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## **Product Update Notice for Our 2026 Peripheral & Cardiology Coder**

As part of MedLearn Publishing's quality-control process, we routinely evaluate current publications to ensure accuracy and transparency. We reviewed our *2026 Peripheral & Cardiology Coder* and determined that not all of the codes listed in **Appendix A** were accurately inserted. These inaccuracies have now been corrected, and this notice is to inform you of the correction.

As always, thank you for being a MedLearn Publishing customer. Please contact Customer Care at 800-252-1578 ext. 2 if you have any questions about the above or other products and services.

# 2026 Medicare Payment Rates

The table that begins on the next page lists payment rates under the Medicare physician fee schedule (MPFS) and the hospital outpatient prospective payment system (OPPS) ambulatory payment classifications (APCs). All payment amounts in this table represent national rates, without local geographic adjustments. The information included is the most current available at the time of publication.

## PAYMENT TABLE

The table gives the following data for each code:

- **Code and Description:** The numeric CPT and alphanumeric HCPCS Level II codes are followed by their descriptions. Payment for moderate (conscious) sedation under APCs is not separate (see status indicator of “N”), but packaged into the procedure.
- **Modifier:** “Global” indicates payment for all components of the service, “TC” indicates payment for the technical component (TC), and “26” indicates payment for the professional component (PC). The global service includes both the TC and the PC, and physicians who furnish both components of the service bill using this method. “Global” and “TC” appear when needed to indicate global and technical payment under the limits imposed by the Deficit Reduction Act of 2005, which place a payment ceiling on most imaging procedures. This ceiling limits payment for the technical component under the MPFS to the amount paid for the procedure under the OPPS. CMS has published revised RVUs for the imaging procedures affected, where needed, to bring the fee schedule payment into line with the OPPS rate. Note that this provision applies only to the TC of global services and to services consisting of only a TC. The PC continues to be paid in full for all procedures.
- **MPFS:** Under the MPFS heading appears the status code (SC), indicating how the CPT code is paid; facility total RVUs for the code; and the national fee schedule payment rate for the code. Unless otherwise noted, the RVUs listed apply to facility-based services. In the most general terms, the MPFS reimbursement for a service or procedure is the product of the RVU for its global, technical, or professional component and the Medicare payment conversion factor. For 2026, the conversion factor (CF) is \$33.57. To determine actual reimbursement for your specific practice, the RVU must also be adjusted with the geographic practice cost index (GPCI) for your locality. A list of MPFS status codes and their definitions follows the table.
- **Hospital OPPS:** Under the OPPS heading appears the number of the APC into which the service or procedure falls; the OPPS status indicator (SI), which signifies how the code is paid; and the OPPS payment rate for the code. A list of the hospital OPPS status indicators and their definitions follows the table.

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	Global	C	NA		C		
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	TC	C	NA		C		
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	26	C	0.00	\$0.00	C		
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	Global	C	NA		C		
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	TC	C	NA		C		
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	26	C	0.00	\$0.00	C		
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	Global	C	0.00	\$0.00	J1	5194	\$18,728.69
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	Global	C	0.00	\$0.00	C		
0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	Global	C	0.00	\$0.00	N		
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transeptal puncture, when performed	Global	C	0.00	\$0.00	C		
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	Global	C	0.00	\$0.00	C		
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	Global	C	0.00	\$0.00	J1	5193	\$11,794.23
0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)	Global	C	0.00	\$0.00	N		
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	Global	C	0.00	\$0.00	J1	5183	\$3,225.87

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study;	Global	C	0.00	\$0.00	S	5723	\$381.24
0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report	Global	C	0.00	\$0.00	M		
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	Global	C	0.00	\$0.00	C		
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Global	C	0.00	\$0.00	C		
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	Global	C	0.00	\$0.00	C		
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Global	C	0.00	\$0.00	C		
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	Global	C	0.00	\$0.00	C		
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	Global	C	0.00	\$0.00	E1		
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	Global	C	0.00	\$0.00	S	1580	\$45,000.50
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	Global	C	0.00	\$0.00	C		
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	Global	C	0.00	\$0.00	J1	5192	\$5,814.84
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	Global	C	0.00	\$0.00	J1	5194	\$18,728.69
0646T	Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	Global	C	0.00	\$0.00	C		

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch		C	0.00	\$0.00	J1	5193	\$11,794.23
0914T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention)		C	0.00	\$0.00	N		
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Global	A	8.51	\$285.68	J1	5200	\$29,304.62
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Global	A	18.52	\$621.72	C		
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Global	A	32.31	\$1,084.65	C		
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Global	A	35.20	\$1,181.66	C		
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Global	A	36.56	\$1,227.32	C		
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Global	A	37.87	\$1,271.30	C		
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Global	A	38.13	\$1,280.02	C		
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Global	A	41.92	\$1,407.25	C		
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Global	A	16.72	\$561.29	C		
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Global	A	20.26	\$680.13	C		

