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Therapy

# Diagnostic and interventional procedures

2024 coding and medicare national  
payment guide

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## ICD-10 coding

### ICD-10-CM diagnosis<sup>1</sup>

Due to the varying coding options available, specific ICD-10 diagnosis codes are not listed in this guide. Refer to ICD-10-CM 2023: The Complete Official Codebook for complete coding options.

### ICD-10 procedure<sup>2</sup>

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 2023: The Complete Official Codebook for complete coding options and guidelines.

## Questions

### Contact Philips Reimbursement Resource Center

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# 2024 Coronary

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

MS-DRG	Description	Medicare 2024 National Payment
231	Coronary bypass with PTCA with MCC <sup>4</sup>	\$55,683
232	Coronary bypass with PTCA without MCC	\$40,817
321	Percutaneous cardiovascular procedures with intraluminal device with MCC or 4+ arteries/intraluminal devices	\$19,725
322	Percutaneous cardiovascular procedures with intraluminal device without MCC	\$12,511
250	Percutaneous cardiovascular procedures without intraluminal device with MCC	\$16,130
251	Percutaneous cardiovascular procedures without intraluminal device without MCC	\$10,889
286	Circulatory disorders except AMI, with card cath with MCC	\$14,791
287	Circulatory disorders except AMI, with card cath without MCC	\$7,421

## Hospital Outpatient, ASC and Physician

See Appendix A for Medicare Complexity Adjustments

See Appendix B for HCPCS – Device/Supply Codes

		Medicare 2024 Payment Rates <sup>5,6</sup>						
				Physician Payment Rates		ASC Payment	Hospital Outpatient APC Group/ Payment	
		Work RVU	Total RVU	Facility Payment	Non-Facility (OBL) Payment			
CPT Code <sup>9</sup>	CPT description	Work RVU	Total RVU	Facility Payment	Non-Facility (OBL) Payment	ASC Payment	APC Group/ Payment	
<b>Cardiac catheterization (code additional injection procedure, if performed)</b>								
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	4.54	6.96	\$232	26.74	\$890	\$1,632 5191/J1 \$3,105	
93455	with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	5.29	8.11	\$270	29.79	\$992	\$1,632 5191/J1 \$3,105	
93456	with right heart catheterization	5.90	9.07	\$302	33.27	\$1,107	\$1,632 5191/J1 \$3,105	
93457	with catheter placement(s) in bypass graft(s) (including intra-procedural injection(s) bypass graft angiography, right heart cath	6.64	10.18	\$339	36.26	\$1,207	\$1,632 5191/J1 \$3,105	

## Continued from Coronary

### Medicare 2024 Payment Rates<sup>5,6</sup>

CPT Code <sup>9</sup>	CPT description	Work RVU	Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
			Total RVU	Payment	Total RVU	Payment		
93458	with left heart cath including intraprocedural injection for left ventriculography	5.60	8.59	\$286	30.76	\$1,024	\$1,632	5191/J1 \$3,105
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	9.73	\$324	33.09	\$1,101	\$1,632	5191/J1 \$3,105
93460	with right and left heart cath including intraprocedural injection for left ventriculography, when performed	7.10	10.88	\$362	36.71	\$1,222	\$1,632	5191/J1 \$3,105
93461	... catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	7.85	12.03	\$400	40.50	\$1,348	\$1,632	5191/J1 \$3,105

#### 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, 0345T, 0483T-0484T, 0543T, 0544T, 0545T

+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to primary procedure)	1.44	2.05	\$68	Not payable	Not payable	Packaged
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#### Coronary intravascular ultrasound (IVUS)

+92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic eval and or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	1.80	2.76	\$92	Not payable	Packaged	Packaged
+92979	; each additional vessel	1.44	2.19	\$73	Not payable	Not payable	Packaged

#### Fractional Flow Reserve (FFR) and Instant wave-Free Ratio (the iFR modality)

+93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	1.38	2.10	\$70	Not payable	Packaged	Packaged
+93572	; each additional vessel	1.00	1.53	\$51	Not payable	Packaged	Packaged

## Continued from Coronary

### Medicare 2024 Payment Rates<sup>5,6</sup>

CPT Code <sup>9</sup>	CPT description	Work RVU	Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
			Total RVU	Payment	Total RVU	Payment		
<b>Percutaneous Coronary Intervention (PCI)</b>								
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	9.85	15.45	\$514	Not payable	\$3,411	5192/J1 \$5,446	
+92921	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	\$0	Not payable	Packaged	Packaged	
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	11.74	18.43	\$613	Not payable	Not payable	5193/J1 \$10,482	
+92925	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	\$0	Not payable	Not payable	Packaged	
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	10.96	17.19	\$572	Not payable	\$6,612	5193/J1 \$10,482	
+92929	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	\$0	Not payable	Packaged	Packaged	
92933	Percutaneous transluminal coronary atherectomy, w intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	12.29	19.28	\$642	Not payable	Not payable	5194/J1 \$16,707	
+92934	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0.00	\$0	Not payable	Not payable	Packaged	
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any comb of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	10.95	17.19	\$572	Not payable	Not payable	5193/J1 \$10,482	
+92938	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0.00	\$0	Not payable	Not payable	Packaged	

