stryker

Procedure coding and billing guide

2026

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If you have additional questions, please reach out to the Health Economics and Market Access (HEMA) Team at

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Thrombectomy coding and billing

Procedure coding[1]		Physician services[2]				ASC[3]	Hospital outpatient[4]		Hospital inpatient[5,6]		
CPT code	Descriptions	In Hosp.	In Office	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]	Possible ICD-10-PCS codes[5]	Possible MS-DRG	2027 MS-DRG payment[6]
				Work	Total						
Pulmonary Embolism (PE)									Major chest procedures		
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel[10]	$376	$1,632	8.20	11.27	$12,459	5194	$18,729	02CP3ZZ - Extirpation of matter from pulmonary trunk, perc approach 02CQ3ZZ - Extirpation of matter from R pulmonary artery, perc approach 02CR3ZZ - Extirpation of matter from L pulmonary artery, perc approach	163 w/ MCC 164 w/ CC 165 w/o MCC/CC	$33,165 $18,584 $14,250
+37185	; second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)[10]	$141	$459	3.20	4.23	Pkgd	Comprehensive APC pkgd single payment for the primary procedure				
+37186	Secondary percutaneous transluminal thrombectomy (e.g., nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)[10]	$218	$1,158	4.80	6.52						

Thrombectomy coding and billing, cont.

Procedure coding[1]		Physician services[2]				ASC[3]	Hospital outpatient[4]		Hospital inpatient[5,6]		
CPT code	Descriptions	In Hosp.	In Office	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]	Possible ICD-10-PCS codes[5]	Possible MS-DRG	2027 MS-DRG payment[6]
				Work	Total						
Right Atrial Clot in Transit									**Other cardiothoracic procedures**		
33999	Unlisted procedure, cardiac surgery: Right heart thrombectomy/embolectomy	Carrier priced	N/A	Carrier priced	N/A	N/A	N/A		02C63ZZ - Extirpation of RA 02CK3ZZ - Extirpation of RV	228 w/ MCC 229 w/o MCC	$36,694 $25,421
Deep Vein Thrombosis (DVT)									**Other major cardiovascular procedures**		
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance[10]	$346	$1,601	7.59	10.35	$8,411	5193	$11,794	06C03ZZ -Extirpation of matter, inferior vena cava, perc approach 06CC3ZZ - Extirpation of matter, R common iliac vein, perc approach 06CD3ZZ -Extirpation of matter, L common iliac vein, perc approach 06CF3ZZ - Extirpation of matter, R external iliac vein, perc approach 06CG3ZZ - Extirpation of matter, L external iliac vein, perc approach 06CM3ZZ - Extirpation of matter, R femoral vein, perc approach 06CN3ZZ - Extirpation of matter, L femoral vein, perc approach	270 w/ MCC 271 w/ CC 272 w/o MCC/CC	$38,914 $26,581 $18,365
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy[10]	$251	$1,378	5.32	7.50	$2,723	5183	$3,226			
Level II HCPCS Code[8] (Outpatient)	C1757 - Catheter, thrombectomy/embolectomy C1894 - Introducer/Sheath C1760 - Closure device, vascular	No separate payment C-Codes used to capture utilization for procedures[8]									

Thrombectomy coding and billing, cont.

Procedure coding[1]		Physician services[2]				ASC[3]	Hospital outpatient[4]		Hospital inpatient[5,6]		
CPT code	Descriptions	In Hosp.	In Office	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]	Possible ICD-10-PCS codes[5]	Possible MS-DRG	2027 MS-DRG payment[6]
				Work	Total						
Peripheral Venous - InThrill									Other major vascular proc. (252-254) Other major cardiovascular proc. (270-272)		
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	$346	$1,601	7.59	10.35	$8,411	5193	$11,794	05C_ _3ZZ: Extirpation of matter from ____ upper vein (e.g., basilic vein, cephalic vein, etc.) perc approach 05WY3JZ: Revision of synthetic tissue substitute in upper vein perc approach	252 w/MCC 253 w/CC 254 w/o MCC/CC	$25,730 $19,407 $13,271
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	$321	$1,742	7.31	9.60	$3,621	5192	$5,815			
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	$386	$2,206	8.78	11.55	$6,895	5193	$11,794	05C53ZZ: Extirpation of matter from right subclavian vein, perc approach 05C63ZZ: Extirpation of matter from left subclavian vein, perc approach 06C_ _ZZ: Extirpation of matter from _____ vein (e.g., lower vein, femoral vein) perc approach	270 w/ MCC 271 w/ CC 272 w/o MCC/CC	$38,914 $26,581 $18,365
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	$445	$5,919	10.16	13.33	$12,365	5194	$18,729			

Thrombectomy coding and billing, cont.

Procedure coding[1]		Physician services[2]				ASC[3]	Hospital outpatient[4]		Hospital inpatient[5,6]		
CPT code	Descriptions	In Hosp.	In Office	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]	Possible ICD-10-PCS codes[5]	Possible MS-DRG	2027 MS-DRG payment[6]
				Work	Total						
Peripheral Venous - Artix									Other major vascular proc. (252-254) Other major cardiovascular proc. (270-272)		
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	$376	$1,632	8.20	11.27	$12,459	5194	$18,729	03C_ _ 3ZZ: Extirpation of matter from upper extremity arteries (except subclavian), perc approach 04WY37Z: Revision of autologous tissue substitute in lower artery, perc approach	252 w/MCC 253 w/CC 254 w/o MCC/CC	$25,730 $19,407 $13,271
+37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	$141	$459	3.20	4.23	Pckgd	N/A	Pckgd	For possible codes, refer to cells for CPT 37184 and CPT +37186.		
+37186	Secondary percutaneous transluminal thrombectomy (e.g., nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	$218	$1,158	4.80	6.52	Pckgd	N/A	Pckgd	05C53ZZ: Extirpation of matter from right subclavian vein, perc approach 03C43ZZ: Extirpation of matter from left subclavian artery, perc approach 04C_ _ _ Z: Extirpation of matter from specify which lower extremity arteries, perc approach	270 w/ MCC 271 w/ CC 272 w/o MCC/CC	$38,914 $26,581 $18,365

Supplemental CPT coding guidelines: Thrombectomy CPT 2026 Professional Edition[9]

Mechanical Thrombectomy

- Code(s) for catheter placement(s), diagnostic studies and other percutaneous interventions (e.g., transluminal balloon angioplasty, stent placement) provided are separately reportable, unless for lower extremity revascularization.
- Current Procedural Terminology (CPT) codes 37184–37188 specifically include intraprocedural fluoroscopic radiological supervision and interpretation services for guidance of the procedure.
- Intraprocedural injection(s) of a thrombolytic agent is an included service and not separately reportable in conjunction with mechanical thrombectomy. However, subsequent, or prior continuous infusion of a thrombolytic is not an included service.
- Effective January 1, 2017, providers performing moderate sedation for mechanical thrombectomy (CPT 37184–37188) can now separately report new moderate sedation codes (CPT 99152–99157) with proper medical documentation.