Medicare Physician Fee Schedule RVUs and Hospital OPs Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Global	A	26.76	\$898.33	C		
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)	Global	A	3.47	\$116.49	N		
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	Global	A	53.07	\$1,781.56	C		
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	Global	A	63.43	\$2,129.35	C		
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Global	A	47.35	\$1,589.54	C		
33475	Replacement, pulmonary valve	Global	A	64.32	\$2,159.22	C		
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	Global	A	43.37	\$1,455.93	C		
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Global	A	33.71	\$1,131.64	C		
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	Global	A	4.73	\$158.79	C		
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	Global	A	19.45	\$652.94	C		
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	Global	A	27.80	\$933.25	C		
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	Global	A	11.11	\$372.96	C		
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	Global	A	15.32	\$514.29	J1	5193	\$11,794.23
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	Global	A	20.15	\$676.44	J1	5193	\$11,794.23
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	Global	A	19.45	\$652.94	J1	5194	\$18,728.69
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Global	A	22.95	\$770.43	J1	5193	\$11,794.23

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)	Global	A	7.70	\$258.49	N		
33967	Insertion of intra-aortic balloon assist device, percutaneous	Global	A	6.73	\$225.93	C		
33968	Removal of intra-aortic balloon assist device, percutaneous	Global	A	0.89	\$29.88	C		
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	Global	A	9.40	\$315.56	C		
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	Global	A	20.10	\$674.76	C		
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	Global	A	13.73	\$460.92	C		
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	Global	A	26.10	\$876.18	C		
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	Global	A	9.37	\$314.55	C		
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transeptal puncture	Global	A	12.45	\$417.95	C		
33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion	Global	A	4.94	\$165.84	C		
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	Global	A	4.26	\$143.01	C		
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Global	A	9.36	\$314.22	C		
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	Global	A	4.18	\$140.32	C		
36000	Introduction of needle or intracatheter, vein	Global	B	0.24	\$8.06	N		
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	Global	A	2.75	\$92.32	T	5181	\$640.89
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	Global	A	1.25	\$41.96	N		
36010	Introduction of catheter, superior or inferior vena cava	Global	A	2.85	\$95.67	N		
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	Global	A	4.09	\$137.30	N		
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	Global	A	4.60	\$154.42	N		
36013	Introduction of catheter, right heart or main pulmonary artery	Global	A	3.36	\$112.80	N		
36100	Introduction of needle or intracatheter, carotid or vertebral artery	Global	A	4.01	\$134.62	N		
36140	Introduction of needle or intracatheter, upper or lower extremity artery	Global	A	2.36	\$79.23	N		
36160	Introduction of needle or intracatheter, aortic, translumbar	Global	A	3.20	\$107.42	N		
36200	Introduction of catheter, aorta	Global	A	3.68	\$123.54	N		
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	Global	A	5.63	\$189.00	N		
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	Global	A	7.29	\$244.73	N		

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	Global	A	9.03	\$303.14	N		
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)	Global	A	1.39	\$46.66	N		
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Global	A	5.33	\$178.93	Q2	5183	\$3,225.87
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Global	A	7.57	\$254.12	Q2	5183	\$3,225.87
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	Global	A	8.90	\$298.77	Q2	5184	\$5,685.01
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	Global	A	9.94	\$333.69	Q2	5184	\$5,685.01
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Global	A	8.81	\$295.75	Q2	5183	\$3,225.87
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Global	A	9.86	\$331.00	Q2	5184	\$5,685.01
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Global	A	3.24	\$108.77	N		
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)	Global	A	6.73	\$225.93	N		
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Global	A	6.20	\$208.13	N		
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Global	A	6.63	\$222.57	N		
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	Global	A	7.75	\$260.17	N		

Medicare Physician Fee Schedule RVUs and Hospital OPs Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
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)	Global	A	1.24	\$41.63	N		
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	Global	A	6.71	\$225.25	Q2	5183	\$3,225.87
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	Global	A	9.27	\$311.19	Q2	5183	\$3,225.87
36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	Global	A	9.13	\$306.49	Q2	5184	\$5,685.01
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	Global	A	10.85	\$364.23	Q2	5183	\$3,225.87
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Global	A	3.16	\$106.08	T	5054	\$2,107.97
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Global	A	3.99	\$133.94	T	5054	\$2,107.97
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Global	R	0.00	\$0.00	Q1	5052	\$415.32
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Global	A	1.01	\$33.91	T	5052	\$415.32
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Global	A	2.00	\$67.14	T	5052	\$415.32
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Global	A	4.74	\$159.12	J1	5183	\$3,225.87

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Global	A	2.34	\$78.55	N		
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Global	A	7.38	\$247.75	J1	5183	\$3,225.87
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Global	A	3.52	\$118.17	N		
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Global	A	7.39	\$248.08	J1	5183	\$3,225.87
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Global	A	3.57	\$119.84	N		
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Global	A	4.75	\$159.46	J1	5184	\$5,685.01
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Global	A	2.38	\$79.90	N		
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	Global	A	4.41	\$148.04	J1	5182	\$1,608.25
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Global	A	6.29	\$211.16	J1	5192	\$5,814.84