## Continued from Coronary

### Medicare 2024 Payment Rates<sup>5,6</sup>

CPT Code <sup>9</sup>	CPT description	Work RVU	Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
			Total RVU	Payment	Total RVU	Payment		
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute MI, coronary artery/graft, any comb intracoronary stent, atherectomy and angioplasty, incl aspiration thrombectomy, single vessel	12.31	19.30	\$642		Not payable	Not payable	Inpatient Only
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or CABG, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	12.31	19.30	\$642		Not payable	Not payable	5193/J1 \$10,482
+92944	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0.00	\$0		Not payable	Not payable	Packaged
<b>Drug-eluting stent (DES)</b>								
C9600	Percutaneous transcatheter placement of DES, with coronary angioplasty when performed; single major coronary artery or branch		NA	Facility-only device code			\$6,702	5193/J1 \$10,482
+C9601	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		NA	Facility-only device code			Packaged	Pkgd
C9602	Percutaneous transluminal coronary atherectomy, with DES, with coronary angioplasty; single major coronary artery or branch		NA	Facility-only device code			Not payable	5194/J1 \$16,707
+C9603	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		NA	Facility-only device code			Not payable	Pkgd
C9604	Perc transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of DES, atherectomy and angioplasty, including distal protection when performed; single vessel		NA	Facility-only device code			Not payable	5193/J1 \$10,482
+C9605	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		NA	Facility-only device code			Not payable	Pkgd

## Continued from Coronary

### Medicare 2024 Payment Rates<sup>5,6</sup>

CPT Code <sup>9</sup>	CPT description	Work RVU	Physician Payment Rates		ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility Total RVU Payment	Non-Facility (OBL) Total RVU Payment		
C9606	Percutaneous transluminal revascularization of acute total/ subtotal occlusion during acute myocardial infarction, coronary artery or CABG, any combination of DES, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel		NA	Facility-only device code	Not payable	Inpatient only
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or CABG, any combination of DES, atherectomy and angioplasty; single vessel		NA	Facility-only device code	Not payable	5194/J1 \$16,707
+C9608	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)		NA	Facility-only device code	Not payable	Pkgd



# 2024 Peripheral - Arterial

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

MS-DRG	Description	Medicare 2024 National Payment
<b>Thrombectomy/Atherectomy with or without stent</b>		
270	Other Major Cardiovascular Procedures w MCC	\$34,698
271	Other Major Cardiovascular Procedures w CC	\$23,715
272	Other Major Cardiovascular Procedures w/o CC/MCC	\$16,739
<b>Angioplasty with or without stent</b>		
252	Other Vascular Procedures with MCC	\$23,012
253	Other Vascular Procedures with CC	\$17,505
254	Other Vascular Procedures w/o CC/MCC	\$11,906

## Hospital Outpatient, ASC and Physician

See Appendix A for Medicare Complexity Adjustments

See Appendix B for HCPCS – Device/Supply Codes

Medicare 2024 Payment Rates <sup>5,6</sup>								
CPT Code <sup>9</sup>	CPT description	Work RVU	Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Total RVU	Facility Payment	Non-Facility (OBL) Total RVU	Non-Facility (OBL) Payment		
<b>Selective Catheter Placement</b>								
36245	Selective catheter placement, arterial system; each first order abd, pelvic, or lower extremity artery branch, within a vascular family	4.65	6.88	\$229	36.50	\$1,215	Packaged	Packaged
36246	; initial second order abd, pelvic, or lower extremity artery branch, w/in a vascular family	5.02	7.38	\$246	24.58	\$818	Packaged	Packaged
36247	; initial third order or more	6.04	8.69	\$289	41.76	\$1,390	Packaged	Packaged
+36248	; addl second order, third order & beyond... (List in addition to initial 2 <sup>nd</sup> /3 <sup>rd</sup> order vessel)	1.01	1.40	\$47	3.43	\$114	Packaged	Packaged
<b>Diagnostic Angiography</b>								
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	1.75	2.43	\$81	4.50	\$150	Packaged	5183/Q2 \$3,037
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	1.97	2.72	\$91	4.88	\$162	Packaged	5183/Q2 \$3,037
+75774	Angiography, selective, each additional vessel studied after basic exam, radiological S&I (List in addition to code for primary procedure)	1.01	1.36	\$45	2.89	\$96	Packaged	Packaged

Continued from Peripheral

Medicare 2024 Payment Rates<sup>5,6</sup>

CPT Code <sup>9</sup>	CPT description	Work RVU	Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
			Total RVU	Payment	Total RVU	Payment		
<b>Non-Coronary Intravascular Ultrasound (IVUS)</b>								
+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	\$86	27.85	\$927	Packaged	Packaged
+37253	; each addl non-coronary vessel (list in addition to code for primary procedure)	1.44	2.06	\$69	5.12	\$170	Packaged	Packaged
<b>Endovascular Revascularization - Iliac</b>								
37220	Revascularization, endovasc, open or percutaneous, iliac artery, unilateral, initial vessel; w transluminal angioplasty	7.90	11.64	\$387	73.65	\$2,452	\$3,273	5192/J1 \$5,446
37221	; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	9.75	14.34	\$477	90.41	\$3,010	\$6,767	5193/J1 \$10,482
+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	5.38	\$179	18.18	\$605	Packaged	Packaged
+37223	; with transluminal stent placement(s), incl angioplasty w/in same vessel, when performed (List separately in addition to primary procedure)	4.25	6.16	\$205	37.29	\$1,241	Packaged	Packaged
<b>Endovascular Revascularization – Femoral/Popliteal</b>								
37224	Revascularization, endovascular, open or perc, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	8.75	12.94	\$431	85.62	\$2,850	\$3,450	5192/J1 \$5,446
37225	; with transluminal angioplasty with atherectomy	11.75	17.41	\$580	256.70	\$8,545	\$11,687	5194/J1 \$16,707
37226	; with transluminal angioplasty w transluminal stent placement(s)	10.24	15.09	\$502	237.78	\$7,7915	\$7,024	5193/J1 \$10,482
37227	; with transluminal stent placement(s) and atherectomy, inc angioplasty within the same vessel	14.25	20.83	\$693	327.80	\$10,912	\$11,864	5194/J1 \$16,707