Arterial Mechanical Thrombectomy (non-coronary/non-intracranial)

- CPT code 37184 describes primary mechanical thrombectomy for the initial vessel treated within a vascular family. CPT 37185 is used for second or all subsequent vessel(s) within the same vascular family. For a mechanical thrombectomy of an additional vascular family treated through a separate access site, modifier 59 along with CPT 37184, 37185 is most appropriate.
- DO NOT report CPT 37184–37185 for mechanical thrombectomy performed for the retrieval of short segments of thrombus or embolus evident during other percutaneous interventional procedures (see CPT 37186)
- Secondary mechanical thrombectomy is reported using CPT 37186. DO NOT report CPT 37186 in conjunction with CPT 37184, 37185.

Venous Mechanical Thrombectomy

- CPT 37187 is used to report venous mechanical thrombectomy, either by itself or in conjunction with other percutaneous interventions. In certain circumstances, it may be necessary to repeat venous mechanical thrombectomy during the course of thrombolytic therapy. CPT code 37188 is used to report "repeat" venous mechanical thrombectomy on a subsequent day during the course of pharmacological thrombolysis. Any additional percutaneous interventions can be separately reported.
- Fluoroscopy is considered an inclusive service in arterial and venous thrombectomy, therefore, DO NOT report CPT 37187, 37188 in conjunction with CPT 76000, 76001 or 96375.
- Report CPT 37212-37214 once per date of treatment DO NOT report CPT 37212-37214 with 75898.

American College of Surgeons[10]

- If there is no NCCI edit for a code pair, then modifier 51 is appended to the additional procedure code(s) with a global period of 000, 010 or 090 when multiple procedures are performed by the same surgeon in the same operative session. Do not append modifier 51 to add-on codes that have a "ZZZ" global assignment. Surgeons can expect to get reimbursed 100 percent for the first procedure and 50 percent for the second through fifth procedures per Medicare's Multiple Procedure Payment Reduction (MPPR) policy. If more than five different procedures are performed, an operative report will need to be submitted for payment of all the procedures. This situation occurs most frequently when billing for trauma care.

ICD-10-CM diagnosis codes: thrombectomy

Disease category	ICD-10-CM diagnosis code category (*Not an exhaustive list)	ICD-10-CM code description	Notes
Pulmonary embolism (PE) thrombectomy	*I26.XX	Pulmonary embolism	*Specify type of pulmonary embolism with acuity
Right atrial thrombectomy	I51.3	Intracardiac thrombosis, not elsewhere classified	Intracardiac thrombosis, not elsewhere classified
Deep vein thrombosis (DVT) thrombectomy	*I82.XXX	Other venous embolism and thrombosis	*Specify acute/chronic, laterality along with the specific location of the clot
Peripheral venous thrombectomy	*I82.XXX	Other venous embolism and thrombosis	*Specify acute/chronic, laterality along with the specific location of the clot
	*T82.XXXX	Complications of cardiac and vascular prosthetic devices, implants and grafts	*Specify type of complication along with the location of the clot
Peripheral arterial thrombectomy	I73.9	Peripheral vascular disease, unspecified	Peripheral vascular disease, unspecified
	*I74.X	Arterial embolism and thrombosis	*Specify location of clot/embolism - laterality and vessel
	*I75.XXX	Atheroembolism	*Specify location of clot/embolism - laterality and vessel

Coding and billing: Additional procedures performed

Procedure coding[1]		Physician services[2]			ASC[3]	Hospital outpatient[4]	
CPT code	Descriptions	In Hospital	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]
			Work	Total			
Angiography/Venography							
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	$80	1.71	2.41	Pkgd	5183	$3,226
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	$90	1.92	2.70	Pkgd	5183	$3,226
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	$58	1.28	1.75	Pkgd	5183	$3,226
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	$74	1.62	2.23	Pkgd	5183	$3,226
+75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	$44	0.98	1.33	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
75820	Venography, extremity, unilateral, radiological supervision and interpretation	$48	1.02	1.44	Pkgd	5182	$1,608
75822	Venography, extremity, bilateral, radiological supervision and interpretation	$67	1.44	2.02	$66.13	5182	$1,608
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	$52	1.11	1.56	Pkgd	5183	$3,226
Non-Coronary IVUS							
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, incl radiological S and I; initial non-coronary vessel (list separately in addition to code for primary procedure)	$79	1.76	2.37	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
+37253	Each additional non-coronary vessel (list separately in addition to code for primary procedure)	$62	1.40	1.87			
Ultrasound guidance							
+76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real time ultrasound visualization of vascular needle entry, with permanent recording and reporting	$14	0.29	0.41	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
Diagnostic catheterization							
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	$128	2.41	3.83	$1,708	5191	$3,312

