

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 Payment^{1,2}

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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		ASC Payment	Physician Payment	
					Facility	Non-Facility (OBL)
Femoral/Popliteal Vascular 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	\$356	\$5,430
+37264	; each additional vessel	N	Packaged	Packaged	\$136	\$2,183
37265	; complex lesion, initial vessel	5192/J1	\$5,815	\$3,796	\$482	\$6,828
+37266	; each additional vessel	N	Packaged	Packaged	\$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	5193/J1	\$11,794	\$8,066	\$401	\$5,209
+37268	; each additional vessel	N	Packaged	Packaged	\$170	\$3,360
37269	; complex lesion, initial vessel	5193/J1	\$11,794	\$8,066	\$675	\$11,553
+37270	; each additional vessel	N	Packaged	Packaged	\$228	\$3,496

CPT Code	Brief Descriptor	Hospital Outpatient		ASC Payment	Physician Payment	
					Facility	Non-Facility (OBL)
Atherectomy + Angioplasty <i>(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;)</i>						
37271	; straightforward lesion, initial vessel	5194/J1	\$18,729	\$13,100	\$412	\$10,563
+37272	; each additional vessel	N	Packaged	Packaged	\$181	\$2,337
37273	; complex lesion, initial vessel	5194/J1	\$18,729	\$13,100	\$576	\$13,228
+37274	; each additional vessel	N	Packaged	Packaged	\$250	\$2,487
Stent + Atherectomy + Angioplasty <i>(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;)</i>						
37275	; straightforward lesion, initial vessel	5194/J1	\$18,729	\$13,205	\$501	\$10,276
+37276	; each additional vessel	N	Packaged	Packaged	\$193	\$3,459
37277	; complex lesion, initial vessel	5194/J1	\$18,729	\$13,205	\$682	\$15,421
+37278	; each additional vessel	N	Packaged	Packaged	\$271	\$3,874

+ = CPT add-on code

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



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

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

²12024 HCPCS, www.cms.gov

³Medicare Claims Processing Manual – 100-04, Chapter 4, Section 61.1, www.cms.gov

⁴Medicare 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:

Email: reimbursement@angiosafe.com

Phone: 888-909-0817

Text: 303-895-9307

This information is provided by AngioSafe as a guide for coding services involving the Santreva-ATK Endovascular Revascularization Catheter and is not intended to increase, maximize or obtain reimbursement by any payer. Providers assume full responsibility for all reimbursement decisions or actions. MKT-0043 Rev 02/26