgd	Pkgd

continued from Peripheral arterial

Medicare 2022 payment^{5,6}

CPT code ⁹	CPT description	Physician					ASC Payment	Hospital outpatient APC Group/status payment ¹²
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	
Diagnostic angiography								
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	1.75	2.44	\$84	4.52	\$156	Pkgd	5183/Q2 \$2,924
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	1.97	2.73	\$94	4.88	\$169	Pkgd	5183/Q2 \$2,924
+75774	Angiography, selective, each additional vessel studied after basic exam, radiological supervision and interpretation (List separately in addition to code for primary procedure)	1.01	1.37	\$47	2.91	\$101	Pkgd	Pkgd
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	2.59	\$90	29.65	\$1,026	Pkgd	Pkgd
+37253	; each additional non-coronary vessel (list separately in addition to code for primary procedure)	1.44	2.05	\$71	5.07	\$175	Pkgd	Pkgd
Endovascular revascularization—iliac								
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	7.90	11.70	\$405	78.27	\$2,709	\$2,922	5192/J1 \$5,062
37221	; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	9.75	14.42	\$499	96.58	\$3,342	\$6,372	5193/J1 \$10,258
+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	5.43	\$188	18.92	\$655	Pkgd	Pkgd
+37223	; with transluminal stentplacement(s), Inc angioplasty w/in same vessel, when performed (List separately in addition to primary procedure)	4.25	6.21	\$215	39.91	\$1,381	Pkgd	Pkgd

continued from Peripheral arterial

Medicare 2022 payment^{5,6}

CPT code ⁹	CPT description	Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²

Endovascular revascularization—femoral/popliteal

37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; w transluminal angioplasty	8.75	12.97	\$449	91.57	\$3,169	\$3,142	5192/J1 \$5,062
37225	; with transluminal angioplasty with atherectomy, including angioplasty within the same vessel	11.75	17.52	\$606	276.03	\$9,552	\$6,901	5193/J1 \$10,258
37226	; with transluminal angioplasty w transluminal stent placement(s), includes angioplasty within the same vessel when performed	10.24	15.17	\$525	257.50	\$8,911	\$6,673	5193/J1 \$10,258
37227	; with transluminal stent placement(s) and atherectomy, inc angioplasty within the same vessel	14.25	20.99	\$726	353.69	\$12,240	\$11,534	5194/ J1 \$16,402

Endovascular revascularization—tibial/peroneal

37228	Revascularization, endovasc, open or perc, tibial, peroneal artery, unilateral, initial vessel; w transluminal angioplasty	10.75	15.80	\$547	130.22	\$4,506	\$5,939	5193/J1 \$10,258
37229	; with atherectomy, includes angioplasty within the same vessel, when performed	13.80	20.31	\$703	279.39	\$9,669	\$10,774	5194/J1 \$16,402
37230	; with transluminal stent placement(s), inc angioplasty within the same vessel	13.55	20.33	\$703	281.17	\$9,730	\$10,623	5194/J1 \$16,402
37231	; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel when performed	14.75	21.48	\$743	366.87	\$12,696	\$10,812	5194/J1 \$16,402
+37232	; with transluminal angioplasty (List separately in add to primary procedure)	4.00	5.80	\$201	25.40	\$879	Pkgd	Pkgd
+37233	; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to primary procedure)	6.50	9.45	\$327	31.83	\$1,102	Pkgd	Pkgd

continued from Peripheral arterial

Medicare 2022 payment^{5,6}

CPT code ⁹	CPT description	Physician						ASC	Hospital outpatient APC
		Facility ⁷ (hospital/ASC)			Non facility ⁸ (OBL)				
		Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²	
+37234	; with transluminal stent placement(s), inc angioplasty w in the same vessel when performed (List separately in addition to code for primary)	5.50	8.26	\$286	113.28	\$3,920	Pkgd	Pkgd	
+37235	each addl vessel; with stent placement and atherectomy, including angioplasty within the same vessel, when performed (List separately in add to primary procedure)	7.80	11.18	\$387	121.24	\$4,196	Pkgd	Pkgd	

Mechanical thrombectomy - arterial

37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, incl fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	8.41	12.56	\$435	53.30	\$1,845	\$6,787	5193/J1 \$10,258
+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	4.74	\$164	14.56	\$504	Pkgd	Pkgd

