



PAYMENT REIMBURSEMENT FOR SERRANATOR®

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 regarding local coverage, coding, and reimbursement policies.

HCPCS CODE: C1725

HOSPITAL INPATIENT REIMBURSEMENT

| MS-DRG | MS-DRG Description | FY 2023 National Average Hospital Reimbursement |
|--------|--|---|
| 252 | Other Vascular Procedures with MCC* | \$22,933 |
| 253 | Other Vascular Procedures with CC** | \$18,342 |
| 254 | Other Vascular Procedures without CC/MCC | \$12,543 |

*MCC = Major complications or comorbidities

**CC = Complications or comorbidities

ICD-10-CM DIAGNOSIS CODES:

| ICD-10-CM Diagnosis Codes | |
|---------------------------|--|
| I70.2 | Unspecified atherosclerosis of native arteries of extremities |
| I70.21 | Atherosclerosis of native arteries of extremities with intermittent claudication |
| I70.22 | Atherosclerosis of native arteries of extremities with rest pain |
| I70.23 | Atherosclerosis of native arteries of right leg with ulceration |
| I70.24 | Atherosclerosis of native arteries of left leg with ulceration |
| I70.25 | Atherosclerosis of native arteries of other extremities with ulceration |
| I70.26 | Atherosclerosis of native arteries of extremities with gangrene |
| I70.29 | Other atherosclerosis of native arteries of extremities |
| I73.9 | Peripheral vascular disease, unspecified |



PROCEDURE CODES FOR ABOVE-THE-KNEE

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



| | |
|--------------------------------|---|
| <u>047N3EZ</u> | Dilation of Left Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach |
| <u>047N3FZ</u> | Dilation of Left Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach |
| <u>047N3GZ</u> | 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 | |
|--------------------------------|---|
| <u>047P3DZ</u> | Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach |
| <u>047P3EZ</u> | Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach |
| <u>047P3FZ</u> | Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach |
| <u>047P3GZ</u> | Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach |
| <u>047Q3DZ</u> | Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach |
| <u>047Q3EZ</u> | Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach |
| <u>047Q3FZ</u> | Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach |
| <u>047Q3GZ</u> | Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach |
| <u>047R3DZ</u> | Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach |
| <u>047R3EZ</u> | Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach |
| <u>047R3FZ</u> | Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach |
| <u>047R3GZ</u> | Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach |
| <u>047S3DZ</u> | Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach |
| <u>047S3EZ</u> | Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach |
| <u>047S3FZ</u> | Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach |
| <u>047S3GZ</u> | Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach |
| <u>047T3DZ</u> | Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Approach |
| <u>047T3EZ</u> | Dilation of Right Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach |
| <u>047T3FZ</u> | Dilation of Right Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach |
| <u>047T3GZ</u> | Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach |
| <u>047U3DZ</u> | Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Approach |
| <u>047U3EZ</u> | Dilation of Left Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach |
| <u>047U3FZ</u> | Dilation of Left Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach |
| <u>047U3GZ</u> | 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 | 2023 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 | \$5,215 | \$3074 | \$2560 | \$394 |
| 37221 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed | \$10,615 | \$6,599 | \$3,150 | \$486 |
| 37224 | Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral, initial vessel; with transluminal angioplasty | \$5,215 | \$3,230 | \$2,987 | \$438 |
| 37225 | Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed | \$10,615 | 7,056 | \$8,957 | \$589 |
| 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 | \$10,615 | \$6,968 | \$8,337 | \$511 |
| 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 | \$17,178 | \$11,791 | \$11,473 | \$707 |



PROCEDURES BELOW-THE-KNEE

| CPT Code | Description | 2023 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 | \$10,615 | \$6,085 | \$4,241 | \$533 |
| 37229 | Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed | \$17,178 | \$11,119 | \$9,102 | \$684 |
| 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 | \$17,178 | \$11,352 | \$9,116 | \$682 |
| 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 | \$17,178 | \$11,322 | \$12,040 | \$723 |

*Professional Fee and Facility Fee are combined.

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

Disclaimer: We recommend 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.