



Medicare Procedural Coding & Payment Guide – 2022

Reimbursement Support:
Email: reimbursement@silkroadmed.com
Voicemail: 855-410-8227 Option #5

CPT	Procedure Description	CY2022 Medicare Physician Payment ¹	Possible ICD-10 Diagnosis Codes	ICD-10 Diagnosis Code Descriptions	MS-DRG	FY2022 Medicare Hospital Payment ²
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	\$1,008.77 Work RVU – 17.75 Fac. PE RVU – 6.97 MP RVU – 4.43 Tot Fac. RVU – 29.15	I65.[8,9] I65.[21,22,23,29] I63.[131,132,139] I63.[031,032,039] I63.[231,232,239]	<ul style="list-style-type: none"> Occlusion and stenosis of (other, unspec) precerebral artery(ies) Occlusion and stenosis of [Rt, left, bi, unspec] carotid artery, not resulting in cerebral infarction Cerebral infarction due to embolism of [Rt, left, unspec] carotid artery Cerebral infarction due to thrombus of [Rt, left, unspec] carotid artery Cerebral infarction due to unspecified occlusion or stenosis of [Rt, left, unspec] carotid arteries Examination of participant or control in a clinical research program 	Carotid Artery Stent Procedure: 034: with MCC 035: with CC 036: without CC/MCC Weighted National Average	\$26,233 (13%) \$15,429 (36%) \$12,215 (51%) \$15,254
-Q0	-Investigational service provided in a clinical research study that is in an approved clinical research study		Z00.6*			
76937-26	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (list separately in addition to code for primary procedure) -Professional component	\$13.84 Work RVU – 0.30 Fac. PE RVU – 0.08 MP RVU – 0.02 Tot Fac. RVU – 0.40 2022 revised conversion factor \$34.6062	TCAR ICD-10 Procedure Code³ 037(H/J/K/L)3(D/E/F/G/Z) X2A(H/J)336	ICD-10 Procedure Code Detail Percutaneous dilation of vessel using an intraluminal device H - Common carotid artery, right D - Intraluminal Device J - Common carotid artery, left E - Intraluminal Device (2) K - Internal carotid artery, right F - Intraluminal Device (3) L - Internal carotid artery, left G - Intraluminal Device (4+) Reverse flow embolic neuroprotection H - Common carotid artery, right J - Common carotid artery, left		

➤ SVS VQI TransCarotid Revascularization Surveillance Project - National Clinical Trial #02850588

¹ National average 2022 Medicare rates to physicians are based on the 2022 revised conversion factor of \$34.6062 and do not reflect payment cuts due to sequestration. Medicare payment for a procedure in a given locality in 2022 should be available in the Medicare Physician Fee Schedule Look-up file accessible through the CMS website www.cms.gov/apps/physician-fee-schedule/overview.aspx. Any payment rates listed may be subject to change without notice. Actual payment to a physician will vary based on geographic location and may also differ based on policies and fee schedules outlined as terms in your health plan and/or payer contracts. Physician fee information is effective through December 31, 2022.

² National average FY2022 Medicare rates for hospital inpatient are calculated based on elements in the FY2022 Medicare Inpatient Prospective Payment System (IPPS) and effective October 2021 - September 2022. Any payment rates listed are Medicare national base payments that may be subject to change without notice. Actual hospital specific payments will vary.

³ TCAR is performed solely in the inpatient hospital setting.

* Billed in conjunction with National Clinical Trial #02850588.

Providers should consult with their payers regarding appropriate documentation, medical necessity, and coding information consistent with individual payer requirements and policies.



Carotid Artery Stenting Medicare National Coverage Determination (NCD) 20.7

Reimbursement Support:
Email: reimbursement@silkroadmed.com
Voicemail: 855-410-8227 Option #5

Medicare NCD Clinical Criteria	CMS Certified CAS Facility ¹	CMS Approved Study VQI-TSP ² National Clinical Trial #02850588	High Risk for CEA Criteria (One Risk Factor Qualifies Patient for CMS High Risk for CEA)
<ul style="list-style-type: none"> • High Risk for Carotid Endarterectomy (CEA) • Symptomatic • ≥ 70% stenosis 			<p>Patients at high risk for CEA are defined as having significant comorbidities and/or anatomic risk factors and would be poor candidates for CEA. Significant comorbid conditions include but are not limited to:</p> <ul style="list-style-type: none"> • Age ≥ 75 • Prior head/neck surgery or irradiation • Restenosis post CEA • Surgically inaccessible lesion • Permanent contralateral cranial nerve injury • Contralateral occlusion • Congestive heart failure w/ NYHA class III or IV • Left ventricular ejection fraction < 30% • ≥ 2 diseased coronaries with ≥ 70% stenosis • Unstable angina • Myocardial infarction > 72 hours and < 6 weeks prior to procedure • Abnormal stress test • Need for open heart surgery • Need for major surgery (including vascular) • Uncontrolled diabetes • Severe pulmonary disease • Cervical spine immobility • Laryngeal palsy or laryngectomy • Severe tandem lesions • Bilateral stenosis requiring treatment • Chronic renal insufficiency (Creatinine ≥ 2.5 mg/dl) <p>This is not an exhaustive list of high-risk factors for CEA. Other conditions were used to determine patients at high risk for CEA in carotid artery stenting trials and studies.</p>
<ul style="list-style-type: none"> • High Risk for CEA • Symptomatic • ≥ 50% stenosis 			
<ul style="list-style-type: none"> • High Risk for CEA* • Asymptomatic • ≥ 80% stenosis 			
<ul style="list-style-type: none"> • Standard Risk for CEA† • Symptomatic • ≥ 50-70% stenosis** 			
<ul style="list-style-type: none"> • Standard Risk for CEA*† • Asymptomatic • ≥ 60-70% stenosis** 			

➤ Must use FDA approved ENROUTE® Transcarotid Stent System (TSS) in conjunction with the ENROUTE® Transcarotid Neuroprotection System (NPS). Patients with disabling stroke (modified Rankin scale ≥ 3) are excluded from coverage.

* Asymptomatic patients between 70%-79% stenosis by ultrasound or 60%-79% stenosis by CTA/MRA or procedural angiogram are only covered if they are at standard risk for CEA.

** Dependent on diagnostic imaging type; lower bound percentage is in reference to diagnosis via CTA/MRA or procedural angiogram, while upper bound is for diagnosis using ultrasound.

† CMS VQI-TSP coverage memo is available upon request.

¹ CMS Carotid Artery Stenting Facilities: www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilities/Carotid-Artery-Stenting-Facilities

² CMS Carotid Artery Stenting Investigational Studies: www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilities/Carotid-Artery-Stenting-CAS-Investigational-Studies