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; 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 segment	Global	A	8.31	\$278.97	J1	5193	\$11,794.23
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);	Global	A	9.60	\$322.27	J1	5192	\$5,814.84
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	Global	A	11.55	\$387.73	J1	5193	\$11,794.23
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	Global	A	13.33	\$447.49	J1	5194	\$18,728.69
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	Global	A	3.82	\$128.24	N		
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	Global	A	5.44	\$182.62	N		
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	Global	A	5.26	\$176.58	N		
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	Global	A	11.27	\$378.33	J1	5194	\$18,728.69

Medicare Physician Fee Schedule RVUs and Hospital OPs Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	Global	A	10.35	\$347.45	J1	5193	\$11,794.23
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	Global	A	7.50	\$251.78	J1	5183	\$3,225.87
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	Global	A	7.92	\$265.87	J1	5183	\$3,225.87
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	Global	A	10.13	\$340.06	J1	5184	\$5,685.01
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	Global	A	8.82	\$296.09	J1	5183	\$3,225.87
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	Global	A	6.06	\$203.43	J1	5183	\$3,225.87
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	Global	A	3.21	\$107.76	J1	5183	\$3,225.87
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	Global	R	26.63	\$893.97	C		
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	Global	N	25.74	\$864.09	E1		
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	Global	A	29.30	\$983.60	C		
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Global	A	22.21	\$745.59	C		
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	Global	A	11.68	\$392.10	J1	5193	\$11,794.23

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
37237	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; each additional artery (List separately in addition to code for primary procedure)	Global	A	5.62	\$188.66	N		
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	Global	A	12.37	\$415.26	J1	5194	\$18,728.69
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Global	A	14.44	\$484.75	J1	5193	\$11,794.23
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	Global	A	16.95	\$569.01	J1	5193	\$11,794.23
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	Global	A	9.23	\$309.85	J1	5192	\$5,814.84
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)	Global	A	4.55	\$152.74	N		
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	Global	A	7.79	\$261.51	J1	5192	\$5,814.84
37249	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; each additional vein (List separately in addition to code for primary procedure)	Global	A	3.84	\$128.91	N		
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	Global	A	2.37	\$79.56	N		
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	Global	A	1.87	\$62.78	N		

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
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	Global	A	10.05	\$337.38	J1	5192	\$5,814.84
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)	Global	A	4.07	\$136.63	N		
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	Global	A	14.73	\$494.49	J1	5192	\$5,814.84
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)	Global	A	5.26	\$176.58	N		
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	Global	A	12.01	\$403.18	J1	5193	\$11,794.23
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)	Global	A	5.43	\$182.29	N		
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	Global	A	17.36	\$582.78	J1	5193	\$11,794.23

Medicare Physician Fee Schedule RVUs and Hospital OPs Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
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)	Global	A	5.77	\$193.70	N		
37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Global	A	4.07	\$136.63	N		
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	Global	A	10.66	\$357.86	J1	5192	\$5,814.84
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)	Global	A	4.08	\$136.97	N		
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	Global	A	14.41	\$483.74	J1	5192	\$5,814.84
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)	Global	A	5.43	\$182.29	N		
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	Global	A	12.02	\$403.51	J1	5193	\$11,794.23

Medicare Physician Fee Schedule RVUs and Hospital OPs Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
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)	Global	A	5.08	\$170.54	N		
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	Global	A	20.19	\$677.78	J1	5193	\$11,794.23
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)	Global	A	6.82	\$228.95	N		
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	Global	A	12.32	\$413.58	J1	5194	\$18,728.69
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)	Global	A	5.43	\$182.29	N		
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	Global	A	17.24	\$578.75	J1	5194	\$18,728.69

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
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)	Global	A	7.47	\$250.77	N		
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	Global	A	15.01	\$503.89	J1	5194	\$18,728.69
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)	Global	A	5.76	\$193.36	N		
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	Global	A	20.41	\$685.16	J1	5194	\$18,728.69
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)	Global	A	8.11	\$272.25	N		
37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Global	A	5.44	\$182.62	N		

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
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	Global	A	13.40	\$449.84	J1	5193	\$11,794.23
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)	Global	A	4.03	\$135.29	N		
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	Global	A	16.79	\$563.64	J1	5193	\$11,794.23
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)	Global	A	5.73	\$192.36	N		
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	Global	A	13.81	\$463.60	J1	5194	\$18,728.69
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)	Global	A	4.56	\$153.08	N		

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
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	Global	A	18.53	\$622.05	J1	5194	\$18,728.69
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)	Global	A	6.86	\$230.29	N		
37288	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; straightforward lesion, initial vessel	Global	A	18.24	\$612.32	J1	5194	\$18,728.69
37289	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; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Global	A	6.43	\$215.86	N		
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	Global	A	22.96	\$770.77	J1	5194	\$18,728.69
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)	Global	A	8.76	\$294.07	N		

**Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs**

Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
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	Global	A	20.33	\$682.48	J1	5194	\$18,728.69
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)	Global	A	8.94	\$300.12	N		
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	Global	A	24.37	\$818.10	J1	5194	\$18,728.69
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)	Global	A	11.27	\$378.33	N		
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	Global	A	15.01	\$503.89	J1	5193	\$11,794.23