## Continued from Peripheral

### Medicare 2024 Payment Rates<sup>5,6</sup>

CPT Code <sup>9</sup>	CPT description	Work RVU	Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
			Total RVU	Payment	Total RVU	Payment		
<b>Endovascular Revascularization – Tibial Peroneal</b>								
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; w trans angioplasty	10.75	15.73	\$524	121.33	\$4,039	\$6,330	5193/J1 \$10,482
37229	; with atherectomy, including angioplasty within the same vessel, when performed	13.80	20.15	\$671	261.19	\$8,694	\$11,088	5194/J1 \$16,707
37230	; with transluminal stent placement(s), including angioplasty within the same vessel	13.55	20.16	\$671	261.61	\$8,708	\$10,728	5194/J1 \$16,707
37231	; with transluminal stent placement(s) and atherectomy, including angioplasty w/in the same vessel when performed	14.75	21.35	\$711	345.39	\$11,497	\$11,972	5194/J1 \$16,707
+37232	; with transluminal angioplasty (List separately in addition to primary procedure)	4.00	5.79	\$193	24.14	\$804	Packaged	Packaged
+37233	; with atherectomy, including angioplasty (List in addition to primary procedure)	6.50	9.36	\$312	31.01	\$1,032	Packaged	Packaged
+37234	; with transluminal stent placement(s), incl angioplasty w in the same vessel when performed (List separately in addition to code for primary procedure)	5.50	8.18	\$272	106.68	\$3,551	Packaged	Packaged
+37235	; each addl vessel; with stent placement(s) and atherectomy, including angioplasty within the same vessel (List separately in addition to code for primary procedure)	7.80	10.69	\$356	115.87	\$3,857	Packaged	Packaged
<b>Mechanical Thrombectomy – Arterial</b>								
37184	Primary perc transluminal mechanical thrombectomy, noncoronary, non intracranial, arterial or arterial bypass graft, inc fluoro guidance and intraprocedural pharma thrombolytic injection(s); initial vessel	8.41	12.55	\$418	50.25	\$1,673	\$10,110	5194/J1 \$16,707
+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	\$158	13.95	\$464	Packaged	Packaged
<b>Secondary thrombectomy/embolectomy</b>								
+37186	Secondary perc trans thrombectomy (eg, nonprimary mech, snare basket), non-coronary, arterial or arterial bypass graft, inc fluoro, intra procedural thrombolytic injections, provided in conj w/ another perc intervention other than primary mech thrombectomy (List separately)	4.92	7.10	\$236	34.83	\$1,159	Packaged	Packaged

# 2024 Peripheral - Venous

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

MS-DRG	Description	Medicare 2024 National Payment
299	Peripheral vascular disorders with MCC <sup>4</sup>	\$10,815
300	Peripheral vascular disorders with CC <sup>5</sup>	\$7,321
301	Peripheral vascular disorders without CC/MCC	\$4,870

## Hospital Outpatient, ASC and Physician

See Appendix A for Medicare Complexity Adjustments

See Appendix B for HCPCS – Device/Supply Codes

		Medicare 2024 Payment Rates <sup>5,6</sup>						
				Physician Payment Rates		ASC Payment	Hospital Outpatient APC Group/ Payment	
		Work RVU	Total RVU	Facility Payment	Non-Facility (OBL) Payment			
CPT Code <sup>9</sup>	CPT description	Work RVU	Total RVU	Facility Payment	Non-Facility (OBL) Payment	ASC Payment	APC Group/ Payment	
<b>Selective Catheter Placement</b>								
36011	Selective catheter placement, venous system; first order branch	3.14	4.55	\$151	23.52	\$783	Packaged	
36012	; second order, or more selective, branch	3.51	5.07	\$169	24.56	\$818	Packaged	
<b>Diagnostic Venography</b>								
36005	Injection procedure for extremity venography	0.95	1.39	\$46	7.48	\$249	Packaged	
75820	Venography, extremity, unilateral, radiological S&I	1.05	1.45	\$48	3.23	\$108	Packaged	
75822	Venography, extremity, bilateral, radiological supervision and interpretation	1.48	2.03	\$68	4.00	\$133	Packaged	
<b>Non-Coronary Intravascular Ultrasound (IVUS)</b>								
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (list separately in addition to code for primary procedure)	1.80	2.59	\$86	27.85	\$927	Packaged	

Continued from Venous

Medicare 2024 Payment Rates<sup>5,6</sup>

CPT Code <sup>9</sup>	CPT description	Work RVU	Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
			Total RVU	Payment	Total RVU	Payment		
+37253	; each additional non-coronary vessel (list separately in addition to code for primary procedure)	1.44	2.06	\$69	5.12	\$170	Packaged	Packaged
<b>Venous Balloon Angioplasty</b>								
37248	Transluminal balloon angioplasty (except dialysis circuit), open or perc, including all imaging and radiological supervision and interp necessary to perform angioplasty within the same vein; initial vein	6.00	8.65	\$288	39.77	\$1,324	\$2,526	5192/J1 \$5,446
37249	; each addl vein (List separately in addition to code for primary procedure)	2.97	4.24	\$141	13.01	\$433	Packaged	Packaged
<b>Venous Stent Placement</b>								
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interp, including angioplasty within the same vessel, when performed; initial vein	6.04	8.94	\$298	101.29	\$3,372	\$6,695	5193/J1 \$10,482
+37239	; each addl vein (List separately in addition to code for primary procedure)	2.97	4.38	\$146	50.61	\$1,685	Packaged	Packaged
<b>Mechanical Thrombectomy - Venous</b>								
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), inc intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	7.78	11.45	\$381	49.67	\$1,653	\$7,264	5193/J1 \$10,482
37188	... repeat treatment on subsqnt day during course of thrombolytic therapy	5.46	8.19	\$273	42.55	\$1,416	\$2,566	5183/J1 \$3,037
<b>IVC Filter Removal (CavaClear) Note: Qualifies for Pass-through Payment when billed with C1603</b>								
37193	Retrieval (removal) of IVC filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interp, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	7.10	10.09	\$336	44.00	\$1,465	\$1,548	5183/J1 \$3,037

