

# 2026 Carotid Artery Stenting Procedures Coding and Reimbursement Guide

## ICD-10-PCS Procedure Codes

ICD-10-PCS tables below are excerpted from the ICD-10-PCS code set. Please refer to the official ICD-10-PCS code set for complete tables.

ICD-10-PCS PROCEDURE CODES <sup>i</sup>			
0 Medical and Surgical			
3 Upper Arteries			
7 Dilation			
BODY PART	APPROACH	DEVICE	QUALIFIER
K Internal Carotid Artery, Right	3 Percutaneous	D Intraluminal Device	Z No Qualifier
L Internal Carotid Artery, Left		E Intraluminal Device, Two	
		F Intraluminal Device, Three	
	G Intraluminal Device, Four or More		

## Hospital Inpatient MS-DRGs

MS-DRG <sup>ii</sup>	DESCRIPTION	2026 NATIONAL UNADJUSTED MEDICARE PAYMENT RATE
034	Carotid artery stent procedure with major complication or comorbidity	\$28,166
035	Carotid artery stent procedure with complication or comorbidity	\$17,395
036	Carotid artery stent procedure without complication or comorbidity/major complication or comorbidity	\$14,137

Effective Dates: October 1, 2025 - September 30, 2026

## CPT<sup>®</sup> Procedure Codes

CPT CODE	CPT DESCRIPTION	2026 NATIONAL UNADJUSTED MEDICARE PAYMENT RATE <sup>iii</sup>
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	\$889
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	\$860

**If you have any questions for procedures involving Terumo Interventional Devices, please contact +1.855.380.3081 or via email at [Reimbursement@terumomedical.com](mailto:Reimbursement@terumomedical.com)**

Coding and reimbursement information provided is general coding information only. It is not advice about how to code, complete or submit any particular claim for payment. Although we supply this information to the best of our knowledge, it is always the provider's responsibility to determine and submit the appropriate codes, charges, modifiers and bills for the services that were rendered. Payors or their local branches may have their own coding and reimbursement requirements. Before filing any claims, providers should verify these requirements with the payor.

All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2026 American Medical Association.

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### References:

- ICD-10 Procedural Coding System (ICD-10-PCS) is developed and maintained by the Centers for Medicare and Medicaid Services (CMS).
- FY 2025 Medicare Inpatient Prospective Payment System Final Rule [CMS-1808-F], <https://federalregister.gov/d/2024-17021>, August 1, 2024; Final Rule, effective October 1, 2024. Payment is calculated with a hospital base rate of \$7,117.02
- CY 2025 CMS-1807-F, published by CMS on November 1, 2024, conversion factor revised to \$32.3465, effective January 2025.

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