



## PAYMENT REIMBURSEMENT FOR SERRANATOR® PTA SERRATION BALLOON CATHETER (US ONLY)

This information is provided to aid you as a guide for obtaining the appropriate reimbursement and physician payment for procedures in which the *Serranator*® PTA Serration Balloon Catheter was used for treatment. We suggest you consult with your payer organizations with regard to local coverage, coding, and reimbursement policies.

**HCPCS CODE:** C1725

### HOSPITAL INPATIENT REIMBURSEMENT

MS-DRG	MS-DRG Description	FY 2022 National Average Hospital Reimbursement
252	Other Vascular Procedures with MCC*	\$21,930
253	Other Vascular Procedures with CC**	\$17,498
254	Other Vascular Procedures without CC/MCC	\$11,974

\*MCC = Major complications

\*\*CC = Complications

### ICD-10-CM DIAGNOSIS CODES:

ICD-10-CM Diagnosis Codes	
170.2	Unspecified atherosclerosis of native arteries of extremities
170.21	Atherosclerosis of native arteries of extremities with intermittent claudication
170.22	Atherosclerosis of native arteries of extremities with rest pain
170.23	Atherosclerosis of native arteries of right leg with ulceration
170.24	Atherosclerosis of native arteries of left leg with ulceration
170.25	Atherosclerosis of native arteries of other extremities with ulceration
170.26	Atherosclerosis of native arteries of extremities with gangrene
170.29	Other atherosclerosis of native arteries of extremities
173.9	Peripheral vascular disease, unspecified



## PROCEDURE CODES FOR ABOVE-THE-KNEE

ICD-10-PCS Procedure Codes ATK	
<a href="#">047C3DZ</a>	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047C3EZ</a>	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047C3FZ</a>	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047C3GZ</a>	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047D3DZ</a>	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047D3EZ</a>	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047D3FZ</a>	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047D3GZ</a>	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047E3DZ</a>	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047E3EZ</a>	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047E3FZ</a>	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047E3GZ</a>	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047F3DZ</a>	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047F3EZ</a>	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047F3FZ</a>	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047F3GZ</a>	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047H3DZ</a>	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047H3EZ</a>	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047H3FZ</a>	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047H3GZ</a>	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047J3DZ</a>	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047J3EZ</a>	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047J3FZ</a>	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047J3GZ</a>	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047K3DZ</a>	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047K3EZ</a>	Dilation of Right Femoral Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047K3FZ</a>	Dilation of Right Femoral Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047K3GZ</a>	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047L3DZ</a>	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047L3EZ</a>	Dilation of Left Femoral Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047L3FZ</a>	Dilation of Left Femoral Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047L3GZ</a>	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047M3DZ</a>	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047M3EZ</a>	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047M3FZ</a>	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047M3GZ</a>	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047N3DZ</a>	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Approach



<a href="#">047N3EZ</a>	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047N3FZ</a>	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047N3GZ</a>	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Approach

## PROCEDURE CODES FOR BELOW-THE-KNEE

ICD-10-PCS Procedure Codes BTK	
<a href="#">047P3DZ</a>	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047P3EZ</a>	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047P3FZ</a>	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047P3GZ</a>	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047Q3DZ</a>	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047Q3EZ</a>	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047Q3FZ</a>	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047Q3GZ</a>	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047R3DZ</a>	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047R3EZ</a>	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047R3FZ</a>	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047R3GZ</a>	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047S3DZ</a>	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047S3EZ</a>	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047S3FZ</a>	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047S3GZ</a>	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047T3DZ</a>	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047T3EZ</a>	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047T3FZ</a>	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047T3GZ</a>	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach
<a href="#">047U3DZ</a>	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Approach
<a href="#">047U3EZ</a>	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach
<a href="#">047U3FZ</a>	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach
<a href="#">047U3GZ</a>	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach



## PHYSICIAN CODING AND PAYMENT

### Typical CPT Procedure Codes and Payment Amounts

Below are commonly used codes to describe interventional peripheral vascular procedures. It is incumbent on the physician to select the code(s) that describe the services rendered.

### PROCEDURES ABOVE-THE-KNEE

CPT Code	Description	2022 Medicare Physician Fee Schedule (National Average)			
		Hospital Outpatient	Ambulatory Surgery Center	Office-Based Lab*	Professional Fee
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$5,062	\$2,923	\$2,709	\$405
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$10,258	\$6,374	\$3,342	\$499
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral, initial vessel; with transluminal angioplasty	\$5,062	\$3,142	\$3,169	\$449
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$10,258	\$6,902	\$9,552	\$606
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$10,258	\$6,674	\$8,911	\$525
37227	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$16,402	\$11,536	\$12,240	\$726



**PROCEDURES BELOW-THE-KNEE**

CPT Code	Description	2022 Medicare Physician Fee Schedule (National Average)			
		Hospital Outpatient	Ambulatory Surgery Center	Office-Based Lab*	Professional Fee
37228	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$10,258	\$5,941	\$4,506	\$547
37229	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$16,402	\$10,776	\$9,669	\$703
37230	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$16,402	\$10,625	\$9,730	\$704
37231	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$16,402	\$10,814	\$12,696	\$743

\*Professional Fee and Facility Fee are combined.

The intention is to use the *Serranator*<sup>®</sup> PTA Serration Balloon Catheter in lieu of a plain angioplasty balloon, specialty angioplasty balloon, or atherectomy. In certain cases, the *Serranator*<sup>®</sup> may be used in conjunction with these therapies.

**Disclaimer:** We strongly suggest that you consult your payer organization with regard to local reimbursement policies. The information contained in this document is provided for information purposes only and represents no statement, promise or guarantee by Cagent Vascular concerning levels of reimbursement, payment or charge. Similarly, all ICD-10 and CPT codes are supplied for information purposes only and represent no statement; promise or guarantee by Cagent Vascular that these codes will be appropriate or that reimbursement will be made.