# 2024 AV Access / AV Fistula Repair

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

MS-DRG	Description	Medicare 2024 National Payment
252	Other Vascular Procedures with MCC	\$23,012
253	Other Vascular Procedures with CC	\$17,505
254	Other Vascular Procedures w/o CC/MCC	\$11,906

## Hospital Outpatient, ASC and Physician

See Appendix A for Medicare Complexity Adjustments

See Appendix B for HCPCS – Device/Supply Codes

		Medicare 2024 Payment Rates <sup>5,6</sup>						
				Physician Payment Rates		ASC Payment	Hospital Outpatient APC Group/ Payment	
		Work RVU	Total RVU	Facility Payment	Non-Facility (OBL) Payment			
CPT Code <sup>9</sup>	CPT description	Work RVU	Total RVU	Facility Payment	Non-Facility (OBL) Payment	ASC Payment	APC Group/ Payment	
<b>Non-Coronary Intravascular Ultrasound (IVUS)</b>								
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (list separately in addition to code for primary procedure)	1.80	2.59	\$86	27.85	\$927	Packaged	
+37253	; each addl non-coronary vessel (list separately in addition to primary procedure)	1.44	2.06	\$69	5.12	\$170	Packaged	
<b>Dialysis Circuit</b>								
36901	Intro of needle(s) and/or catheter(s), dialysis circuit, w diagnostic angiography of dialysis circuit, including all direct puncture(s), catheter placement(s), injection(s) of contrast, all imaging ... fluoroscopic, radiological S&I, image documentation and report	3.36	4.90	\$163	20.79	\$692	\$554 5182/J1 \$1,526	
36902	; w transluminal balloon angioplasty, peripheral dialysis segment, inc all imaging and radiological S&I	4.83	6.99	\$233	35.53	\$1,183	\$2,526 5192/J1 \$5,446	

Continued from AV Access/AV Fistula Repair

Medicare 2024 Payment Rates<sup>5,6</sup>

CPT Code <sup>9</sup>	CPT description	Work RVU	Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
			Total RVU	Payment	Total RVU	Payment		
36903	; w transcatheter placement of intravascular stent(s), peripheral dialysis segment, inc all imaging and radiological S&I necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	6.39	9.19	\$306	124.51	\$4,145	\$6,926	5193/J1 \$10,482
36904	Perc transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, ... inc all imaging, radiological S&I, diagnostic angiography, fluoro, catheter placement(s), intraprocedural pharma thrombolytic injection(s)	7.50	10.72	\$357	53.16	\$1,770	\$3,221	5192/J1 \$5,446
36905	; with transluminal balloon angioplasty, peripheral dialysis segment, inc all imaging and radiological S&I necessary to perform the angioplasty	9.00	12.87	\$428	66.85	\$2,225	\$6,103	5193/J1 \$10,482
36906	; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, inc all imaging and radiological S&I necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	10.42	14.86	\$495	158.47	\$5,275	\$11,280	5194/J1 \$16,707
+36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological S&I required to perform angioplasty (List separately in add to code for primary procedure)	3.00	4.25	\$141	17.33	\$577	Packaged	Packaged
+36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed thru dialysis circuit, inc imaging radiological S&I required to perform stenting, and all angioplasty in central dialysis segment (List separately in addn to primary procedure)	4.25	6.03	\$201	41.53	\$1,382	Packaged	Packaged
+36909	Dialysis circuit permanent vascular embolization or occlusion (inc main circuit or any accessory veins), endovascular, inc all imaging and radiological S&I ... (List separately in addition to code for primary procedure)	4.12	5.85	\$195	55.54	\$1,849	Packaged	Packaged

# 2024 Cardiac Lead Extraction and Rhythm Management

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

MS-DRG	Description	Medicare 2024 National Payment
<b>Lead Extraction and Management</b>		
260	Cardiac pacemaker revision except device replacement w/ MCC <sup>4</sup>	\$22,747
261	Cardiac pacemaker revision except device replacement w/ CC <sup>5</sup>	\$12,912
262	Cardiac pacemaker revision except device replacement w/o CC/MCC	\$11,289
<b>Cardiac Rhythm Management</b>		
242	Permanent cardiac pacemaker implant w/ MCC	\$23,707
243	Permanent cardiac pacemaker implant w/ CC	\$15,628
244	Permanent cardiac pacemaker implant w/o CC/MCC	\$12,553
258	Cardiac pacemaker device replacement w/ MCC	\$18,585
259	Cardiac pacemaker device replacement w/o MCC	\$12,808
265	AICD lead procedures	\$24,249

