

# PERIPHERAL INTRAVASCULAR LITHOTRIPSY (IVL) & LOWER EXTREMITY INTERVENTION

## 2026 Physician Coding and Payment Guide

### OVERVIEW

In Calendar Year (CY) 2026, The Centers for Medicare & Medicaid Services (CMS) established relative value units (RVUs) and associated physician payment for Current Procedural Terminology (CPT®)1 Category I Add-on codes +37262 and +37279 for procedures involving Peripheral IVL. Prior to the establishment of +37262 and +37279, there were no additional RVUs or professional fees for performing Peripheral IVL. This document is intended to provide updated coding and payment information to physicians and staff as they consider the use of these new codes in CY 2026.

### PERIPHERAL IVL CPT® CODES +37262 AND +37279 IN CY 2026

For CY 2026, CMS has assigned Peripheral (Iliac) IVL CPT® code +37262 3.0 work RVUs and 4.07 total RVUs. This equates to total physician payment of \$136. Peripheral (Femoral-Popliteal) IVL CPT® code +37279 has been assigned 4.0 work RVUs and 5.44 total RVUs. This equates to a total physician payment of \$182. These RVUs and associated payment rates are effective January 1, 2026.

**CPT® codes +37262 and +37279 are add-on codes that must be used in conjunction with a designated primary procedure CPT® code.** The payment rates described below for codes +37262 and +37279 are in addition to payment for the primary procedure CPT® code.

Peripheral IVL CPT Add-On Codes			
CPT®	Description	Work RVUs <sup>2</sup>	Physician Facility Payment <sup>2,3</sup>
<b>+37262</b>	Intravascular lithotripsy – iliac vascular territory	3.0	\$136
<b>+37279</b>	Intravascular lithotripsy – femoral / popliteal territory	4.0	\$182

\*Additional Facility Payment is based on Total RVUs

### APPLICATION AND IMPACT OF PERIPHERAL IVL CPT® CODES +37262 AND +37279

Beginning Jan 1, 2026, the lower extremity revascularization codes have been reconfigured, with 46 new codes describing services performed for peripheral artery revascularization. Codes for these interventions are based on vascular territories and classified based on lesion types: straightforward for stenosis or complex for occlusion. IVL is reported through the use of the appropriate add-on code to the primary procedure code in the designated vascular territory.

The tables below provide examples of how utilizing Peripheral IVL and reporting CPT® codes +37262 and +37279 in conjunction with a primary procedure code impacts the total work RVUs and physician payment associated with a procedure.

### PERIPHERAL IVL IN THE ILIAC TERRITORY (CPT +37262)

Impact on Work RVUs when Peripheral IVL is Performed in the Iliac Arteries				
Without Peripheral IVL			With Peripheral IVL	
CPT®	Description	Work RVUs <sup>2</sup>	Work RVUs <sup>2</sup>	Total Work RVUs
37254	PTA (Straightforward)	7.30	+ 3.0	= 10.30
37256	PTA (Complex)	10.75	+ 3.0	= 13.75
37258	Stent (Straightforward)	8.75	+ 3.0	= 11.75
37260	Stent (Complex)	12.69	+ 3.0	= 15.69

Impact on Payment when Peripheral IVL is Performed in the Iliac Arteries				
Without Peripheral IVL			With Peripheral IVL	
CPT®	Description	Physician Facility Payment <sup>2,3</sup>	Physician Facility Payment <sup>2,3</sup>	Total Physician Facility Payment <sup>2,3</sup>
37254	PTA (Straightforward)	\$336	+ \$136	= \$472
37256	PTA (Complex)	\$492	+ \$136	= \$628
37258	Stent (Straightforward)	\$401	+ \$136	= \$537
37360	Stent (Complex)	\$580	+ \$136	= \$716

## PERIPHERAL IVL IN THE FEM/POP TERRITORY (CPT +37279)

Impact on Work RVUs when Peripheral IVL is Performed in the Fem/Pop Arteries					
Without Peripheral IVL			With Peripheral IVL		
CPT®	Description	Work RVUs <sup>2</sup>		Work RVUs <sup>2</sup>	Total Work RVUs
37263	PTA (Straightforward)	7.75	+	4.0	= 11.75
37265	PTA (Complex)	10.50	+	4.0	= 14.50
37267	Stent (Straightforward)	8.75	+	4.0	= 12.75
37269	Stent (Complex)	14.75	+	4.0	= 18.75
37271	Atherectomy (Straightforward)	9.00	+	4.0	= 13.00
37273	Atherectomy (Complex)	12.63	+	4.0	= 16.63
37275	Stent + Atherectomy (Straightforward)	11.00	+	4.0	= 15.00
37277	Stent + Atherectomy (Complex)	15.00	+	4.0	= 19.00

Impact on Payment when Peripheral IVL is Performed in the Fem/Pop Arteries					
Without Peripheral IVL			With Peripheral IVL		
CPT®	Description	Physician Facility Payment <sup>2,3</sup>		Physician Facility Payment <sup>2,3</sup>	Total Physician Facility Payment
37263	PTA (Straightforward)	\$356	+	\$182	= \$538
37265	PTA (Complex)	\$482	+	\$182	= \$664
37267	Stent (Straightforward)	\$401	+	\$182	= \$583
37269	Stent (Complex)	\$674	+	\$182	= \$856
37271	Atherectomy (Straightforward)	\$411	+	\$182	= \$593
37273	Atherectomy (Complex)	\$576	+	\$182	= \$758
37275	Stent + Atherectomy (Straightforward)	\$501	+	\$182	= \$683
37277	Stent + Atherectomy (Complex)	\$682	+	\$182	= \$864

## QUESTIONS? CONNECT WITH A SHOCKWAVE MEDICAL REIMBURSEMENT SPECIALIST

Contact your Shockwave IVL sales representative or email [shockwavereimbursement@its.jnj.com](mailto:shockwavereimbursement@its.jnj.com) to connect with a reimbursement specialist.

### Reimbursement Disclaimer (US):

The coding, coverage, and payment information contained herein is gathered from various resources and is subject to change without notice. Shockwave Medical cannot guarantee success in obtaining thirdparty insurance payments. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered. Providers should contact their third-party payers for specific information on their coding, coverage, and payment policies.

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2. CMS-1832-F; Medicare Physician Fee Schedule, MPFS, Calendar Year 2026 Final Rule. 10/31/25, Addendum B, using conversion factor 33.4009.

3. Payment rates do not take into account geographical or additional adjustments. Providers should contact their local Medicare Administrative Contractor (MAC) or CMS for specific information as payment rates vary by region.

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