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
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)	Global	A	5.38	\$180.61	N		
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	Global	A	18.52	\$621.72	J1	5193	\$11,794.23
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)	Global	A	6.69	\$224.58	N		
37799	Unlisted procedure, vascular surgery	Global	C	0.00	\$0.00	T	5181	\$640.89
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Global	A	1.87	\$62.78	J1	5073	\$2,967.63
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	Global	A	3.15	\$105.75	J1	5072	\$1,687.37
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Global	A	4.75	\$159.46	S	5613	\$1,414.11
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	Global	A	5.23	\$175.57	J1	5341	\$3,657.95
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	Global	A	15.52	\$521.01	J1	5193	\$11,794.23
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord)	Global	A	31.28	\$1,050.07	J1	5194	\$18,728.69

**Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs**

Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	Global	A	22.57	\$757.67	J1	5193	\$11,794.23
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Global	R	37.56	\$1,260.89	C		
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Global	R	40.61	\$1,363.28	C		
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Global	N	14.01	\$470.32	E1		
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)	Global	N	4.92	\$165.16	E1		
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)	Global	N	9.84	\$330.33	E1		
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Global	A	22.63	\$759.69	C		
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Global	A	15.67	\$526.04	C		
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Global	A	6.70	\$224.92	C		
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	26	A	NA				
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	Global	A	NA		Q2	5183	\$3,225.87
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	TC	A	NA				
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	26	A	NA				
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	Global	A	NA		Q2	5183	\$3,225.87
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	TC	A	NA				
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	26	A	NA				
75705	Angiography, spinal, selective, radiological supervision and interpretation	Global	A	NA		Q2	5184	\$5,685.01
75705	Angiography, spinal, selective, radiological supervision and interpretation	TC	A	NA				
75705	Angiography, spinal, selective, radiological supervision and interpretation	26	A	NA				
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	Global	A	NA		Q2	5183	\$3,225.87

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	TC	A	NA				
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	26	A	NA				
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	Global	A	NA		Q2	5183	\$3,225.87
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	TC	A	NA				
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	26	A	NA				
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	Global	A	NA		Q2	5184	\$5,685.01
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	TC	A	NA				
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	26	A	NA				
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	Global	A	NA		Q2	5184	\$5,685.01
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	TC	A	NA				
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	26	A	NA				
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	Global	A	NA		Q2	5183	\$3,225.87
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	TC	A	NA				
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	26	A	NA				
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	Global	A	NA		Q2	5183	\$3,225.87
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	TC	A	NA				
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	26	A	NA				
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	Global	A	NA		J1	5183	\$3,225.87
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	TC	A	NA				
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	26	A	NA				
75756	Angiography, internal mammary, radiological supervision and interpretation	Global	A	NA		Q2	5183	\$3,225.87
75756	Angiography, internal mammary, radiological supervision and interpretation	TC	A	NA				
75756	Angiography, internal mammary, radiological supervision and interpretation	26	A	NA				
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	Global	A	NA		N		
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	TC	A	NA				
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	26	A	NA				
75820	Venography, extremity, unilateral, radiological supervision and interpretation	Global	A	NA		Q2	5182	\$1,608.25

**Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs**

Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
75820	Venography, extremity, unilateral, radiological supervision and interpretation	TC	A	NA				
75820	Venography, extremity, unilateral, radiological supervision and interpretation	26	A	NA				
75822	Venography, extremity, bilateral, radiological supervision and interpretation	Global	A	NA		J1	5182	\$1,608.25
75822	Venography, extremity, bilateral, radiological supervision and interpretation	TC	A	NA				
75822	Venography, extremity, bilateral, radiological supervision and interpretation	26	A	NA				
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	Global	A	NA		N		
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	TC	A	NA				
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	26	A	NA				
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	Global	A	NA		J1	5183	\$3,225.87
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	TC	A	NA				
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	26	A	NA				
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	26	A	NA				
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	26	A	NA				
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	Global	A	NA		S	5524	\$558.25
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	TC	A	NA				
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	26	A	NA				
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	Global	A	NA		S	5523	\$243.77
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	TC	A	NA				
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	26	A	NA				
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	Global	A	NA		Q1	5522	\$106.81
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	TC	A	NA				
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	26	A	NA				

**Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs**

Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	Global	A	NA		Q1	5522	\$106.81
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	TC	A	NA				
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	26	A	NA				
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	26	A	NA				
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	26	A	NA				
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	26	A	NA				
92920	Percutaneous transluminal coronary angioplasty, single major coronary artery and/or its branch(es)	Global	A	11.58	\$388.74	J1	5192	\$5,814.84
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)	Global	A	14.05	\$471.66	J1	5193	\$11,794.23
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 1 lesion involving 1 or more coronary segments	Global	A	13.87	\$465.62	J1	5193	\$11,794.23
92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 2 or more distinct coronary lesions with 2 or more coronary stents deployed in 2 or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch	Global	A	15.13	\$507.91	J1	5194	\$18,728.69
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)	Global	A	16.57	\$556.25	J1	5194	\$18,728.69
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed, single major coronary artery and/or its branches	Global	A	15.68	\$526.38	J1	5193	\$11,794.23
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single major coronary artery and/or its branches or single bypass graft and/or its subtended branches	Global	A	17.63	\$591.84	C		
92943	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach	Global	A	18.98	\$637.16	J1	5193	\$11,794.23