Coding and billing: Additional procedures performed, continued

Procedure coding[1]		Physician services[2]			ASC[3]	Hospital outpatient[4]	
CPT code	Descriptions	In Hospital	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]
			Work	Total			
Selective catheter placement							
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	$42	0.93	1.25	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
36010	Introduction of catheter, superior or inferior vena cava	$95	2.13	2.85			
36011	Selective catheter placement, venous system; first order branch (e.g., renal vein, jugular vein)	$137	3.06	4.09			
36012	Second order, or more selective, branch (e.g., left adrenal vein, petrosal sinus)	$154	3.42	4.60			
36013	Introduction of catheter, right heart or main pulmonary artery	$112	2.46	3.36			
36014	Selective catheter placement, left or right pulmonary artery	$131	2.94	3.91			
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	$149	3.42	4.46			
36140	Introduction of needle or intracatheter, upper or lower extremity artery	$79	1.72	2.36			
36200	Introduction of catheter, aorta	$123	2.70	3.68			
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	$188	4.07	5.63			
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	$243	5.14	7.29			
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	$302	6.13	9.03			
36218	Selective catheter placement, arterial system; additional second order, third order and beyond, thoracic, or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	$46	0.98	1.39			
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic or lower extremity artery branch, within a vascular family	$207	4.53	6.20			
36246	Initial second order abdominal, pelvic or lower extremity artery branch, within a vascular family	$221	4.89	6.63			
36247	Initial third order or more selective abdominal, pelvic or lower extremity artery branch, within a vascular family.	$259	5.89	7.75			
+36248	Selective catheter placement, arterial system; additional second order, third order and beyond, abdominal, pelvic or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	$41	0.98	1.24			

Coding and billing: Additional procedures performed, continued

Procedure coding[1]		Physician services[2]			ASC[3]	Hospital outpatient[4]	
CPT code	Descriptions	In Hospital	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]
			Work	Total			
Arterial stenting							
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	$390	8.58	11.68	$7,532	5193	$11,794
+37237	; each additional artery (List separately in addition to code for primary procedure)	$188	4.14	5.62	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
Balloon Angioplasty (Arterial)							
37246	Transluminal balloon angioplasty (except lower extremity artery[ies] for occlusive disease, intracranial, coronary, pulmonary or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	$308	6.83	9.23	$3,617	5192	$5,815
+37247	Transluminal balloon angioplasty (except lower extremity artery[ies] for occlusive disease, intracranial, coronary, pulmonary or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	$152	3.41	4.55	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
Venous stenting							
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	$271	5.89	8.11	$7,562	5193	$11,794
+37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	$132	2.90	3.94	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
Balloon angioplasty (vein)							
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	$260	5.85	7.79	$3,499	5192	$5,815
+37249	Each additional vein (List separately in addition to code for primary procedure)	$128	2.80	3.84	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	

Coding and billing: Additional procedures performed, continued

Procedure coding[1]		Physician services[2]			ASC[3]	Hospital outpatient[4]	
CPT code	Descriptions	In Hospital	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]
			Work	Total			
IVC filters							
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation, intraprocedural road mapping and imaging guidance (ultrasound and fluoroscopy), when performed	$191	4.35	5.72	$4,362	5184	$5,685
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation, intraprocedural road mapping and imaging guidance (ultrasound and fluoroscopy), when performed. Do not report 37192 with 37191.	$311	6.92	9.31	$2,211	5183	$3,226
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation, intraprocedural road mapping and imaging guidance (ultrasound and fluoroscopy), when performed	$302	6.92	9.04	$1,624	5183	$3,226
Dialysis circuit							
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s) and intraprocedural pharmacological thrombolytic injection(s)	$321	7.31	9.60	$3,621	5192	$5,815
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s) and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	$386	8.78	11.55	$6,895	5193	$11,794
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s) and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting and all angioplasty within the peripheral dialysis circuit	$445	10.16	13.33	$12,365	5194	$18,729
Moderate sedation							
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age >5 years	$11.00	0.25	0.33	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
+99153	; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	N/A	N/A	N/A			

Overview of lower extremity arterial revascularization codes

Vascular territory	Angioplasty	Stent (includes angioplasty when performed)	Atherectomy (± stent and includes angioplasty when performed)	Add-on Lithotripsy
Iliac	• Straightforward: 37254 / +37255 • Complex: 37256 / +37257	• Straightforward: 37258 / +37259 • Complex: 37260 / +37261	—	+37262

Femoral–popliteal	• Straightforward: 37263 / +37264
	• Complex: 37265 / +37266
		• Straightforward: 37267 / +37268
		• Complex: 37269 / +37270
			• Straightforward: 37271 / +37272
			• Complex: 37273 / +37274
			• Stent + Atherectomy:
			  ○ Straightforward: 37275 / +37276
			  ○ Complex: 37277 / +37278
				+37279

Tibial/peroneal	• Straightforward: 37280 / +37281
	• Complex: 37282 / +37283
		• Straightforward: 37284 / +37285
		• Complex: 37286 / +37287
			• Straightforward: 37288 / +37289
			• Complex: 37290 / +37291
			• Stent + Atherectomy:
			  ○ Straightforward: 37292 / +37293 (SF)
			  ○ Complex: 37294 / +37295
				—

Inframalleolar	• Straightforward: 37296 / +37297 • Complex: 37298 / +37299	—	—	—

Lower extremity arterial
revascularization CPT codes and descriptions

Procedure coding[1]		Physician services[2]			ASC[3]	Hospital outpatient[4]	
CPT code	Descriptions	In Hosp.	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]
			Work	Total			
Iliac vascular territory							
37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	$336	7.30	10.05	$3,587	5192	$5,815
+37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	$136	3.00	4.07	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	$492	10.75	14.73	$3,587	5192	$5,815
+37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	$176	3.89	5.26	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	$401	8.75	12.01	$7,665	5193	$11,794
+37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	$181	4.00	5.43	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	$580	12.69	17.36	$7,665	5193	$11,794
+37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	$193	4.25	5.77	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	

Lower extremity arterial
revascularization CPT codes and descriptions, continued

Procedure coding[1]		Physician services[2]			ASC[3]	Hospital outpatient[4]	
CPT code	Descriptions	In Hosp.	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]
			Work	Total			
Femoral / popliteal vascular territory							
37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	$356	7.75	10.66	$3,796	5192	$5,815
+37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	$136	3.00	4.08	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	$481	10.50	14.41	$3,796	5192	$5,815
+37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	$181	4.00	5.43	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	$401	8.75	12.02	$8,066	5193	$11,794
+37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	$170	3.73	5.08	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	$674	14.75	20.19	$8,066	5193	$11,794
+37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	$228	5.00	6.82	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	