Secondary thrombectomy/embolectomy

+37186	Secondary perc transluminal thrombectomy (nonprimary mech, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, inc fluoro and intra-procedural pharma thrombolytic inj, provided in w/ another perc intervention (List separately)	4.92	7.11	\$246	36.98	\$1,280	Pkgd	Pkgd
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continued from Peripheral arterial

HCPCS supply codes

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals and ASCs should report C-codes. While the device codes are not paid separately from the procedure, the assignment of charges and reporting of these codes, identify device-related costs. This information is important for future rate-setting by Medicare. Private payers' policies vary regarding use of C-codes.

HCPCS	Description	Device name	APC/ payment
C1724	Catheter, transluminal atherectomy, rotational	Phoenix Atherectomy catheter	Pkgd
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	AngioSculpt PTA scoring balloon catheter	Pkgd
C1753	Catheter, intravascular ultrasound	Visions PV intravascular ultrasound catheter	Pkgd
C1757	Catheter, thrombectomy/embolectomy	QuickCat Extraction catheter	Pkgd
C1773	Retrieval device, insertable	Quick-Cross Capture guidewire retriever	Pkgd
C1876	Stent, non-coated/non-covered, with delivery system	Tack endovascular system	Pkgd
C1885	Catheter, transluminal angioplasty, laser	Turbo-Power laser atherectomy catheter Turbo-Elite laser atherectomy catheter QuickClear mechanical thrombectomy catheter	Pkgd
C1887	Catheter, guiding (may include infusion/perfusion capability)	Pioneer Plus IVUS-guided re-entry catheter Quick-Cross Support Quick-Cross Extreme support Quick-Cross Select support catheters	Pkgd
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	Stellarex drug-coated balloon	Pkgd

*Turbo-Power Laser Atherectomy Catheter is indicated for atherectomy in the native infrainguinal arteries and for treatment of femoropopliteal artery in-stent restenosis with adjunctive PTA.

**Turbo-Elite laser Atherectomy Catheter as a standalone is not indicated for atherectomy unless used in conjunction with Turbo-Tandem

Medicare C-APC Complexity Adjustments – Peripheral Arterial Procedures¹³

CMS applies a “complexity adjustment” in the hospital outpatient setting 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 within the same clinical family of Comprehensive APCs.

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Peripheral venous

Hospital inpatient - diagnosis related groups

MS-DRG	Description	Medicare 2022 payment ³
299	Peripheral vascular disorders with MCC ⁴	\$10,106
300	Peripheral vascular disorders with CC ⁴	\$6,883
301	Peripheral vascular disorders without CC/MCC	\$4,900

Hospital outpatient, ASC, physician

CPT code ⁹	CPT description	Medicare 2022 payment ^{5,6}						
		Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
Total RVU ¹⁰	Payment ¹¹		Total RVU ¹⁰	Payment ¹¹	Payment			

Selective catheter placement

36011	Selective catheter placement, venous system; first order branch (eg,renal vein, jugular vein)	3.14	4.58	\$158	25.25	\$874	Pkgd	Pkgd
36012	; 2nd order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	3.51	5.06	\$175	25.83	\$894	Pkgd	Pkgd

Diagnostic venography

36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	0.95	1.39	\$48	7.94	\$275	Pkgd	Pkgd
75820	Venography, extremity, unilateral, radiological supervision and interp	1.05	1.47	\$51	3.30	\$114	Pkgd	5182/Q2 \$1,436
75822	Venography, extremity, bilateral, radiological supervision and interp	1.48	2.02	\$70	3.99	\$138	Pkgd	5182/J1 \$1,436