## Hospital Outpatient, ASC and Physician

See Appendix B for HCPCS – Device/Supply Codes

		Medicare 2024 Payment Rates <sup>5,6</sup>					
				Physician Payment Rates		ASC Payment	Hospital Outpatient APC Group/ Payment
		Work RVU	Total RVU	Facility Payment	Non-Facility (OBL) Payment		
CPT Code <sup>9</sup>	CPT description	Work RVU	Total RVU	Facility Payment	Non-Facility (OBL) Payment	ASC Payment	APC Group/ Payment
<b>Lead Extraction</b>							
33234	Removal of transvenous pacemaker electrodes; single lead system, atrial or ventricular	7.66	14.28	\$475	Not payable	\$2,688	5221/Q2 \$3,742
33235	Removal of transvenous pacemaker electrode(s), dual lead system	9.90	18.77	\$625	Not payable	\$2,037	5221/Q2 \$3,742
33244	Removal of single or dual chamber pacing cardioverter defibrillator electrode(s); by transvenous extraction	13.74	25.44	\$847	Not payable	Not payable	5221/Q2 \$3,742
<b>Lead / Cardiac Rhythm Management</b>							
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	7.80	14.09	\$469	Not payable	\$7,415	5223/J1 \$10,174



## Continued from Lead Extraction and Rhythm Management

### Medicare 2024 Payment Rates<sup>5,6</sup>

CPT Code <sup>9</sup>	CPT description	Work RVU	Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
			Total RVU	Payment	Total RVU	Payment		
33208	Insertion of new or replacement of PPM with transvenous electrode(s); atrial and ventricular	8.52	15.25	\$508		Not payable	\$7,633	5223/J1 \$10,174
33216	Insertion of a single transvenous electrode, PPM or cardioverter-defibrillator	5.62	10.98	\$365		Not payable	\$5,640	5222/J1 \$8,095
33217	Insertion of 2 transvenous electrodes, PPM or implantable defibrillator	5.59	10.90	\$363		Not payable	\$5,427	5222/J1 \$8,095
33218	Repair of single transvenous electrode for a single chamber, PPM or single chamber pacing cardioverter-defibrillator	5.82	11.52	\$383		Not payable	\$2,037	5221/T \$3,742
33220	Repair of 2 transvns electrodes for permanent pacemaker or implantable defibrillator	5.90	11.26	\$375		Not payable	\$2,660	5221/T \$3,742
33223	Relocation of skin pocket for cardioverter-defibrillator	6.30	12.09	\$402		Not payable	\$946	5054/T \$1,738
33224	Insertion of pacing electrode, cardiac venous system, for LV pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (inc revision of pocket, removal, insertion and/or replacement of generator)	9.04	14.99	\$499		Not payable	\$7,718	5223/J1 \$10,174
+33225	Insertion of pacing electrode for LV pacing, at time of insertion of pacing cardio-defib or pacemaker pulse generator (inc upgrade to dual chamber system and pocket revision)	8.33	13.51	\$450		Not payable	Packaged	Packaged
33233	Removal of permanent pacemaker pulse generator only	3.14	6.92	\$230		Not payable	\$5,577	5222/J1 Q2 \$8,095
33241	Removal of pacing cardioverter-defibrillator pulse generator only	3.04	6.37	\$212		Not payable	\$2,037	5221/T Q2 \$3,742
33249	Insertion or replacement of perm pacing cardio-defib system w transvenous lead(s), single or dual chamber	14.92	26.85	\$894		Not payable	\$24,822	5232/J1 \$31,346
<b>IVC Filter Removal with Laser (CavaClear) Note: Qualifies for Pass-through Payment when billed with C1603</b>								
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	10.09	\$336	44.00	\$1,465	\$1,548	5183/J1 \$3,037

Continued from Lead Extraction and Rhythm Management

Medicare 2024 Payment Rates<sup>5,6</sup>

CPT Code <sup>9</sup>	CPT description	Work RVU	Physician Payment Rates				ASC Payment	Hospital Outpatient APC Group/ Payment
			Facility		Non-Facility (OBL)			
			Total RVU	Payment	Total RVU	Payment		
<b>Deployment of Bridge Balloon Occlusion Catheter</b>								
37244	Vascular embolization or occlusion, inclusive of all radiological S&I, intraprocedural road mapping, & imaging guidance; for arterial or venous hemorrhage or lymph extravasation	13.75	19.17	\$638	191.95	\$6,390	Not payable	5193/J1 \$10,482