Lower extremity arterial
revascularization CPT codes and descriptions, continued

Procedure coding[1]		Physician services[2]			ASC[3]	Hospital outpatient[4]	
CPT code	Descriptions	In Hosp.	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]
			Work	Total			
Femoral / popliteal vascular territory, continued							
37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	$412	9.00	12.32	$13,100	5194	$18,729
+37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	$181	4.00	5.43	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	$576	12.63	17.24	$13,100	5194	$18,729
+37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	$250	5.50	7.47	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	$501	11.00	15.01	$13,205	5194	$18,729
+37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	$192	4.25	5.76	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	$682	15.00	20.41	$13,205	5194	$18,729
+37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	$271	6.00	8.11	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	

Lower extremity arterial
revascularization CPT codes and descriptions, continued

Procedure coding[1]		Physician services[2]			ASC[3]	Hospital outpatient[4]	
CPT code	Descriptions	In Hosp.	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]
			Work	Total			
Tibial / peroneal vascular territory							
37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	$448	9.80	13.40	$7,078	5193	$11,794
+37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	$135	3.00	4.03	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	$561	12.31	16.79	$7,078	5193	$11,794
+37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	$191	4.26	5.73	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	$461	10.00	13.81	$12,207	5194	$18,729
+37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	$152	3.34	4.56	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	$619	13.46	18.53	$12,207	5194	$18,729
+37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	$229	5.00	6.86	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	

Lower extremity arterial
revascularization CPT codes and descriptions, continued

Procedure coding[1]		Physician services[2]			ASC[3]	Hospital outpatient[4]	
CPT code	Descriptions	In Hosp.	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]
			Work	Total			
Tibial / peroneal vascular territory, continued							
37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	$767	17.00	22.96	$12,373	5194	$18,729
+37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	$293	6.50	8.76	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	$679	15.00	20.33	$12,901	5194	$18,729
+37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	$299	6.50	8.94	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	$814	18.00	24.37	$12,901	5194	$18,729
+37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	$376	8.16	11.27	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	

Lower extremity arterial
revascularization CPT codes and descriptions, continued

Procedure coding[1]		Physician services[2]			ASC[3]	Hospital outpatient[4]	
CPT code	Descriptions	In Hosp.	In-Facility RVUs[7]		ASC payment[3]	APC code[4]	APC payment[4]
			Work	Total			
Inframalleolar vascular territory							
37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	$501	11.00	15.01	$7,078	5193	$11,794
+37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	$180	4.00	5.38	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	
37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	$619	13.70	18.52	$7,078	5193	$11,794
+37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	$223	5.00	6.69	Pkgd	Comprehensive APC pkgd single payment for the primary procedure	

Inpatient Payment: FY2027 IPPS MS-DRG payment for Stryker Peripheral Vascular mechanical thrombectomy and alternative modalities[6]

MS-DRG	MS-DRG title	FY2027 payment	Type
163	Major Chest Procedures with MCC	$33,165	SURG
164	Major Chest Procedures with CC	$18,584	SURG
165	Major Chest Procedures without CC/MCC	$14,250	SURG
173	Ultrasound Accelerated and Other Thrombolysis with Principal Diagnosis Pulmonary Embolism	$21,832	SURG
175	Pulmonary Embolism with MCC or Acute Cor Pulmonale	$10,087	MED
176	Pulmonary Embolism without MCC	$5,956	MED
228	Other Cardiothoracic Procedures with MCC	$36,694	SURG
229	Other Cardiothoracic Procedures without MCC	$25,421	SURG
252	Other Vascular Procedures with MCC	$25,730	SURG
253	Other Vascular Procedures with CC	$19,407	SURG
254	Other Vascular Procedures without CC/MCC	$13,271	SURG
270	Other Major Cardiovascular Procedures with MCC	$38,914	SURG
271	Other Major Cardiovascular Procedures with CC	$26,581	SURG
272	Other Major Cardiovascular Procedures without CC/MCC	$18,365	SURG
278	Ultrasound Accelerated and Other Thrombolysis of Peripheral Vascular Structures with MCC	$46,906	SURG
279	Ultrasound Accelerated and Other Thrombolysis of Peripheral Vascular Structures without MCC	$30,526	SURG
299	Peripheral Vascular Disorders with MCC	$11,704	MED
300	Peripheral Vascular Disorders with CC	$7,732	MED
301	Peripheral Vascular Disorders without CC/MCC	$5,270	MED

Comprehensive ambulatory payment classifications (C-APCs) (Calendar year January 1, 2026 – December 31, 2026)

Beginning in Calendar Year 2015, Centers for Medicare and Medicaid Services (CMS) implemented the comprehensive APCs (C-APCs) payment packaging policy. The C-APC payments for covered services, drugs and supplies under a primary service are designated by a "J1" status indicator. CMS utilizes C-APCs to provide a single all-inclusive payment for the primary service performed with no separate reimbursement for additional services and supplies used during the delivery of the primary service. CMS groups procedures within C-APCs based on clinical and resource utilization similarities. The table below displays the CY 2026 APC family for Endovascular Procedures.

APC code	Group title	SI	Payment rate
5193	Level 3 Endovascular Procedures	J1	$11,794
5194	Level 4 Endovascular Procedures	J1	$18,729