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
92945	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches	Global	A	18.92	\$635.14	J1	5193	\$11,794.23
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	Global	A	5.10	\$171.21	S	5722	\$220.60
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	Global	A	2.84	\$95.34	S	5781	\$675.26
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	Global	A	6.45	\$216.53	S	5781	\$675.26
92970	Cardioassist-method of circulatory assist; internal	Global	A	4.88	\$163.82	C		
92971	Cardioassist-method of circulatory assist; external	Global	A	2.62	\$87.95	C		
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	Global	A	3.66	\$122.87	N		
92973	Percutaneous transluminal coronary mechanical aspiration thrombectomy (List separately in addition to code for primary procedure)	Global	A	2.44	\$81.91	N		
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	Global	A	4.15	\$139.32	N		
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	Global	C	NA		N		
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	TC	C	NA				
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	26	C	NA				
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	Global	C	NA		N		
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	TC	C	NA				
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	26	C	NA				
92986	Percutaneous balloon valvuloplasty; aortic valve	Global	A	34.97	\$1,173.94	J1	5192	\$5,814.84

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
92987	Percutaneous balloon valvuloplasty; mitral valve	Global	A	36.06	\$1,210.53	J1	5193	\$11,794.23
92990	Percutaneous balloon valvuloplasty; pulmonary valve	Global	A	28.92	\$970.84	J1	5193	\$11,794.23
93015	Cardiovascular stress test using maximal or sub-maximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	Global	A	NA		B		
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	Global	A	0.62	\$20.81	B		
93017	Cardiovascular stress test using maximal or sub-maximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	Global	A	NA		Q1	5722	\$220.60
93018	Cardiovascular stress test using maximal or sub-maximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	Global	A	0.41	\$13.76	B		
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Global	A	0.89	\$29.88	Q1	5741	\$38.13
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Global	A	NA		S	5524	\$558.25
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	TC	A	NA				
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	26	A	NA				
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Global	A	NA		S	5524	\$558.25
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	TC	A	NA				
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	26	A	NA				
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	Global	A	NA		S	5524	\$558.25
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Global	A	NA		S	5523	\$243.77
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	TC	A	NA				
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	26	A	NA				
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	Global	A	NA		S	5523	\$243.77
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	TC	A	NA				

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	26	A	NA				
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Global	A	NA		S	5524	\$558.25
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	TC	A	NA				
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	26	A	NA				
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	Global	A	0.31	\$10.41	S	5524	\$558.25
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	Global	A	NA		N		
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	TC	A	NA				
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	26	A	NA				
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Global	C	NA		S	5524	\$558.25
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	TC	C	NA				
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	26	C	NA				
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Global	A	0.73	\$24.51	S	5524	\$558.25
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Global	C	NA		N		
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	TC	C	NA				
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	26	C	NA				
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	Global	C	NA		S	5524	\$558.25
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	TC	C	NA				

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	26	C	NA				
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	Global	A	0.62	\$20.81	N		
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	Global	A	NA		N		
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	TC	A	NA				
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	26	A	NA				
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	Global	A	NA		N		
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	TC	A	NA				
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	26	A	NA				
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	Global	A	NA		N		
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	TC	A	NA				
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	26	A	NA				
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Global	A	NA		S	5524	\$558.25
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	TC	A	NA				

**Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs**

Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	26	A	NA				
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	Global	A	NA		S	5524	\$558.25
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	TC	A	NA				
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	26	A	NA				
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	Global	A	NA		M		
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	Global	A	NA		J1	5191	\$3,312.15
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	TC	A	NA				
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	26	A	NA				
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Global	A	NA		J1	5191	\$3,312.15
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	TC	A	NA				
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	26	A	NA				
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Global	A	NA		J1	5191	\$3,312.15
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	TC	A	NA				
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	26	A	NA				

**Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs**

Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Global	A	NA		J1	5191	\$3,312.15
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	TC	A	NA				
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	26	A	NA				
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	Global	A	NA		J1	5191	\$3,312.15
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	TC	A	NA				
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	26	A	NA				
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Global	A	NA		J1	5191	\$3,312.15
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	TC	A	NA				
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	26	A	NA				
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Global	A	NA		J1	5191	\$3,312.15
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	TC	A	NA				

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	26	A	NA				
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Global	A	NA		J1	5191	\$3,312.15
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	TC	A	NA				
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	26	A	NA				
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Global	A	NA		J1	5191	\$3,312.15
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	TC	A	NA				
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	26	A	NA				
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Global	A	NA		J1	5191	\$3,312.15
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	TC	A	NA				