# Appendices

## Appendix A: Complexity Adjustments

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

### Hospital Outpatient C-APC Complexity Adjustments

Primary CPT CODE - 2024 OPPTS Payment			Secondary CPT Code - 2024 OPPTS Payment			2024	
Primary CPT Code	Shortened Description	Primary APC	Secondary CPT Code	Shortened Description	Secondary APC	Complexity Adjustment	
<b>Coronary</b>							
93451	Right heart cath	5191	75822	Vein x-ray arms/legs	5182	5192	\$5,446
93454	Coronary artery angio s&i	5191	92978	Endoluminl ivus oct c 1st	N	5192	\$5,446
93454	Coronary artery angio s&i	5191	G0278	Iliac art angio,cardiac cath	N	5192	\$5,446
93455	Coronary art/grft angio s&i	5191	G0278	Iliac art angio,cardiac cath	N	5192	\$5,446
93456	R hrt coronary artery angio	5191	92978	Endoluminl ivus oct c 1st	N	5192	\$5,446
93456	R hrt coronary artery angio	5191	93571	Heart flow reserve measure	N	5192	\$5,446
93458	L hrt artery/ventricle angio	5191	92978	Endoluminl ivus oct c 1st	N	5192	\$5,446
93458	L hrt artery/ventricle angio	5191	93454	Coronary artery angio s&i	5191	5192	\$5,446
93458	L hrt artery/ventricle angio	5191	93458	L hrt artery/ventricle angio	5191	5192	\$5,446
93458	L hrt artery/ventricle angio	5191	93571	Heart flow reserve measure	N	5192	\$5,446
93459	L hrt art/grft angio	5191	92978	Endoluminl ivus oct c 1st	N	5192	\$5,446
93459	L hrt art/grft angio	5191	93571	Heart flow reserve measure	N	5192	\$5,446
93460	R&l hrt art/ventricle angio	5191	92978	Endoluminl ivus oct c 1st	N	5192	\$5,446
93460	R&l hrt art/ventricle angio	5191	93571	Heart flow reserve measure	N	5192	\$5,446
93461	R&l hrt art/ventricle angio	5191	93571	Heart flow reserve measure	N	5192	\$5,446
92920	Prq cardiac angioplast 1 art	5192	92920	Prq cardiac angioplast 1 art	5192	5193	\$10,482
92920	Prq cardiac angioplast 1 art	5192	93456	R hrt coronary artery angio	5191	5193	\$10,482
92924	Prq card angio/athrect 1 art	5193	92920	Prq cardiac angioplast 1 art	5192	5194	\$16,707
92928	Prq card stent w/angio 1 vsl	5193	92928	Prq card stent w/angio 1 vsl	5193	5194	\$16,707
92943	Prq card revasc chronic 1vsl	5193	C9600	Perc drug-el cor stent sing	5193	5194	\$16,707

Primary CPT CODE - 2024 OPPTS Payment			Secondary CPT Code - 2024 OPPTS Payment			2024	
Primary CPT Code	Shortened Description	Primary APC	Secondary CPT Code	Shortened Description	Secondary APC	Complexity Adjustment	
<b>Peripheral - Iliac</b>							
37220	Iliac revasc	5192	37220	Iliac revasc	5192	5193	\$10,482
37221	Iliac revasc w/ stent	5193	37221	Iliac revasc w/ stent	5193	5194	\$16,707
37221	Iliac revasc w/ stent	5193	37228	Tib/per revasc w/tla	5193	5194	\$16,707
37221	Iliac revasc w/ stent	5193	C9600	Perc drug-el cor stent sing	5193	5194	\$16,707
<b>Peripheral - Arterial</b>							
37224	Fem/popl revas w/tla	5192	37220	Iliac revasc	5192	5193	\$10,482
37224	Fem/popl revas w/tla	5192	37224	Fem/popl revas w/tla	5192	5193	\$10,482
37224	Fem/popl revas w/tla	5192	37252	Intrvasc us noncoronary 1st	N	5193	\$10,482
37226	Fem/popl revasc w/stent	5193	37220	Iliac revasc	5192	5194	\$16,707
37226	Fem/popl revasc w/stent	5193	37221	Iliac revasc w/stent	5193	5194	\$16,707
37226	Fem/popl revasc w/stent	5193	37224	Fem/popl revas w/tla	5192	5194	\$16,707
37226	Fem/popl revasc w/stent	5193	37228	Tib/per revasc w/tla	5193	5194	\$16,707
37226	Fem/popl revasc w/stent	5193	37252	Intrvasc us noncoronary 1st	N	5194	\$16,707
<b>Peripheral - Arterial Thrombectomy</b>							
37184	Prim art m-thrmbc 1st vsl	5193	37221	Iliac revasc w/stent	5193	5194	\$16,707
<b>Peripheral - Venous</b>							
75822	Vein x-ray arms/legs	5182	37252	Intrvasc us noncoronary 1st	N	5183	\$3,040
37238	Open/perq place stent same	5193	37193	Rem endovas vena cava filter	5183	5194	\$16,707
37238	Open/perq place stent same	5193	37238	Open/perq place stent same	5193	5194	\$16,707
37248	Trluml balo angiop 1st vein	5192	37193	Rem endovas vena cava filter	5183	5193	\$10,482
<b>Peripheral - Venous Thrombectomy</b>							
37187	Venous mech thrombectomy	5193	37187	Venous mech thrombectomy	5193	5194	\$16,707
37187	Venous mech thrombectomy	5193	37238	Open/perq place stent same	5193	5194	\$16,707
37187	Venous mech thrombectomy	5193	37248	Trluml balo angiop 1st vein	5192	5194	\$16,707
<b>AV Access</b>							
36901	Intro cath dialysis circuit	5182	36907	Balo angiop ctr dialysis seg	N	5183	\$3,040
36901	Intro cath dialysis circuit	5182	36908	Stent plmt ctr dialysis seg	N	5183	\$3,040
36901	Intro cath dialysis circuit	5182	36909	Dialysis circuit embolj	N	5183	\$3,040
36902	Intro cath dialysis circuit	5192	36908	Stent plmt ctr dialysis seg	N	5193	\$10,482
36904	Thrmbc/nfs dialysis circuit	5192	36902	Intro cath dialysis circuit	5192	5193	\$10,482