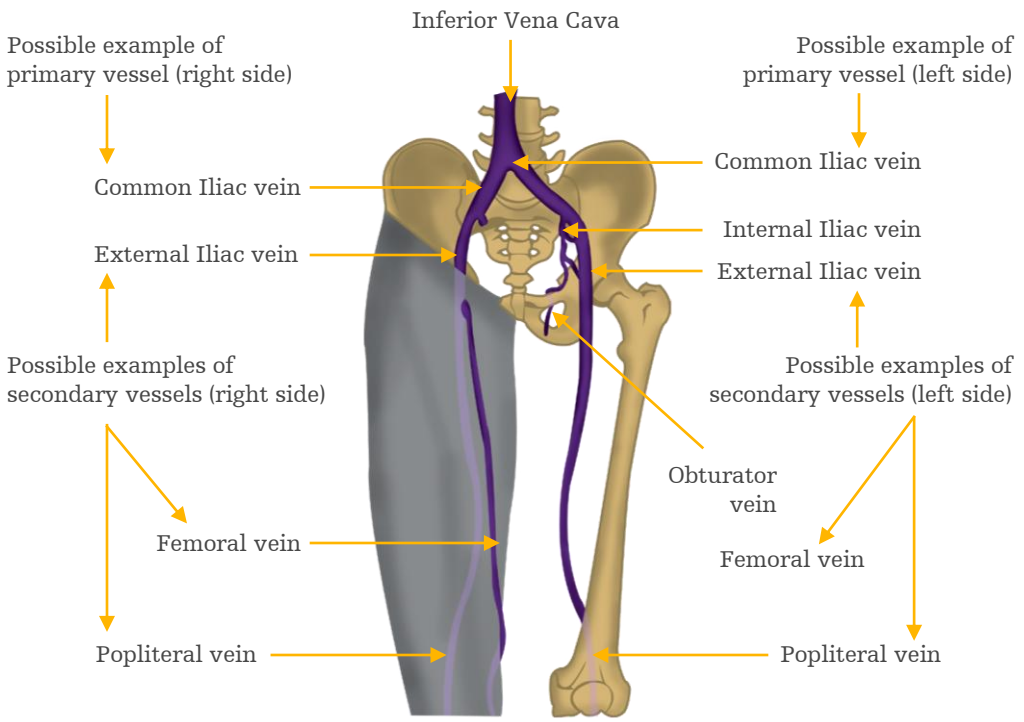
Qualifying complexity adjustments

Beginning in Calendar Year 2015, Centers for Medicare and Medicaid Services (CMS) implemented the comprehensive APCs (C-APCs) payment packaging policy. The C-APC payments for covered services, drugs and supplies under a primary service are designated by a "J1" status indicator. CMS utilizes C-APCs to provide a single all-inclusive payment for the primary service performed with no separate reimbursement for additional services and supplies used during the delivery of the primary service. CMS groups procedures within C-APCs based on clinical and resource utilization similarities. The table below displays the CY 2026 APC family for Endovascular Procedures. As discussed in the CY 2026 Outpatient Prospective Payment System Final Rule, CMS provides increased payment for certain comprehensive services, which is called the "complexity adjustment". CMS implements complexity adjustment when a qualifying code combination represents a complex and costly form of the primary service that also meets certain frequency and cost criteria thresholds.[11] Under the CY2026 OPPS Final Rule, CMS has identified certain code combinations related to venous mechanical thrombectomy that qualify for a complexity adjustment.[11]

Primary HCPCS code	Primary short descriptor	Primary SI	Primary APC assignment	Secondary J1 or add-on HCPCS code	Secondary short descriptor	Secondary SI	Secondary APC assignment	Complexity adjusted APC assignment
37187	Venous mech thrombectomy	J1	5193	37238	Open/perq place stent same	J1	5193	5194
37187	Venous mech thrombectomy	J1	5193	37248	Trilum balo angiop 1st vein	J1	5192	5194