continued from Peripheral venous

Medicare 2022 payment^{5,6}

CPT code ⁹	CPT description	Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²
Non-coronary intravascular ultrasound (IVUS)								
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic eval and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (list separately in addn to code for primary procedure)	1.80	2.59	\$90	29.65	\$1,026	Pkgd	Pkgd
+37253	; each additional non-coronary vessel (list separately in addition to code for primary procedure)	1.44	2.05	\$71	5.07	\$175	Pkgd	Pkgd
Venous balloon angioplasty								
37248	Transluminal balloon angioplasty (except dialysis circuit), open or perc, including all imaging and radiological supervision and interp necessary to perform the angioplasty within the same vein; initial vein	6.00	8.65	\$299	42.34	\$1,465	\$2,207	5192/J1 \$5,062
37249	; each additional vein (List separately in addition to code for primary procedure)	2.97	4.23	\$146	13.60	\$471	Pkgd	Pkgd
Venous stent placement								
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interp and inc angioplasty within the same vessel, when performed; initial vein	6.04	8.93	\$309	107.53	\$3,721	\$6,394	5193/J1 \$10,258
+37239	; each addl vein (List separately in addition to primary procedure)	2.97	4.40	\$152	53.15	\$1,839	Pkgd	Pkgd
IVC Filter Removal*								
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach inc vascular access, vessel selection, and radiological supervision and interp, intraprocedural roadmapping, imaging guidance (ultrasound and fluoroscopy), when performed	7.10	10.08	\$349	46.26	\$1,601	Not payable	5183/J1 \$2,924
Mechanical thrombectomy-venous								
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoro guidance	7.78	11.43	\$396	53.40	\$1,848	\$6,686	5193/J1 \$10,258
37188 repeat treatment on subsequent day during course of thrombolytic therapy	5.46	8.09	\$280	45.62	\$1,579	\$1,931	5183/J1 \$2,924

*There is no separate code for IVC filter removal requiring use of laser, however, modifier 22 (unusual procedural service) should be considered for the additional work and complexity involved with use of laser. Documentation of additional time, technique, skill, supplies used will be necessary for payer consideration of additional payment.

continued from Peripheral venous

HCPCS supply code

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals and ASCs should report C-codes. While the device codes are not paid separately from the procedure, the assignment of charges and reporting of these codes, identify device-related costs. This information is important for future rate-setting by Medicare. Private payers' policies vary regarding use of C-codes.

HCPCS	Description	Device name	APC/payment
C1753	Catheter, intravascular ultrasound	Visions PV intravascular ultrasound catheter	Pkgd
C1757	Catheter, thrombectomy/embolectomy	QuickClear mechanical thrombectomy system	Pkgd
C2629	Introducer/sheath, other than guiding, intracardiac electrophysiological, laser	CavaClear Laser Sheath (for IVC filter removal)	Pkgd

Medicare C-APC Complexity Adjustments – Peripheral Venous Procedures¹³

CMS applies a “complexity adjustment” in the hospital outpatient setting 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 within the same clinical family of Comprehensive APCs.

The full list of C-APCs, the data CMS used to evaluate each C-APC and the approved complexity adjustments are found in Addendum J of the CMS CY2022 OPPS Final Rule available at: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/cms-1753-fc>.

AV fistula – dialysis circuit

Hospital inpatient - Diagnosis Related Groups (DRG)

MS-DRG	Description	Medicare 2022 payment ³
252	Other vascular procedures with MCC ⁴	\$21,930
253	Other vascular procedures with CC ⁴	\$17,498
254	Other vascular procedures without CC/MCC	\$11,974

Hospital outpatient, ASC, physician

CPT code ⁹	CPT description	Medicare 2022 payment ^{5,6}						
		Physician					ASC	Hospital outpatient APC
		Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)				
		Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²
Non-coronary intravascular ultrasound (IVUS)								
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological S&I; initial non-coronary vessel (list separately in addn to code for primary procedure)	1.80	2.59	\$90	29.65	\$1,026	Pkgd	Pkgd
+37253	; each additional non-coronary vessel (list separately in addition to code for primary procedure)	1.44	2.05	\$71	5.07	\$175	Pkgd	Pkgd