## Ambulatory Surgery Center APC Complexity Adjustments

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

2024 ASC Complexity Payment	2024 ASC Code	New Code Descriptor (Shortened)	Code 1 Shortened Description	Code 2 Shortened Description
<b>Coronary</b>				
\$2,526	C7516	Cor angio w/ ivus or oct	93454 Coronary artery angio s&i	+92978 Endoluminl ivus oct c 1st
\$2,526	C7521	R hrt angio w/ ivus or oct	93456 R hrt coronary artery angio	+92978 Endoluminl ivus oct c 1st
\$2,526	C7522	R hrt angio w/flow resrv	93456 R hrt coronary artery angio	+93571 Heart flow reserve measure
\$2,526	C7523	L hrt angio w/ ivus or oct	93458 L hrt artery/ventricle angio	+92978 Endoluminl ivus oct c 1st
\$2,526	C7524	L hrt angio w/flow resrv	93458 L hrt artery/ventricle angio	+93571 Heart flow reserve measure
\$2,526	C7525	L hrt gft ang w/ ivus or oct	93459 L hrt art/grft angio	+92978 Endoluminl ivus oct c 1st
\$2,526	C7526	L hrt gft ang w/flow resrv	93459 L hrt art/grft angio	+93571 Heart flow reserve measure
\$2,526	C7527	R&L hrt angio w/ ivus or oct	93460 R&l hrt art/ventricle angio	+92978 Endoluminl ivus oct c 1st
\$2,526	C7528	R&L hrt angio w/flow resrv	93460 R&l hrt art/ventricle angio	+93571 Heart flow reserve measure
\$2,526	C7529	R&L hrt gft ang w/flow resrv	93461 R&l hrt art/ventricle angio	+93571 Heart flow reserve measure
<b>Peripheral - Arterial</b>				
\$5,772	C7531	Angio fem/pop w/ us	37224 Fem/popl revas w/tla	+37252 Intrvasc us noncoronary 1st
\$10,042	C7535	Fem/pop revasc w/stent & us	37226 Fem/popl revasc w/stent	+37252 Intrvasc us noncoronary 1st
<b>Peripheral - AV Access</b>				
\$1,548	C7513	Cath/angio dialcir w/aplasty	36901 Intro cath dialysis circuit	+36907 Balo angiop ctr dialysis seg
\$1,548	C7514	Cath/angio dial cir w/stents	36901 Intro cath dialysis circuit	+36908 Stent plmt ctr dialysis seg
\$1,548	C7515	Cath/angio dial cir w/embol	36901 Intro cath dialysis circuit	+36909 Dialysis circuit embolj
\$4,847	C7530	Cath/aplasty dial cir w/stnt	36902 Intro cath dialysis circuit	+36908 Stent plmt ctr dialysis seg

## Appendix B: Philips HCPCS – Device/Supply Codes

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

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

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

## Appendix C: Coronary ICD-10 procedure codes

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



## continued from Appendix C

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

## continued from Appendix C

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

## Appendix D: Peripheral arterial ICD-10 procedure codes

ICD-10 procedure<sup>ii</sup> ICD-10 procedure description

### Arterial IVUS (non-coronary)

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

### Dilation (angioplasty or mechanical thrombectomy), drug coated balloons

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

## continued from Appendix D

ICD-10 procedure <sup>ii</sup>	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
<b>Dilation (angioplasty or mechanical thrombectomy), iliac</b>	
047C34Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047C3ZZ	Dilation of Right Common Iliac Artery, Percutaneous Approach
047C44Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047C4DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach
047D34Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047D3ZZ	Dilation of Left Common Iliac Artery, Percutaneous Approach
047D44Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047D4DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047D4ZZ	Dilation of Left Common Iliac Artery, Percutaneous Endoscopic Approach
047E34Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047E3DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
047E3ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Approach
047E44Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047E4DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047E4ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Endoscopic Approach
047F34Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach
047F44Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047F4DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Perc Endoscopic Approach

## continued from Appendix D

ICD-10 procedure <sup>ii</sup>	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
<b>Dilation (angioplasty or mechanical thrombectomy), femoral/popliteal</b>	
047K34Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach
047K3ZZ	Dilation of Right Femoral Artery, Percutaneous Approach
047K44Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047K4DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047K4ZZ	Dilation of Right Femoral Artery, Percutaneous Endoscopic Approach
047L34Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach

## continued from Appendix D

ICD-10 procedure <sup>ii</sup>	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
<b>Dilation (angioplasty or mechanical thrombectomy), tibial/peroneal</b>	
047P34Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Perc Approach
047P3DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047P3ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Approach
047P44Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047P4DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Perc Endoscopic Approach
047P4ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Endoscopic Approach
047Q34Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Perc Approach
047Q3DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047Q3ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Approach
047Q44Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047Q4DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Perc Endoscopic Approach
047Q4ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Endoscopic Approach
047R34Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Perc Approach
047R3DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach

## continued from Appendix D

ICD-10 procedure <sup>ii</sup>	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 D

ICD-10 procedure <sup>ii</sup>	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
<b>Atherectomy, tibial/peroneal</b>	
04CP3Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Perc Approach
04CP3ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Approach
04CP4Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Perc Endoscopic Approach
04CP4ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Endoscopic Approach
04CQ3Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach
04CQ3ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Approach
04CQ4Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Perc Endoscopic Approach
04CQ4ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Endoscopic Approach
04CR3Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach
04CR3ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Approach
04CR4Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Perc Endoscopic Approach
04CR4ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Endoscopic Approach
04CS3Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach
04CS3ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Approach
04CS4Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Perc Endoscopic Approach
04CS4ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Endoscopic Approach
04CT3Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Approach
04CT3ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Approach
04CT4Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Perc Endoscopic Approach
04CT4ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Endoscopic Approach
04CU3Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Approach
04CU3ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Approach
04CU4Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Perc Endoscopic Approach
04CU4ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Endoscopic Approach



