

Medicare payment for the Tack Endovascular System

These materials have been developed to inform you of the National Medicare hospital reimbursement and physician payment for services rendered to patients who receive the Tack endovascular system for the treatment of peripheral arterial dissections in accordance with the labeled indications. We strongly suggest that you consult your payer organizations with regard to local coverage, coding and reimbursement policies.

2021 National Medicare payment for Tack

CPT	Descriptor	2021 Hospital outpatient payment	2021 ASC payment	2021 Physician payment (facility)	2021 Physician payment (non facility) (OBL)
Femoral/popliteal					
37224	Femoral/popliteal PTA	\$4,957	\$3,081	\$452	\$3,459
37225	Femoral/popliteal atherectomy +/- PTA	\$10,043	\$6,763	\$611	\$10,957
37226	Femoral/popliteal stent +/- PTA	\$10,043	\$6,540	\$528	\$9,969
37227	Femoral/popliteal atherectomy + stent +/- PTA	\$16,064	\$11,301	\$732	\$14,044
Tibial/peroneal					
37228	Tibial/peroneal PTA	\$10,043	\$5,822	\$550	\$4,953
37229	Tibial/peroneal atherectomy +/- PTA	\$16,064	\$10,556	\$708	\$11,021
37230	Tibial/peroneal stent +/- PTA	\$16,064	\$10,408	\$707	\$10,485
37231	Tibial/Peroneal atherectomy + stent +/- PTA	\$16,064	\$10,592	\$761	\$14,091
+37234	Additional tibial/peroneal stent +/- PTA	Pkgd	Pkgd	\$290	\$4,132
+37235	Additional tibial/peroneal atherectomy + stent +/-PTA	Pkgd	Pkgd	\$400	\$4,391
Non coronary IVUS					
+37252	Non coronary IVUS, initial vessel	Pkgd	Pkgd	\$91	\$1,151
+37253	Non coronary IVUS, each addl vessel	Pkgd	Pkgd	\$72	\$187

Source: 2021 Medicare Final OPPS Payment Rule, 2021 NFRM Addendum B; 2021 ASC Addenda; 2021 Medicare Final Physician Payment Payment Rule, Addendum B with 1/5/21 RVU21A update, conversion factor 34.8931

*Does not include geographic adjustment

+Add-on code. Each add on code description includes: "(List separately in addition to code for primary procedure.)" Add-on codes represent procedures always performed in addition to the primary service or procedure and must never be reported as a stand-alone code. They are not subject to multiple procedure discount rules.

CPT code detailed descriptors

CPT code	Description
Femoral/popliteal territory	
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
Tibial/peroneal territory	
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
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
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
Additional vessels treated within tibial/peroneal territory	
+37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty
+37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed
+37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placements(s), includes angioplasty within the same vessel, when performed
+37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

+Add-on code. Each add on code description includes: "(List separately in addition to code for primary procedure.)" Add-on codes represent procedures always performed in addition to the primary service or procedure and must never be reported as a stand-alone code. They are not subject to multiple procedure discount rules.

Questions? Contact the Reimbursement Resource Center:

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