continued from AV fistula – dialysis circuit

Medicare 2022 payment^{5,6}

CPT code ⁹	CPT description	Physician						ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)		Payment		
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹		Payment	Group/status payment ¹²
Dialysis circuit									
36901*	Introduction of needle(s) and/or catheter(s), dialysis circuit, w diagnostic angiography of the dialysis circuit, inc all direct puncture(s), catheter place-ment(s), injcn(s) of contrast, all imaging from arterial anastomosis and adjacent artery thru entire venous outflow inc inferior or superior vena cava, fluoro, radiological S&I, image documentation and report	3.36	4.91	\$170	21.77	\$753	\$558	5182/J1 \$1,436	
36902**	; with transluminal balloon angioplasty, peripheral dialysis segment, inc all imaging and radiological S&I nec to perform angioplasty	4.83	6.98	\$242	37.41	\$1,295	\$2,207	5192/J1 \$5,062	
36903**	; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, inc all imaging and radiological S&I, and angioplasty within the peripheral dialysis segment	6.39	9.20	\$318	134.68	\$4,661	\$6,588	5193/J1 \$10,258	
36904*	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, inc all imaging and radiological S&I, diagnostic angiography, fluoro, catheter placement, intraprocedural pharmathrombolytic injctn(s)	7.50	10.69	\$370	55.86	\$1,933	\$2,954	5192/J1 \$5,062	
36905**	; with transluminal balloon angioplasty, peripheral dialysis segment, inc all imaging and radiological S&I nec to perform angioplasty	9.00	12.92	\$447	70.83	\$2,451	\$5,669	5193/J1 \$10,258	
36906**	; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, inc all imaging and radiological S&I necessary to perform the stenting, and angioplasty within the peripheral dialysis circuit	10.42	14.85	\$514	170.31	\$5,894	\$10,900	5194/J1 \$16,402	

continued from AV fistula – dialysis circuit

		Medicare 2022 payment ^{5,6}						
		Physician					ASC	Hospital outpatient APC
		Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)				
CPT code ⁹	CPT description	Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²
+36907**	Transluminal balloon angio, central dialysis segment, performed through dialysis circuit, inc all imaging and radiological S&I required to perform angioplasty (List separately in addition to code for primary procedure)	3.00	4.25	\$147	18.25	\$632	Pkgd	Pkgd
+36908**	Transcatheter placement of intravascular stent(s), central dialysis segment, performed thru dialysis circuit, inc all imaging radiological S&I to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	4.25	6.03	\$209	44.22	\$1,530	Pkgd	Pkgd
+36909*	Dialysis circuit permanent vascular embolization or occlusion (inc main circuit or any accessory veins), endovascular, including all imaging and radiological S&I necessary to complete the intervention (List separately in addition to code for primary procedure)	4.12	5.87	\$203	60.38	\$2,090	Pkgd	Pkgd

* Approved for use with Visions PV intravascular ultrasound catheter

**Approved for use with AngioSculpt PTA Scoring Balloon Catheter

HCPCS supply codes

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals report C codes. While the supply codes are not paid separately from the procedure, the assignment of charges and reporting these supply codes, identify device-related costs. This information is important for future rate-setting by Medicare. Private payers' policies vary regarding use of C-codes.

HCPCS	Description	Device name	APC/payment
C1725	Catheter, transluminal angioplasty, non-laser (may inc guidance, infusion/perfusion capability)	AngioSculpt PTA Scoring Balloon Catheter	Pkgd
C1753	Catheter, intravascular ultrasound	Visions PV Intravascular Ultrasound Catheter	Pkgd

continued from AV fistula – dialysis circuit

Medicare C-APC Complexity Adjustments – AV Fistula Procedures¹³

CMS applies a “complexity adjustment” in the hospital outpatient setting 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 within the same clinical family of Comprehensive APCs.

The full list of C-APCs, the data CMS used to evaluate each C-APC and the approved complexity adjustments are found in Addendum J of the CMS CY2022 OPSS Final Rule available at: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/cms-1753-fc>.

Lead extraction and cardiac rhythm management

Hospital inpatient - Diagnosis Related Groups (DRG)

MS-DRG	Description	Medicare 2022 payment ³
Lead extraction		
260	Cardiac pacemaker revision except device replacement w/ MCC ⁴	\$23,524
261	Cardiac pacemaker revision except device replacement w/CC ⁴	\$13,148
262	Cardiac pacemaker revision except device replacement w/o CC/MCC	\$11,251
265	AICD lead procedures	\$22,193
Cardiac rhythm management		
222	Cardiac defib implant w/ cardiac cath w/ AMI/HF/shock w/ MCC	\$52,431
223	Cardiac defib implant w/ cardiac cath w/ AMI/HF/shock w/o MCC	\$38,237
224	Cardiac defib implant w/o cardiac cath w/ AMI/HF/shock w/ MCC	\$49,583
225	Cardiac defib implant w/o cardiac cath w/ AMI/HF/shock w/o MCC	\$37,045
226	Cardiac defib implant w/o cardiac cath w/ MCC	\$43,291
227	Cardiac defib implant w/o cardiac cath w/o MCC	\$34,370
242	Permanent cardiac pacemaker implant w/ MCC	\$24,581
243	Permanent cardiac pacemaker implant w/ CC	\$16,608
244	Permanent cardiac pacemaker implant w/o CC/MCC	\$13,606
258	Cardiac pacemaker device replacement w/ MCC	\$20,891
259	Cardiac pacemaker device replacement w/o MCC	\$13,777