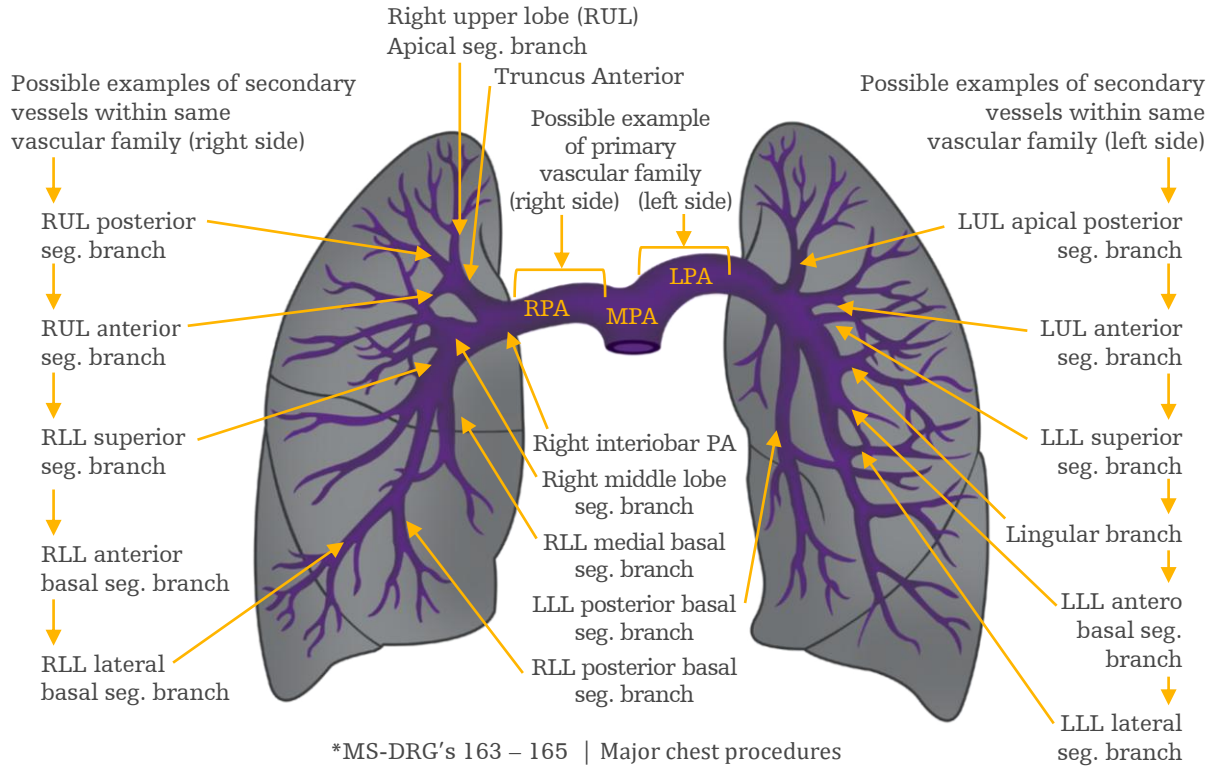
Venous anatomy diagrams

Lower venous anatomy



*MS-DRG's 270 – 272 | Other major cardiovascular procedures

Pulmonary arterial anatomy



*MS-DRG's 163 – 165 | Major chest procedures

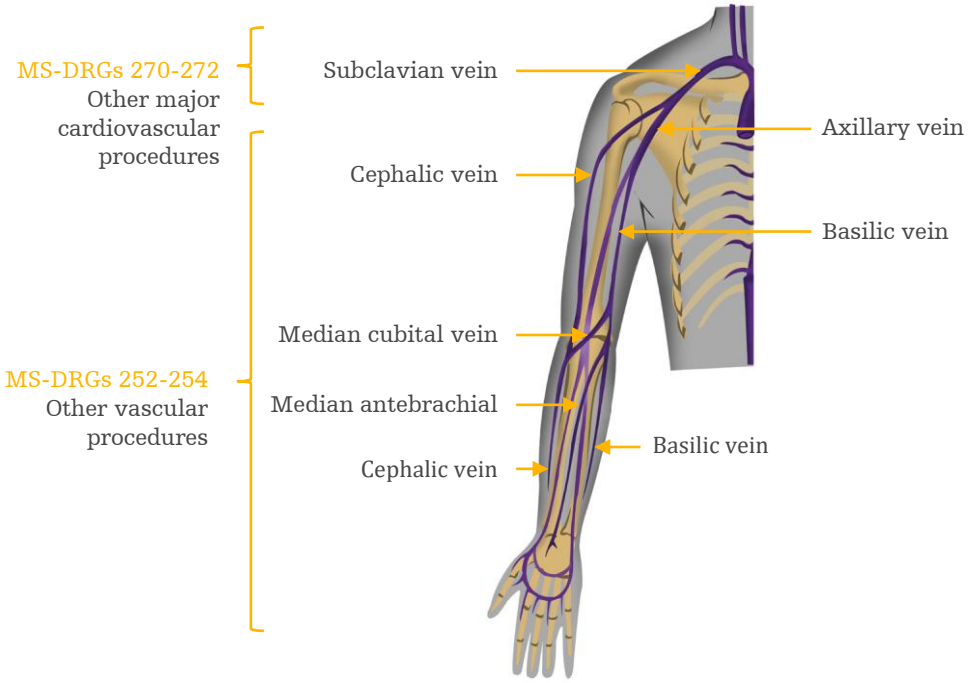
Drawings for illustrative purposes only. Not to be used for diagnosis, treatment or measurements that impact clinical decisions. Not to be used as alternatives to clinical decision-making tools. Review complete Instructions for Use//Intended Purpose, Indications for Use, Warnings, Precautions, Possible Adverse Effects and Contraindications prior to use of the product.

Final DRG Mapping for inpatient Coding is based on principal admission diagnosis, primary procedure performed and patient's secondary MCC's or CC's, as documented

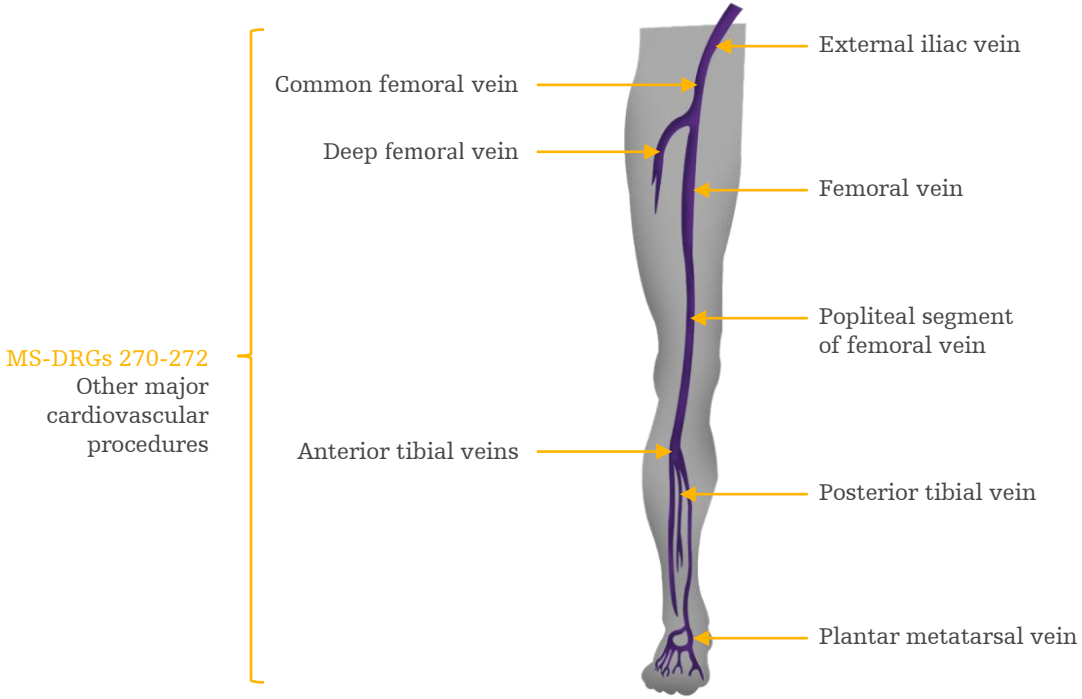
Anatomy and documentation sheets are available in tear-off. Please contact your local Stryker Peripheral Vascular representative to order.

