Reimbursement Hotline
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Medicare 2026 Physician 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 Physician Payment[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	Work RVU	Physician Facility	Physician Non-Facility (OBL)
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	**7.75**	**$356**	**$5,430**
+37264	; each additional vessel	**3.00**	**$136**	**$2,183**
37265	**; complex lesion,** initial vessel	**10.50**	**$482**	**$6,828**
+37266	; each additional vessel	**4.00**	**$181**	**$2,441**
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	**8.75**	**$401**	**$5,209**
+37268	; each additional vessel	**3.73**	**$170**	**$3,360**
37269	; **complex lesion,** initial vessel	**14.75**	**$675**	**$11,553**
+37270	; each additional vessel	**5.00**	**$228**	**$3,496**

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CPT Code	Brief Descriptor	Work RVU	Physician Facility	Physician Non-Facility (OBL)
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	**9.00**	**$412**	**$10,563**
+37272	; each additional vessel	**4.00**	**$181**	**$2,337**
37273	; **complex lesion,** initial vessel	**12.63**	**$576**	**$13,228**
+37274	; each additional vessel	**5.50**	**$250**	**$2,487**
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	**11.00**	**$501**	**$10,276**
+37276	; each additional vessel	**4.25**	**$193**	**$3,459**
37277	; **complex lesion,** initial vessel	**15.00**	**$682**	**$15,421**
+37278	; each additional vessel	**6.00**	**$271**	**$3,874**

+ = CPT add-on code *Payment rates rounded*

Coding Considerations

- The Femoral/Popliteal (CPT codes 37263-37279) includes the common femoral, profunda femoris, superficial femoral, and popliteal arteries. For coding purposes, two separate vessels are billable: 1) the common femoral and profunda femoris arteries are considered a single vessel; and 2) the superficial femoral and popliteal arteries are considered a single vessel.
- For coding purposes, a straightforward lesion is considered a “stenosis” with documented blood flow; a complex lesion is considered an “occlusion” (no documented blood flow). Documentation supporting the lesion type will be critical in supporting payment.
- When treating multiple lesions within the same vessel, report one service that reflects the combined procedures, whether done on one lesion or different lesions using the same hierarchy.

[1] 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