Hospital outpatient, ASC, physician

CPT code ⁹	CPT description	Medicare 2022 payment ^{5,6}						
		Physician				ASC	Hospital outpatient APC	
		Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)				
		Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²
33234	Removal of transvenous pacemaker electrodes; single lead system, atrial or ventric	7.66	14.37	\$497		Not payable	\$2,384	5221/ Q2 \$3,517
33235	Removal of transvenous pacemaker electrode(s), dual lead system	9.90	18.89	\$654		Not payable	\$2,339	5221/ Q2 \$3,517
33244	Removal of single or dual chamber pacing cardioverter defibr electrode(s); by transvenous extraction	13.74	25.68	\$889		Not payable	Not payable	5221/ Q2 \$3,517

continued from Lead extraction and cardiac rhythm management

Medicare 2022 payment^{5,6}

CPT code ⁹	CPT description	Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²
Cardiac rhythm management								
33207	Insertion of new or replacement of PPM with transvenous electrode(s); ventricular	7.80	14.17	\$490	Not payable	\$7,905	5223/J1 \$10,619	
33208	Insertion of new or replacement of PPM with transvenous electrode(s); atrial and ventricular	8.52	15.37	\$532	Not payable	\$8,064	5223/J1 \$10,619	
33216	Insertion of single transvenous electrode, PPM or cardioverter-defibrillator	5.62	11.03	\$382	Not payable	\$5,673	5222/J1 \$8,332	
33217	Insertion of 2 transvenous electrodes, PPM or implantable defibrillator	5.59	10.93	\$378	Not payable	\$7,307	5222/J1 \$8,332	
33218	Repair of single transvenous electrode for a single chamber, PPM or single chamber pacing cardioverter-defibrillator	5.82	11.54	\$399	Not payable	\$1,782	5221/T \$3,517	
33220	Repair of 2 transvenous electrodes for permanent PM or implantable defibrillator	5.90	11.18	\$387	Not payable	\$2,381	5221/T \$3,517	
33223	Relocation of skin pocket for cardioverter-defibrillator	6.30	12.15	\$420	Not payable	\$886	5054/T \$1,749	
33224	Insertion of pacing electrode, cardiac venous system, for LV pacing, w attachment to previously placed PM or pacing cardioverter-defib pulse generator (inc revision of pocket, removal, insrtn and/or replacement of generator)	9.04	15.17	\$525	Not payable	\$7,816	5223/J1 \$10,619	
+33225	Insertion of pacing electrode for LV pacing, at time of insertion of pacing cardio-defib or PM pulse generator (inc upgrade to dual chamber system and pocket revision)	8.33	13.78	\$477	Not payable	Pkgd	Pkgd	
33233	Removal of permanent PM pulse generator only	3.14	6.93	\$240	Not payable	\$5,880	5222/Q2, \$8,332	
33241	Removal of pacing cardioverter-defibrillator pulse generator only	3.04	6.39	\$221	Not payable	\$1,782	5221/Q2 \$3,517	

*There is no separate code for IVC filter removal requiring use of laser, however, modifier 22 (unusual procedural service) should be considered for the additional work and complexity involved with use of laser. Documentation of additional time, technique, skill, supplies used will be necessary for payer consideration of additional payment.

continued from Lead extraction and cardiac rhythm management

		Medicare 2022 payment ^{5,6}						
		Physician				ASC	Hospital outpatient APC	
		Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)				
CPT code ⁹	CPT description	Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Group/status payment ¹²	
33249	Insertion or replacement of perm pacing cardio-defib system w transv lead(s), single or dual chamber	14.92	27.14	\$939	Not payable		\$27,317	5232/J1 \$33,547
37244	Vascular embolization or occlusion, inc of all radiological S&I, intraprocedural road mapping, & imaging guidance; for arterial or venous hemorrhage or lymph extravasation	13.75	19.13	\$662	205.61	\$7,115	Not payable	5193/J1 \$10,258

HCPCS supply codes

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals and ASCs should report C-codes. While the device codes are not paid separately from the procedure, the assignment of charges and reporting of these codes, identify device-related costs. This information is important for future rate-setting by Medicare. Private payers' policies vary regarding use of C codes.

