

OFFICE-BASED LAB (OBL)

2026 CODING AND PAYMENT SUMMARY

OVERVIEW

The below information is provided to assist in the accurate coding of Intravascular Lithotripsy (IVL) procedures with Shockwave IVL catheters in the Non-Facility (OBL) setting. IVL is the energy-based generation of ultrasonic acoustic pressure waves for modification, fracture, and fragmentation of vascular calcification. For Calendar Year (CY) 2026, the AMA established 46 new CPT® codes for Lower Extremity Revascularization (LER) procedures. This new code set includes add-on codes for IVL when performed in the iliac territory (CPT® code +37262) and the femoral-popliteal territory (CPT® code +37279). This document is intended to provide updated coding and payment information for LER procedures associated with the use of IVL to physicians and staff as they familiarize themselves regarding these new codes in CY 2026.

PERIPHERAL IVL CPT CODES +37262 AND +37279 IN 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 rate described below for +37262 and +37279 is in addition to payment for the primary procedure CPT® code. A list of primary procedure codes commonly used with Peripheral IVL can be found in the tables below.

ILIAC

Peripheral IVL CPT® Add-On Code – Iliac

CPT® Code	Description	2026 Medicare National Base Payment Non-Facility ^{2,3}
+37262	IVL	\$3,409

+37262 may be coded up to 3 times per side in the Iliac territory, once for each vessel treated (Common, Internal and External) as per CPT® guidelines and as clinically appropriate.

Primary Procedure CPT® Codes – Iliac

CPT® Code	Description	Lesion Type*	2026 Medicare National Base Payment Non-Facility ^{2,3}
37254	PTA Only	Straightforward	\$2,073
37256		Complex	\$2,430
37258	PTA + Stent	Straightforward	\$3,562
37260		Complex	\$8,434

Additional Vessel CPT® Add-On Codes – Iliac

+37255	PTA – Additional Vessel	Straightforward	\$510
+37257		Complex	\$579
+37259	PTA + Stent – Additional Vessel	Straightforward	\$1,206
+37261		Complex	\$3,361

FEMORAL-POPLITEAL

Peripheral IVL CPT® Add-On Code – Femoral-Popliteal

CPT® Code	Description	2026 Medicare National Base Payment Non-Facility ^{2,3}
+37279	IVL	\$4,636

+37279 may be coded up to 2 times per side in the Femoral-Popliteal territory, once for each vessel treated (CFA/Profunda and SFA/Popliteal) as per CPT® guidelines and as clinically appropriate.

Primary Procedure CPT® Codes – Femoral-Popliteal

CPT® Code	Description	Lesion Type*	2026 Medicare National Base Payment Non-Facility ^{2,3}
37263	PTA Only	Straightforward	\$5,430
37265		Complex	\$6,828
37267	PTA + Stent	Straightforward	\$5,209
37269		Complex	\$11,553
37271	PTA + Atherectomy	Straightforward	\$10,563
37273		Complex	\$13,228
37275	PTA + Atherectomy + Stent	Straightforward	\$10,276
37277		Complex	\$15,421

Additional Vessel CPT® Add-On Codes – Femoral-Popliteal

+37264	PTA – Additional Vessel	Straightforward	\$2,183
+37266		Complex	\$2,441
+37268	PTA + Stent – Additional Vessel	Straightforward	\$3,360
+37270		Complex	\$3,496
+37272	PTA + Atherectomy – Additional Vessel	Straightforward	\$2,337
+37274		Complex	\$2,487
+37276	PTA + Atherectomy + Stent – Additional Vessel	Straightforward	\$3,459
+37278		Complex	\$3,874

***Lesion Type:** CMS requires target lesions to be defined as:
 Straightforward = stenosis
 Complex = occlusion

QUESTIONS? CONNECT WITH A SHOCKWAVE MEDICAL REIMBURSEMENT SPECIALIST

The Shockwave Medical Reimbursement team is available to answer questions regarding the above updates. The Shockwave Reimbursement Specialist team can be contacted by email at ShockwaveReimbursement@its.jnj.com.

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.

1. CPT® 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association; 2. CMS-1832-CN3; Medicare Physician Fee Schedule, MPFS, Calendar Year 2026 Final Rule; Correction. Addendum B, using conversion factor 33.40 <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-cn3>; 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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