



TRANSCAROTID ARTERY REVASCULARIZATION (TCAR) CODING & PAYMENT

The following information represents commonly billed codes and Medicare national unadjusted payment rates for physicians and inpatient hospitals for TCAR procedures.

ICD-10-CM Diagnosis Codes

I65.[8,9] Occlusion and stenosis of [other, unspecified] precerebral artery(ies)
I65.[21,22,23,29] Occlusion and stenosis of [right, left, bilateral, unspecified] carotid artery, not resulting in cerebral infarction
I63.[131,132,133,139] Cerebral infarction due to embolism of [right, left, bilateral, unspecified] carotid artery
I63.[031,032,033,039] Cerebral infarction due to thrombus of [right, left, bilateral, unspecified] carotid artery
I63.[231,232,233,239] Cerebral infarction due to unspecified occlusion or stenosis of [right, left, bilateral, unspecified] carotid arteries
Z00.6¹ Examination of participant or control in a clinical research program

ICD-10-PCS Procedure Codes²

037(H/J/K/L)3(D/E/F/G)Z Percutaneous dilation of vessel using an intraluminal device
X2A(H/J)336 Reverse flow embolic neuroprotection
Fourth Character: H - Common carotid artery, right, J - Common carotid artery, left, K - Internal carotid artery, right, L - Internal carotid artery, left Sixth Character: D - Intraluminal Device, E - Intraluminal Device (2), F - Intraluminal Device (3), G - Intraluminal Device (4+)

HCPCS C-Codes

Product Category

C1884 Embolization protective system	Neuroprotection
C1876 Stent, non-coated/non-covered, with delivery system	Stent
C1769 Guidewire	Guidewire
C1725 Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	Balloon
C1894 Introducer/Sheath, non-laser	Introducer/Sheath

Physician Coding & Payment³ – effective January 1, 2023 - December 31, 2023

CPT Codes⁴	Facility Work	RVUs Total	Medicare National Average
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	17.75	29.01	\$983
Q0 Investigational service provided in a clinical research study that is in an approved clinical research study			
76937-26 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real time ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	0.30	0.42	\$14

Hospital Inpatient Coding & Payment⁵ – effective October 1, 2022 - September 30, 2023

MS-DRG	Medicare National Average	National Discharge Volume (%)
034 Carotid Artery Stent Procedures W MCC	\$27,434	1,446 (13.3%)
035 Carotid Artery Stent Procedures W CC	\$15,666	3,961 (36.5%)
036 Carotid Artery Stent Procedures WO CC/MCC	\$12,901	5,437 (50.1%)
	Weighted National Average⁶	\$15,849 10,844 (100%)

Society for Vascular Surgery Vascular Quality Initiative (VQI) TCAR Surveillance Project (TSP)

Providers with a subscription to the VQI CAS registry automatically participate in the VQI TSP and should include the National Clinical Trial (NCT) identifier, **NCT02850588**, on Medicare claims to document their participation in the study.⁷

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) 20.7

TCAR is covered under NCD 20.7 for Percutaneous Transluminal Angioplasty (PTA),⁸ specifically under these indications:

- B3 – FDA-Approved Post Approval Studies (ex. VQI TSP – NCT02850588)
- B4 – Patients at High Risk for CEA (ex. CMS Carotid Artery Stenting Facilities)

Summarized below are the patient populations eligible to be covered by Medicare depending on if the hospital is certified as a CMS CAS Facility⁹ or the provider is participating in a CMS-approved study like the VQI TSP.¹⁰

Medicare NCD Clinical Criteria	CMS Certified CAS Facility ⁹	VQI TSP Clinical Trial ¹⁰ NCT02850588
Standard Risk For Carotid Endarterectomy		
• Symptomatic	⊘	☑
• ≥50-70% stenosis ¹¹	⊘	☑
• Asymptomatic ¹²	⊘	☑
• ≥60-70% stenosis ¹¹	⊘	☑
High Risk For Carotid Endarterectomy		
• Symptomatic	☑	☑
• ≥70% stenosis	☑	☑
• Symptomatic	⊘	☑
• ≥50% stenosis	⊘	☑
• Asymptomatic ¹²	⊘	☑
• ≥80% stenosis	⊘	☑
Must use ENROUTE® Transcarotid Stent System with ENROUTE® Transcarotid Neuroprotection System. Patients with a disabling stroke (modified Rankin scale ≥3) are excluded from coverage.		☑ Covered ⊘ Not Covered

REIMBURSEMENT SUPPORT

For additional information or assistance, please contact Silk Road Medical's Health Economics & Reimbursement team at reimbursement@silkroadmed.com or **855-410-8227, option #5**.

Silk Road Medical has compiled this information for your convenience. Silk Road Medical cannot guarantee success in obtaining coverage or payment. Silk Road Medical cannot guarantee the accuracy or appropriateness of any patient or procedure characterizations provided using this template. It is always the provider's responsibility to determine the appropriateness of any treatment and accurately describe patient characteristics and services furnished. Providers should consult with their payers regarding appropriate documentation, medical necessity, and coding information consistent with individual payer requirements and policies. This document is in no way intended to promote the off-label use of any medical device.

1. ICD-10-CM diagnosis code Z00.6 is billed with NCT02850588.
2. TCAR is paid as an inpatient procedure by Medicare. Addendum E. - HCPCS Codes that Would Be Paid Only as Inpatient Procedure for CY 2023. <https://www.cms.gov/license/ama?file=/files/zip/2023-nfrm-opps-addenda.zip>
3. Medicare payments to physicians are based on the CY 2023 Medicare Physician Fee Schedule and effective January 1, 2023 - December 31, 2023. The conversion factor is \$33,8872 and does not reflect payment cuts due to sequestration. Actual payment to a physician will vary based on geographic location and may differ based on policies and fee schedules outlined in health plan and/or payer contracts. Any payment rates listed may be subject to change without notice. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1770-f>
4. CPT copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
5. Medicare payments to hospital inpatient are based on the FY 2023 Medicare Inpatient Prospective Payment System and effective October 1, 2022 - September 30, 2023. Actual hospital specific payments will vary. Any payment rates listed may be subject to change without notice. <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-ipp-final-rule-home-page>
6. Weighted National Average is an estimated payment and determined by multiplying the DRG payment by the utilization of cases assigned to each DRG group in 2021.
7. For institutional claims, 02850588 should be placed in the value amount of value code D4 on Form UB-40 (Form Locators 39-41) or in Loop 2300 REF02 (REF01=P4) in the electronic 837I. For professional claims, 02850588 should be preceded by "CT" and placed in Field 19 of Form CMS-1500 or it should be entered without the "CT" prefix in the electronic 837P in Loop 2300 REF02 (REF01=P4).
8. NCD 20.7 covers carotid artery stenting procedures like TCAR under certain circumstances, including through study participation. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=201>
9. CMS Carotid Artery Stenting Facilities: <https://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilities/Carotid-Artery-Stenting-Facilities>
10. CMS Carotid Artery Stenting Investigational Studies: <https://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilities/Carotid-Artery-Stenting-CAS-Investigational-Studies>
11. Dependent on diagnostic imaging type; lower bound percentage refers to diagnosis via angiogram; upper bound is for diagnosis using ultrasound.
12. Asymptomatic patients with stenosis between 70%-79% by ultrasound or 60%-79% by angiogram are only covered if they are standard risk for CEA.