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	26	A	NA				
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Global	A	NA		J1	5191	\$3,312.15
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	TC	A	NA				
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	26	A	NA				
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Global	A	5.30	\$177.92	N		
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Global	A	2.48	\$83.25	N		
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Global	A	NA		N		
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	TC	A	NA				
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	26	A	NA				
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	Global	A	2.44	\$81.91	J1	5182	\$1,608.25
93505	Endomyocardial biopsy	Global	A	NA		J1	5183	\$3,225.87
93505	Endomyocardial biopsy	TC	A	NA				
93505	Endomyocardial biopsy	26	A	NA				
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	Global	A	1.33	\$44.65	N		

**Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs**

Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	Global	A	1.42	\$47.67	N		
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	Global	A	0.70	\$23.50	N		
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	Global	A	0.67	\$22.49	N		
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)	Global	A	0.97	\$32.56	N		
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)	Global	A	1.21	\$40.62	N		
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	Global	A	0.97	\$32.56	N		
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure)	Global	C	NA		N		
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure)	TC	C	NA				
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure)	26	C	NA				
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; each additional vessel (List separately in addition to code for primary procedure)	Global	C	NA		N		
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; each additional vessel (List separately in addition to code for primary procedure)	TC	C	NA				

**Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs**

Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; each additional vessel (List separately in addition to code for primary procedure)	26	C	NA				
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)	Global	A	1.59	\$53.38	N		
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)	Global	A	1.76	\$59.08	N		
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAP-CAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)	Global	A	2.35	\$78.89	N		
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	Global	A	25.26	\$847.98	J1	5194	\$18,728.69
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	Global	A	34.32	\$1,152.12	J1	5194	\$18,728.69
93582	Percutaneous transcatheter closure of patent ductus arteriosus	Global	A	17.11	\$574.38	J1	5194	\$18,728.69
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Global	A	19.19	\$644.21	C		
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	Global	A	1.46	\$49.01	N		
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	Global	A	1.38	\$46.33	N		
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	Global	A	1.78	\$59.75	N		
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	Global	A	2.59	\$86.95	N		
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	Global	A	2.61	\$87.62	N		
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Global	A	27.31	\$916.80	J1	5194	\$18,728.69
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Global	A	22.51	\$755.66	J1	5194	\$18,728.69

**Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs**

Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
93592	Percutaneous transcatheter closure of para-valvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Global	A	9.79	\$328.65	N		
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Global	C	NA		J1	5191	\$3,312.15
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	TC	C	NA				
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	26	C	NA				
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Global	C	NA		J1	5191	\$3,312.15
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	TC	C	NA				
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	26	C	NA				
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Global	C	NA		J1	5191	\$3,312.15
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	TC	C	NA				
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	26	C	NA				
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Global	C	NA		J1	5191	\$3,312.15
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	TC	C	NA				
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	26	C	NA				
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Global	C	NA		J1	5191	\$3,312.15
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	TC	C	NA				
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	26	C	NA				

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)	Global	C	NA		N		
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)	TC	C	NA				
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)	26	C	NA				
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	26	A	NA				
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	26	A	NA				
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	26	A	NA				
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	26	A	NA				
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	26	A	NA				
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	26	A	NA				
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	26	A	NA				
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	26	A	NA				
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	26	A	NA				

**Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs**

Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	Global	A	NA		S	5523	\$243.77
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	TC	A	NA				
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	26	A	NA				
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	Global	A	NA		S	5522	\$106.81
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	TC	A	NA				
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	26	A	NA				
99151	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 younger than 5 years of age	Global	A	0.63	\$21.15	N		
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 or older	Global	A	0.33	\$11.08	N		
99153	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; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	Global	A	NA		N		
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	Global	A	2.44	\$81.91	N		
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	Global	A	2.13	\$71.50	N		

**Medicare Physician Fee Schedule RVUs and Hospital OPFS Rates Under APCs**

Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	Global	A	1.62	\$54.38	N		
99315	Nursing facility discharge management; 30 minutes or less total time on the date of the encounter	Global	A	2.19	\$73.52	B		
99316	Nursing facility discharge management; more than 30 minutes total time on the date of the encounter	Global	A	3.52	\$118.17	B		
C1761	Catheter, transluminal intravascular lithotripsy, coronary	Global				N		
C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac abnormalities; complete	Global				S	5573	\$800.90
C8922	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac abnormalities; follow-up or limited study	Global				S	5573	\$800.90
C8923	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Global				S	5573	\$800.90
C8924	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D) includes M-mode recording, when performed, follow-up or limited study	Global				S	5573	\$800.90
C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Global				S	5573	\$800.90
C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac abnormalities; including probe placement, image acquisition, interpretation and report	Global				S	5573	\$800.90
C8927	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real-time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	Global				S	5573	\$800.90
C8928	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	Global				S	5573	\$800.90
C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	Global				S	5573	\$800.90

Medicare Physician Fee Schedule RVUs and Hospital OPPS Rates Under APCs								
Code	Description	Modifier	MPFS Status	RVU	Rate	SI	APC	Payment Rate
C8930	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision	Global				S	5573	\$800.90
G0269	Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure (e.g. angioseal plug, vascular plug)	Global	B	0.00	\$0.00	N		
G0278	Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (list separately in addition to primary procedure)	Global	A	0.35	\$11.75	N		
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	Global				N		
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	Global				N		
Q9955	Injection, perflerane lipid microspheres, per ml	Global				N		
Q9956	Injection, octafluoropropane microspheres, per ml	Global				N		
Q9957	Injection, perflutren lipid microspheres, per ml	Global				N		
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	Global				N		
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	Global				N		
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	Global				N		

## MPFS STATUS CODES

The status code (SC) shows whether the CPT/ HCPCS code is in the Medicare physician fee schedule and, if the service is covered, whether it is separately payable. The following table lists all MPFS status codes.