Peripheral venous anatomy diagrams

Peripheral upper anatomy



Peripheral lower anatomy



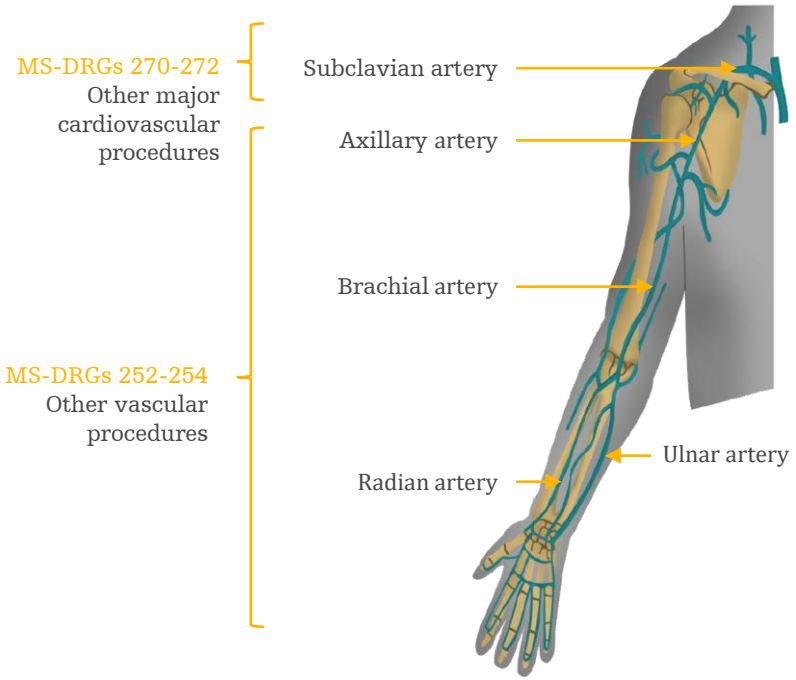
Drawings for illustrative purposes only. Not to be used for diagnosis, treatment or measurements that impact clinical decisions. Not to be used as alternatives to clinical decision-making tools. Review complete Instructions for Use//Intended Purpose, Indications for Use, Warnings, Precautions, Possible Adverse Effects and Contraindications prior to use of the product.

Final DRG Mapping for inpatient Coding is based on principal admission diagnosis, primary procedure performed and patient's secondary MCC's or CC's, as documented

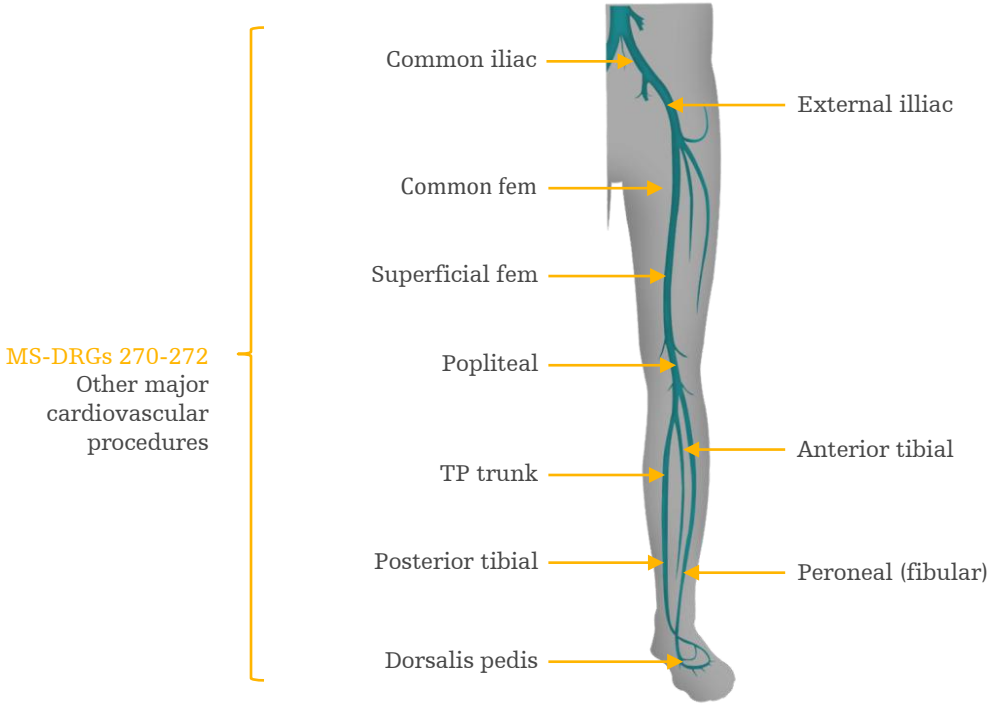
Anatomy and documentation sheets are available in tear-off. Please contact your local Stryker Peripheral Vascular representative to order.

Peripheral arterial anatomy diagrams

Arterial upper anatomy



Arterial lower anatomy



Drawings for illustrative purposes only. Not to be used for diagnosis, treatment or measurements that impact clinical decisions. Not to be used as alternatives to clinical decision-making tools. Review complete Instructions for Use//Intended Purpose, Indications for Use, Warnings, Precautions, Possible Adverse Effects and Contraindications prior to use of the product.

Final DRG Mapping for inpatient Coding is based on principal admission diagnosis, primary procedure performed and patient's secondary MCC's or CC's, as documented

Anatomy and documentation sheets are available in tear-off. Please contact your local Stryker Peripheral Vascular representative to order.

Hospital (inpatient and outpatient) Chargemaster set up: Thrombectomy

- If your hospital is set up with a Price Per Procedure (PPP) Model, the Cost is based on One Price for the entire system and includes all individual components, regardless of how many are used during a case
- When adding the PPP (Price Per Procedure) to the Chargemaster (CDM), we have seen facilities create an inventory code "XX-PPP" (XX Price Per Procedure) and assign HCPCS Code C1757 to establish a charge for the entire system, on one line item
- A possible Revenue Code that describes the PPP (Price Per Procedure) is 027X, although this is determined based on internal organizational policies

Level II HCPCS code	Description	Possible use with
C1757	Catheter, thrombectomy/ embolectomy	VTE System, FlowTriever Retrieval/Aspiration System, ClotTriever Thrombectomy System, InThrill Thrombectomy System, RevCore Thrombectomy System, VenaCore Thrombectomy System, Artix Thrombectomy System
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non laser	ClotTriever, ProTrieve, InThrill
C1760	Closure Device, Vascular	FlowStasis Suture Retention Device

*For Illustration Purposes Only: FlowTriever Thrombectomy System (FT-PPP)

Charge type	Example department	Model #	Example CDM description	Possible HCPCS/CPT	Possible modifier	Possible revenue code	Example CDM#	Example cost	Example charge
Device	1234	FT-PPP	FlowTriever Thrombectomy System - PE Price Per Procedure	C1757	-	027X	123456	FT-PPP Cost	Cost + standard mark up
Procedure	1234	-	Operating room -- general	37184 (primary vessel) + 37185 (add-on for additional vessels)	50	360	-	Cost	Cost per minute