## Appendix E: Peripheral venous ICD-10 procedure codes

ICD-10 procedure<sup>ii</sup>    ICD-10 procedure description

### Venous IVUS (non-coronary)

B543ZZ3    Ultrasonography of Right Jugular Veins, Intravascular

B544ZZ3    Ultrasonography of Left Jugular Veins, Intravascular

B546ZZ3    Ultrasonography of Right Subclavian Vein, Intravascular

B547ZZ3    Ultrasonography of Left Subclavian Vein, Intravascular

B548ZZ3    Ultrasonography of Superior Vena Cava, Intravascular

B549ZZ3    Ultrasonography of Inferior Vena Cava, Intravascular

B54BZZ3    Ultrasonography of Right Lower Extremity Veins, Intravascular

B54CZZ3    Ultrasonography of Left Lower Extremity Veins, Intravascular

B54DZZ3    Ultrasonography of Bilateral Lower Extremity Veins, Intravascular

B54JZZ3    Ultrasonography of Right Renal Vein, Intravascular

B54KZZ3    Ultrasonography of Left Renal Vein, Intravascular

B54LZZ3    Ultrasonography of Bilateral Renal Veins, Intravascular

B54MZZ3    Ultrasonography of Right Upper Extremity Veins, Intravascular

B54NZZ3    Ultrasonography of Left Upper Extremity Veins, Intravascular

B54PZZ3    Ultrasonography of Bilateral Upper Extremity Veins, Intravascular

B54TZZ3    Ultrasonography of Portal and Splanchnic Veins, Intravascular

### Dilation with stent (angioplasty or mechanical thrombectomy)

067C3DZ    Dilation of Right Common Iliac Vein with Intraluminal Device, Percutaneous Approach

067C4DZ    Dilation of Right Common Iliac Vein with Intraluminal Device, Perc Endoscopic Approach

067D3DZ    Dilation of Left Common Iliac Vein with Intraluminal Device, Percutaneous Approach

067D4DZ    Dilation of Left Common Iliac Vein with Intraluminal Device, Perc Endoscopic Approach

067F3DZ    Dilation of Right External Iliac Vein with Intraluminal Device, Percutaneous Approach

067F4DZ    Dilation of Right External Iliac Vein with Intraluminal Device, Perc Endoscopic Approach

067G3DZ    Dilation of Left External Iliac Vein with Intraluminal Device, Percutaneous Approach

067G4DZ    Dilation of Left External Iliac Vein with Intraluminal Device, Perc Endoscopic Approach

067N3DZ    Dilation of Left Femoral Vein with Intraluminal Device, Percutaneous Approach

067N4DZ    Dilation of Left Femoral Vein with Intraluminal Device, Perc Endoscopic Approach

067Q3DZ    Dilation of Left Saphenous Vein with Intraluminal Device, Percutaneous Approach

067Q4DZ    Dilation of Left Saphenous Vein with Intraluminal Device, Perc Endoscopic Approach

067M3DZ    Dilation of Right Femoral Vein with Intraluminal Device, Percutaneous Approach

067M4DZ    Dilation of Right Femoral Vein with Intraluminal Device, Perc Endoscopic Approach

067P3DZ    Dilation of Right Saphenous Vein with Intraluminal Device, Percutaneous Approach

067P4DZ    Dilation of Right Saphenous Vein with Intraluminal Device, Perc Endoscopic Approach

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

ICD-10 procedure <sup>ii</sup>	ICD-10 procedure description
<b>Extirpation of vein (atherectomy or mechanical thrombectomy)</b>	
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
<b>AV access imaging</b>	
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
<b>Dialysis circuit AV access repair (w/drug-eluting device)</b>	
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 F

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

## continued from Appendix F

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

## continued from Appendix F

ICD-10 procedure <sup>ii</sup>	ICD-10 procedure description
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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 F

ICD-10 procedure <sup>ii</sup>	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 F

ICD-10 procedure <sup>ii</sup>	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 G: Lead extraction and cardiac rhythm management ICD-10 procedure codes

ICD-10 procedure <sup>ii</sup>	ICD-10 procedure description
<b>Lead extraction</b>	
02PA3MZ	Removal of Cardiac Lead from Heart, Percutaneous Approach
02PA4MZ	Removal of Cardiac Lead from Heart, Percutaneous Endoscopic Approach
<b>Cardiac rhythm management, De Novo implants</b>	
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
<b>Changeouts and upgrades</b>	
02H43JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Approach
02H44JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Endoscopic Approach
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach
02H44KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Endoscopic Approach
02H43MZ	Insertion of Cardiac Lead into Coronary Vein, Percutaneous Approach



# References and endnotes

## Questions

Contact Philips Reimbursement Resource Center

Phone: (858) 720.4030

Email: [IGTDReimbursement@philips.com](mailto:IGTDReimbursement@philips.com)

## Resources

### Third-party sources

- 2024 CPT Professional Edition
- 2016 CPT Changes, An Insider's View
- 2017 CPT Changes, An Insider's View
- CPT Assistant
- 2024 ICD-10-CM and ICD-10-PCS: The Complete Official Codebook

## Endnotes

1. Refer to ICD-10-CM 2024: The Complete Official Codebook for a complete list of diagnosis codes and specific character codes.
2. Refer to ICD-10-PCS 2024: The Complete Official Codebook for a complete list of procedure codes and specific character codes.
3. Medicare Inpatient Prospective Payment System (IPPS) FY 2024 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. 2024 Final Rule, OPFS Addendum B (1221223) and ASC Addenda AA-EE (122723).
6. Medicare Physician Fee Schedule. Final Policy, Payment, and Quality Provisions in the Medicare Physician Fee Schedule for Calendar Year 2024, Addendum B using MPFS 2024 conversion factor 33.2875 effective 030924 through 123124.
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 2024 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 2024 Medicare Physician Fee Schedule, Addendum B updated effective 030924. 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, 2023 OPFS and ASC Final Rule, Addendum J; ASC Complexity Adjustments 2023 NFRM ASC CPX Supplemental File.