Status Code	Description
A	<u>Active Code.</u> These codes are separately payable under the PFS. There will be RVUs for codes with this status. The presence of an “A” indicator does not mean that Medicare has made a national coverage determination regarding the service. Contractors remain responsible for local coverage decisions in the absence of a national Medicare policy.
B	<u>Bundled Code.</u> Payments for covered services are always bundled into payment for other services, which are not specified. If these services are covered, payment for them is subsumed in the payment for the services to which they are bundled (for example, telephone calls to patients to convey information following a service or procedure). If RVUs are shown, they are not used for Medicare payment.
C	<u>Contractor-priced code.</u> Contractors establish RVUs and payment amounts for these services.

Status Code	Description
E	<u>Excluded from Physician Fee Schedule by regulation.</u> These codes are for items and services that CMS has excluded from the PFS by regulation. No payment may be made under the PFS for these codes and generally, no RVUs are shown.
I	<u>Not valid for Medicare purposes.</u> Medicare uses another code for the reporting of and the payment for these services.
M	<u>Measurement codes, used for reporting purposes only.</u> There are no RVUs and no payment amounts for these codes. CMS uses them to aid with performance measurement. No separate payment is made.
N	<u>Noncovered Services.</u> These codes are noncovered services. Medicare payment is not made for these codes. If RVUs are shown, they are not used for Medicare payment.
P	<u>Bundled/Excluded Codes.</u> There are no RVUs and no payment amounts for these services. No separate payment is made for them under the fee schedule. <ul style="list-style-type: none"> <li>– If the item or service is covered as incident to a physician service and is provided on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician service).</li> <li>– If the item or service is covered as other than incident to a physician service, it is excluded from the fee schedule (for example, colostomy supplies) and is paid under the other payment provision of the Act.</li> </ul>
Q	<u>Therapy functional limitation code, used for required reporting purposes only.</u> No separate payment is made.
R	<u>Restricted Coverage.</u> Special coverage instructions apply. If the service is covered and no RVUs are shown, it is contractor-priced.
T	<u>Paid as only service.</u> These codes are paid only if there are no other services payable under the PFS billed on the same date by the same practitioner. If any other services payable under the PFS are billed on the same date by the same practitioner, these services are bundled into the service(s) for which payment is made.
X	<u>Statutory Exclusion.</u> These codes represent an item or service that is not within the statutory definition of “physicians’ services” for PFS payment purposes (for example, ambulance services). No payment may be made under the PFS and generally, no RVUs are shown for these codes.

## HOSPITAL OPPTS STATUS INDICATORS

CMS assigns a payment status indicator for every CPT and HCPCS code in the APC system. All codes in an APC carry the same status indicator. The following are all payment status indicators, the type of services that each one encompasses, and their payment (or nonpayment) status.

Indicator	Item/Code/Service	OPPS Payment Status
A	<p>Services furnished to a hospital outpatient that are paid under a fee schedule or payment system other than OPPTS,* for example:</p> <ul style="list-style-type: none"> <li>• Ambulance Services</li> <li>• Separately Payable Clinical Diagnostic Laboratory Services</li> <li>• Separately Payable Non-Implantable Prosthetics and Orthotics</li> <li>• Physical, Occupational, and Speech Therapy</li> <li>• Diagnostic Mammography</li> <li>• Screening Mammography</li> </ul> <p>Unclassified drugs and biologicals reportable under the HCPCS code C9399 and not otherwise classified FDA-approved prescription drugs for HIV PrEP reported under HCPCS code J0799</p>	<p>Not paid under OPPTS. Paid by MACs under a fee schedule or payment system other than OPPTS. Services are subject to deductible or coinsurance unless indicated otherwise.</p> <p>Not subject to deductible or coinsurance.</p> <p>Not subject to deductible or coinsurance.</p> <p>Contractor priced at 95 percent of the drug or biologicals average wholesale price (AWP) using Red Book or an equivalent recognized compendium and paid under OPPTS.</p>
B	Codes that are not recognized by OPPTS when submitted on an outpatient hospital Part B bill type (12x and 13x).	<p>Not paid under OPPTS.</p> <ul style="list-style-type: none"> <li>• May be paid by MACs when submitted on a different bill type, for example, 75x (CORF), but not paid under OPPTS.</li> <li>• An alternate code that is recognized by OPPTS when submitted on an outpatient hospital Part B bill type (12x and 13x) may be available.</li> </ul>
C	Inpatient Procedures	Not paid under OPPTS. Admit patient. Bill as inpatient.
D	Discontinued Codes	Not paid under OPPTS or any other Medicare payment system.
E1	<p>Items, Codes, and Services:</p> <ul style="list-style-type: none"> <li>• Not covered by any Medicare outpatient benefit category</li> <li>• Statutorily excluded by Medicare</li> <li>• Not reasonable and necessary</li> </ul>	Not paid by Medicare when submitted on outpatient claims (any outpatient bill type).
E2	Items, codes and services for which pricing information and claims data are not available	Not paid by Medicare when submitted on outpatient claims (any outpatient bill type)
F	Corneal Tissue Acquisition; Certain CRNA Services and Hepatitis B Vaccines	Not paid under OPPTS. Paid at reasonable cost.
G	Pass-Through Drugs and Biologicals	Paid under OPPTS; separate APC payment.
H	Pass-Through Device Categories	Separate cost-based pass-through payment; not subject to copayment.