*Adding products to the Chargemaster can vary depending on your facility's purchase price, standard device mark-ups, revenue code choice and billing/charging protocols

*The hospital Chargemaster should be consulted to appropriately set up the charges for the thrombectomy procedure and the device

References

1. This reimbursement guide provides examples only and is not exhaustive. Sample codes may include CPT, ICD-10-CM, ICD-10-PCS, and MS-DRG codes for the procedures described above. For more information, see https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/mln-publications-items/icn900943
2. CY2026 Physician Fee Schedule: https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f
   The CY2026 Medicare Physician In Hospital and In Office Payments were calculated using the non-qualifying alternative payment model (APM) participant conversion factor of $33.40, which was released on November 1, 2026.
3. CY2026 ASC Addenda Updates: https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices/cms-1834-fc
4. CY2026 OPPS Addendum B: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc
5. FY2026 ICD-10-CM, ICD-10-PCS, and MS-DRG v40 https://www.cms.gov/icd10m/version40-fullcode-cms/fullcode_cms/P0033.html
6. FY2027 IPPS Final Rule: https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2027-ipps-final-rule-home-page
7. Facility Total RVUs for physician procedures or services performed during inpatient hospital stay
8. Level II HCPCS codes (c-codes) may be used by CMS and some payers to capture utilization for outpatient procedures or devices not identified by Level I HCPCS (CPT) codes. For more information, see https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCS_Coding_Questions
9. CPT 2026 Professional Edition- Transcatheter Procedures. Pages 320-321. https://commerce.ama-assn.org/store/ui
10. https://public-inspection.federalregister.gov/2023-24293.pdf
11. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

Indications for Use

The Artix Thin-Walled Sheath is indicated for: (1) The non-surgical removal of emboli and thrombi from blood vessels. (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. (3) Use as a conduit for endovascular devices. (4) Use in facilitating the insertion and guidance of an intravascular catheter into a selected blood vessel. The funnel provides temporary vascular occlusion during these and other angiographic procedures. The Artix Thin-Walled Sheath is intended for use in the peripheral vasculature. The Artix MT Thrombectomy Device is indicated for (1) the non-surgical removal of emboli and thrombi from a blood vessel; and (2) injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The Artix MT thrombectomy device is intended for use in the peripheral vasculature. The Artix AX Aspiration Catheter is indicated for (1) the non-surgical removal of emboli and thrombi from blood vessels; and (2) injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The Artix AX Aspiration Catheter is intended for use in the peripheral vasculature. The FlowSaver Blood Return System is used with Inari Medical catheters and sheaths for autologous blood transfusion.

The ClotTriever Thrombectomy System is indicated for: (1) The non-surgical removal of thrombi and emboli from blood vessels. (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The ClotTriever Thrombectomy System is intended for use in the peripheral vasculature including deep vein thrombosis (DVT). The ClotTriever Sheaths are indicated for use as a conduit for the insertion of endovascular devices into the vasculature while minimizing blood loss associated with such insertions.

The FlowTriever Retrieval/Aspiration System is indicated for (1) the non-surgical removal of emboli and thrombi from blood vessels and (2) injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The FlowTriever Retrieval/Aspiration System is intended for use in the peripheral vasculature and for the treatment of pulmonary embolism. Triever catheters are intended for use in treating clot in transit in the right atrium but not in conjunction with FlowTriever Catheters. The Triever20 Curve is used coaxially within the Triever24 for (1) the non-surgical removal of emboli and thrombi from blood vessels and (2) injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The Triever20 Curve is intended for use in the peripheral vasculature and for the treatment of pulmonary embolism. The Triever20 Curve Catheter is not indicated for use with FlowTriever Catheters. Triever20 Curve is also intended for use in treating clot in transit in the right atrium but not in conjunction with FlowTriever Catheters. Triever20 Curve must be used within the Triever24. The FlowSaver Blood Return System is used with Inari Medical catheters for autologous blood transfusion. The Triever16 Curve is indicated for (1) the non-surgical removal of emboli and thrombi from blood vessels and (2) injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The Triever16 Curve is intended for use in the peripheral vasculature and for the treatment of pulmonary embolism. The Triever16 Curve is not indicated for use with FlowTriever Catheters. The Triever16 Curve is also intended for use in treating clot in transit in the right atrium but not in conjunction with FlowTriever Catheters.

The RevCore Thrombectomy Catheter is indicated for (1) the non-surgical removal of thrombi and emboli from blood vessels and (2) injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The RevCore Thrombectomy Catheter is intended for use in the peripheral vasculature.

The FlowStasis device is intended for temporary suture retention following a percutaneous venous procedure.

The FlowSaver Blood Return System is used with Inari Medical catheters and sheaths for autologous blood transfusion. Contraindications: Not intended for use without anticoagulation.

The VenaCore Thrombectomy Catheter is indicated for (1) the non-surgical removal of thrombi and emboli from blood vessels; (2) injection, infusion, and/or aspiration of contrast media and other fluids into or from blood vessels. The VenaCore Thrombectomy Catheter is intended for use in the peripheral vasculature.

The FlowTriever2 Catheter is indicated for: (1) The non-surgical removal of emboli and thrombi from peripheral blood vessels. (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The FlowTriever2 Catheter is intended for use in the peripheral vasculature and for the treatment of pulmonary embolism (PE).

The Intri24 Introducer Sheath is indicated to provide a conduit for the insertion of endovascular devices into the vasculature while minimizing blood loss associated with such insertions.

The ProTrieve Sheath is indicated for use as a conduit for the insertion of endovascular devices into the vasculature while minimizing blood loss associated with such insertions.

Review complete Instructions for Use, Indications for Use, Warnings, Precautions, Possible Adverse Effects and contraindications prior to use of the product.

For all non-Stryker products, please refer to manufacturer Instructions for Use/Intended Purpose for complete indications for use, contraindications, warnings and precautions.

Caution: Federal (USA) law restricts these devices to sale by or on the order of a physician

Peripheral Vascular

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