HCPCS	Description	Device name	Payment
C1773	Retrieval device, insertable	LLD (Lead Locking Device) TightRail SightRail dilator sheath set	Pkgd
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	VisiSheath	Pkgd
C1769 and C1894	Guide wire Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	Bridge prep kit	Pkgd
C2628	Catheter, occlusion	Bridge balloon occlusion catheter	Pkgd
C2629	Introducer/sheath, other than guiding, intracardiac electrophysiological, laser	GlideLight SLS II Laser Sheath	Pkgd

Appendices

Appendix A: 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 A

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 A

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
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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 B: 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 B

ICD-10 procedureⁱⁱ	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 B

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 B

ICD-10 procedureⁱⁱ	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 B

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
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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 B

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 C: Peripheral venous ICD-10 procedure codes

ICD-10 procedureⁱⁱ 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 D: 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

continued from Appendix D

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 D

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 D

ICD-10 procedureⁱⁱ	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
Dialysis circuit AV access repair (w/out drug-eluting device)	
03773DZ	Dilation of Right Brachial Artery with Intraluminal Device, Percutaneous Approach
03773E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Perc Approach
03773EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Percutaneous Approach
03773F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Perc Approach
03773FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Percutaneous Approach
03773G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
03773GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Perc Approach
03773Z6	Dilation of Right Brachial Artery, Bifurcation, Percutaneous Approach
03773ZZ	Dilation of Right Brachial Artery, Percutaneous Approach
03774D6	Dilation of Right Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
03774DZ	Dilation of Right Brachial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
03774E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach
03774EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Perc Endoscopic Approach
03774F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach
03774FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Perc Endoscopic Approach
03774G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
03774GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
03774Z6	Dilation of Right Brachial Artery, Bifurcation, Percutaneous Endoscopic Approach
03774ZZ	Dilation of Right Brachial Artery, Percutaneous Endoscopic Approach
03783D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
03783DZ	Dilation of Left Brachial Artery with Intraluminal Device, Percutaneous Approach

continued from Appendix D

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
03783E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Perc Approach
03783EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Percutaneous Approach
03783F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Perc Approach
03783FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Percutaneous Approach
03783G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
03783GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Percutaneous Approach
03783Z6	Dilation of Left Brachial Artery, Bifurcation, Percutaneous Approach
03783ZZ	Dilation of Left Brachial Artery, Percutaneous Approach
03784D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
03784DZ	Dilation of Left Brachial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
03784E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach
03784EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Perc Endoscopic Approach
03784F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach
03784FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Perc Endoscopic Approach
03784G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
03784GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
03784Z6	Dilation of Left Brachial Artery, Bifurcation, Percutaneous Endoscopic Approach
03784ZZ	Dilation of Left Brachial Artery, Percutaneous Endoscopic Approach
037B3D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
037B3DZ	Dilation of Right Radial Artery with Intraluminal Device, Percutaneous Approach
037B3E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Perc Approach
037B3EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Percutaneous Approach
037B3F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Perc Approach
037B3FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Percutaneous Approach
037B3G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
037B3GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Perc Approach
037B3Z6	Dilation of Right Radial Artery, Bifurcation, Percutaneous Approach
037B3ZZ	Dilation of Right Radial Artery, Percutaneous Approach
037B3ZZ	Dilation of Right Radial Artery, Percutaneous Approach
037B4D1	Dilation of Right Radial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach
037B4D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach

continued from Appendix D

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
037B4DZ	Dilation of Right Radial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
037B4E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach
037B4EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach
037B4F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach
037B4FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach
037B4G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037B4GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037B4Z6	Dilation of Right Radial Artery, Bifurcation, Percutaneous Endoscopic Approach
037B4ZZ	Dilation of Right Radial Artery, Percutaneous Endoscopic Approach
037C3D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Perc Approach
037C3DZ	Dilation of Left Radial Artery with Intraluminal Device, Percutaneous Approach
037C3E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Perc Approach
037C3EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Percutaneous Approach
037C3F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Perc Approach
037C3FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Percutaneous Approach
037C3G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
037C3GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Percutaneous Approach
037C3Z6	Dilation of Left Radial Artery, Bifurcation, Percutaneous Approach
037C3ZZ	Dilation of Left Radial Artery, Percutaneous Approach
037C4D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
037C4DZ	Dilation of Left Radial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
037C4E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach
037C4EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Perc Endoscopic Approach
037C4F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach
037C4FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Perc Endoscopic Approach
037C4G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037C4GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037C4Z6	Dilation of Left Radial Artery, Bifurcation, Percutaneous Endoscopic Approach
037C4ZZ	Dilation of Left Radial Artery, Percutaneous Endoscopic Approach

Appendix E: 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

Appendix F: Philips HCPCS - Device/Supply Codes

HCPS	Descriptor	Device
Coronary		
C1725	Catheter, transluminal angioplasty, non-laser (may inc 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 Intervention - Arterial		
C1724	Catheter, transluminal atherectomy, rotational	Phoenix Atherectomy Catheter
C1725	Catheter, transluminal angioplasty, non-laser (may inc guidance, infusion/ perfusion capability)	AngioSculpt PTA Scoring Balloon Catheter
C1753	Catheter, intravascular ultrasound	Visions PV Intravascular Ultrasound Catheter
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
C1887	Catheter, guiding (may include infusion/perfusion capability)	Pioneer Plus IVUS Guided Re-entry Catheter, Quick-Cross Support, Quick-Cross Extreme Support, Quick-Cross® Select Support Catheters
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	Stellarex Drug-Coated Balloon
Peripheral Intervention - Venous		
C1753	Catheter, intravascular ultrasound	Visions PV Intravascular Ultrasound Catheter
C1757	Catheter, thrombectomy/ embolectomy	QuickCat Extraction Catheter QuickClear Mechanical Thrombectomy System
Peripheral Intervention - Venous – IVC Filter Removal		
C2629	Introducer/sheath, other than guiding, intracardiac electrophysiological, laser	CavaClear IVC Filter removal laser sheath
Peripheral Intervention - AV Access		
C1753	Catheter, intravascular ultrasound	Visions PV Intravascular Ultrasound Catheter
C1757	Catheter, thrombectomy/ embolectomy	QuickCat Extraction Catheter QuickClear Mechanical Thrombectomy System
C1725	Catheter, transluminal angioplasty, non-laser (may inc guidance, infusion/ perfusion capability)	AngioSculpt PTA Scoring Balloon Catheter

continued from Appendix F

HCPS	Descriptor	Device
Lead Management		
C1773	Retrieval device, insertable	LLD (Lead Locking Device Tight Rail SightRail Dilator Sheath Set
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	VisiSheath
C1769	Guidewire	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

References and endnotes

Questions

Contact Philips Reimbursement Resource Center

Phone: (858) 720-4030

Email: IGTDR reimbursement@philips.com

Resources

Third-party sources

- 2022 CPT Professional Edition
- 2016 CPT Changes, An Insider's View
- 2017 CPT Changes, An Insider's View
- CPT Assistant
- 2022 ICD-10-CM and ICD-10-PCS: The Complete Official Codebook

Endnotes

1. Refer to ICD-10-CM 2022: The Complete Official Codebook for a complete list of diagnosis codes and specific character codes.
2. Refer to ICD-10-PCS 2022: The Complete Official Codebook for a complete list of procedure codes and specific character codes.
3. Medicare Inpatient Prospective Payment System (IPPS) FY 2022 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. 2022 Final Rule, Correction Notice, 01142022, OPSS Addendum B and ASC Addenda AA-EE.
6. Medicare Physician Fee Schedule (MPFS). Final Rule, CY 2022, (CMS-1751-F 12/16/21), Addendum B, conversion factor 34.6062.
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 2022 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 Medicare Physician Fee Schedule, Addendum B. 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, 2022 OPSS Final Rule Correction Notice, Addendum J.

