Reimbursement Hotline
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Medicare 2026 Hospital Outpatient and Ambulatory Surgery Center (ASC) Payment Rates

Santreva™-ATK Endovascular Revascularization Catheter

The AngioSafe Santreva-ATK Endovascular Revascularization Catheter is intended to facilitate the intraluminal placement of guidewires beyond stenotic lesions, including Chronic Total Occlusions (CTOs), in the femoropopliteal (arterial) peripheral vasculature. The Santreva-ATK Endovascular Revascularization Catheter received FDA 510(k) clearance September 22, 2025.

Medicare National Average 2026 Facility Payment - Hospital Outpatient and ASC[1]

Effective January 1, 2026, the femoral/popliteal territory includes two separate vessels (common femoral/profunda and SFA/popliteal) and are further defined as "straightforward" (stenosis) or "complex" (occlusion) lesions.

CPT Code	Brief Descriptor	Hospital Outpatient		Ambulatory Surgery Center Payment
		APC/ Status	Payment	
Femoral/Popliteal Region				
Angioplasty (Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with **transluminal angioplasty**, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral;)				
37263	; **straightforward lesion**, initial vessel	**5192/J1**	**$5,815**	**$3,796**
+37264	; each additional vessel	**N**	**Packaged**	**Packaged**
37265	**Complex lesion,** initial vessel	**5192/J1**	**$5,815**	**$3,796**
+37266	; each additional vessel	**N**	**Packaged**	**Packaged**
Stent + Angioplasty (Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, **with transluminal stent placement, including transluminal angioplasty** when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral)				
37267	**; straightforward lesion,** initial vessel	**5193/J1**	**$11,794**	**$8,066**
37268	; each additional vessel	**N**	**Packaged**	**Packaged**
37269	; **complex lesion,** initial vessel	**5193/J1**	**$11,794**	**$8,066**
37270	; each additional vessel	**N**	**Packaged**	**Packaged**

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CPT Code	Brief Descriptor	Hospital Outpatient		Ambulatory Surgery Center Payment
		APC/ Status	Payment	
Atherectomy + Angioplasty (Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, **with transluminal atherectomy, including transluminal angioplasty** when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel)				
37271	**; straightforward lesion,** initial vessel	**5194/J1**	**$18,729**	**$13,100**
37272	; each additional vessel	**N**	**Packaged**	**Packaged**
37273	; **complex lesion,** initial vessel	**5194/J1**	**$18,729**	**$13,100**
37274	; each additional vessel	**N**	**Packaged**	**Packaged**
Stent + Atherectomy + Angioplasty (Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, **with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty** when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral;)				
37275	**; straightforward lesion,** initial vessel	**5194/J1**	**$18,729**	**$13,205**
37276	; each additional vessel	**N**	**Packaged**	**Packaged**
37277	; **complex lesion,** initial vessel	**5194/J1**	**$18,729**	**$13,205**
37278	; each additional vessel	**N**	**Packaged**	**Packaged**

HCPCS Code (Device Code) for Santreva-ATK Endovascular Revascularization Catheter

C-Codes are CMS-established tracking codes that apply only to Medicare hospital outpatient and ASC claims. Commercial payors may follow this methodology; hospitals should check with the specific payor for their requirements. CMS requires hospitals report all device category codes (C codes), when available, when medical devices and charges for services associated with devices are used in conjunction with a procedure(s) billed and paid by Medicare. While they do not trigger additional payment to the facility, it will assist Medicare with collecting cost data to establish future APC rates. There is currently no specific C-code that describes the Santreva-ATK device. The appropriate code to report in the chargemaster is C1889.

HCPCS Code	Description
C1889	Implantable/insertable device, not otherwise classified

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Hospital Outpatient APC Complexity Adjustments – Santreva-ATK Endovascular Revascularization Catheter

The CPT code pairs below result in an APC Complexity adjustment **in the hospital outpatient setting only**.
For 2026, there are **no assigned ASC complexity adjustments** for procedures involving Santreva.

CPT Code	Brief Descriptor	Primary APC	Secondary CPT Code	Brief Descriptor	Secondary APC	Complexity Adjustment	
						APC	Payment
Fem/Pop PTA							
37263	Revsc evasc fpvt angio sf 1	5192	**37263**	Revsc evasc fpvt angio sf 1	5192	**5193**	**$11,794**
37263	Revsc evasc fpvt angio sf 1	5192	**37263**	Revsc evasc fpvt angio sf 1	5192	**5193**	**$11,794**
37263	Revsc evasc fpvt angio sf 1	5192	**37265**	Revsc evsc fpvt angio cplx1	5192	**5193**	**$11,794**
37265	Revsc evsc fpvt angio cplx1	5192	**37265**	Revsc evsc fpvt angio cplx1	5192	**5193**	**$11,794**
Fem/Pop Stent + PTA							
37267	Revsc evsc fpvt stent sf 1st	5193	**37280**	Revsc evsc tpvt angio sf 1st	5193	**5194**	**$18,729**
37267	Revsc evsc fpvt stent sf 1st	5193	**37282**	Rvsc evsc tpvt angio cplx 1	5193	**5194**	**$18,729**

FOOTNOTES

[1]Medicare Hospital Outpatient Prospective Payment and ASC Center Payment Systems and Quality Reporting Programs. CY2026 Final Rule. OPPS Addendum B, 11/20/25, https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices; Status J1– all covered part B services on the claim are packaged with the primary "J1" service.

[2] Medicare Physician Fee Schedule (MPFS) based on Final Policy, Payment, and Quality Provisions in the Medicare Physician Fee Schedule for CY 2025, Addendum B, 110125, MPFS 2026 conversion factor **$33.4009 (non-APM).** Medicare Physician Fee Schedule updated RVU file, Physician Fee Schedule - January 2026 release: https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files/rvu26a

Questions?

Contact the AngioSafe Reimbursement Hotline for Support:

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