\* **Note:** Payments “under a fee schedule or payment system other than OPPTS” may be contractor priced.

Indicator	Item/Code/Service	OPPS Payment Status
H1	Item/Code/Service: Non-Opioid Medical Devices for Post-Surgical Pain Relief	OPPS Payment Status: Separate payment based on hospital's charges adjusted to cost. Subject to criteria and payment limitation under Section 4135 of the CAA, 2023.
J1	Hospital Part B Services Paid Through a Comprehensive APC	Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except the Comprehensive APC payment policy exclusions found in the most recent Addendum J.
J2	Hospital Part B Services That May Be Paid Through a Comprehensive APC	<p>Paid under OPPS; Addendum B displays APC assignments when services are separately payable.</p> <p>(1) Comprehensive APC payment based on OPPS comprehensive-specific payment criteria. Payment for all covered Part B services on the claim is packaged into a single payment for specific combinations of services, except the Comprehensive APC payment policy exclusions found in the most recent Addendum J.</p> <p>(2) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "J1".</p> <p>(3) In other circumstances, payment is made through a separate APC payment or packaged into payment for other services.</p>
K	Nonpass-Through Drugs and Nonimplantable Biologicals, Including Therapeutic Radiopharmaceuticals	Paid under OPPS; separate APC payment.
K1	Non-Opioid Drugs and Biologicals for Post-Surgical Pain Relief	Paid under OPPS; separate APC payment. Subject to criteria and payment limitation under Section 4135 of the CAA, 2023.
L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine	Not paid under OPPS. Paid at reasonable cost; not subject to deductible or coinsurance.
M	Items and Services Not Billable to the MAC	Not paid under OPPS.
N	Items and Services Packaged into APC Rates	Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.
P	Partial Hospitalization or Intensive Outpatient Program	Paid under OPPS; per diem APC payment.
Q1	STV-Packaged Codes	<p>Paid under OPPS; Addendum B displays APC assignments when services are separately payable.</p> <p>(1) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "S", "T", or "V".</p> <p>(2) Composite APC payment if billed with specific combinations of services based on OPPS composite-specific payment criteria. Payment is packaged into a single payment for specific combinations of services.</p> <p>(3) In other circumstances, payment is made through a separate APC payment.</p>

Indicator	Item/Code/Service	OPPS Payment Status
Q2	T-Packaged Codes	<p>Paid under OPPS; Addendum B displays APC assignments when services are separately payable.</p> <p>(1) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "T".</p> <p>(2) In other circumstances, payment is made through a separate APC payment.</p>
Q3	Codes That May Be Paid Through a Composite APC	<p>Paid under OPPS; Addendum B displays APC assignments when services are separately payable.</p> <p>Addendum M displays composite APC assignments when codes are paid through a composite APC.</p> <p>(1) Composite APC payment based on OPPS composite-specific payment criteria. Payment is packaged into a single payment for specific combinations of services.</p> <p>(2) In other circumstances, payment is made through a separate APC payment or packaged into payment for other services.</p>
Q4	Conditionally Packaged Laboratory Tests	<p>Paid under OPPS or CLFS.</p> <p>(1) Packaged APC payment if billed on the same claim as a HCPCS code assigned published status indicator "J1", "J2", "S", "T", "V", "Q1", "Q2", or "Q3".</p> <p>(2) In other circumstances, laboratory tests should have a status indicator of "A" and payment is made under the CLFS.</p>
R	Blood and Blood Products	Paid under OPPS; separate APC payment.
S	Procedure or Service, Not Discounted When Multiple	Paid under OPPS; separate APC payment.
S1	Skin substitute product paid separately	Paid under OPPS; separate APC payment. Subject to payment based on FDA regulatory pathway.
T	Procedure or Service, Multiple Procedure Reduction Applies	Paid under OPPS; separate APC payment.
U	Brachytherapy Sources	Paid under OPPS; separate APC payment.
V	Clinic or Emergency Department Visit	Paid under OPPS; separate APC payment.
Y	Non-Implantable Durable Medical Equipment	Not paid under OPPS. All institutional providers other than home health agencies bill to a DME MAC.

