

2025 Quick Reference Guide

Transcatheter Arterialization of the Deep Vein (TADV) with the **LimFlow®** TADV System 2025 Procedural Payment Guide - Medicare National Unadjusted Reimbursement Rates

Physician Fee/ASC/Hospital Outpatient information effective Jan. 1, 2025 to Dec. 31, 2025. Inpatient information effective Oct. 1, 2024 to Sep. 30, 2025.

		Physician ²		ASC	Hospital Outpatient ³		Hospital Inpatient ⁶		
HCPCS/ CPT Code ¹	CPT Description	Facility Rate	Office Rate	ASC Payment	APC Category	APC Payment	ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment^^	MS-DRG Payment
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roamapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	Carrier- Priced as New Procedure Examples: FCSO & Novitas: \$1,414 Palmetto: \$1,600 WPS: \$1,200	N/A	\$31,714 Status Indicator N ⁺	1579	\$35,000 Status Indicator S ⁺	041M3JS 041N3JS 041P3JS 041Q3JS 041R3JS 041S3JS 041T3JS	Other Vascular Procedures MS-DRGS 252 w/MCC* MS-DRGS 253 w/CC* + NTAF Max of \$16,6	

[^]The LimFlow®TADV System includes the LimFlow System or LimFlow Stent Grafts, and LimFlow ARC, LimFlow Vector, and LimFlow V-Ceiver. Please refer to the Important Safety Information for more details about these products.

See next page for references

Disclaimer: This Procedural Payment Guide for Transcatheter Arterialization of the Deep Veins (TADV) provides coding and reimbursement information for physicians and healthcare facilities. The codes included in this guide are intended to represent typical TADV procedures. However, these coding suggestions do not replace seeking coding advice from the payor and/or your own coding staff. The ultimate responsibility for correct coding lies with the provider of services. Please contact your local payor for interpretation of the appropriate codes to use for specific procedures. LimFlow makes no guarantee that the use of this information will prevent differences of opinion or dispute with Medicare or other third-party payors as to the correct form of billing or the amount that will be paid to providers of service.

^{^^}MS-DG assignment is based on a combination of the diagnoses and procedure codes reported by the provider for the encounter. Patients receiving LimFlow typically have a qualifying CC or MCC given their severity. For example, a chronic total occlusion of the artery of the extremities (ICD-10 diagnosis code: I70.92) is a qualifying comorbidity and characteristic of no-option CLTI patients. While the MS-DRGs listed in this guide represent likely assignments, Inari cannot guarantee assignment to a specific MS-DRG.

^{*}MCC: Major complication or comorbidity; CC: Complication or comorbidity

^{**}For more information on NTAP mechanics for LimFlow TADV for traditional Medicare LimFlow inpatient cases and other resources visit: https://limflow.com/us/reimbursement-resources/

⁺Not subject to multiple procedure discounting if another qualifying procedure is performed in the same visit. (Source: Y2025 OPPS/ASC Final Rule. CMS-1809-FC))

Contact

Reimbursement Questions reimbursement@inarimedical.com

References:

- 1. Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association (AMA). Copyright 2025 AMA. All rights reserved.
- 2. 2025 CMS PFS Final Rule, Addendum B (available on CMS website, updated December 19, 2023); Palmetto carrier-pricing; https://www.palmettogba.com/palmetto/imb.nsf/DIDC/W17W63AP8T~Fee%20Schedules~Medicare%20Physician% 20 Fee%20Schedule (accessed June 29, 2024). Novitas carrier-pricing: https://www.novitas-solutions.com/webcenter/portal/MedicareJH/FeeLookup (Lookup 0620T, accessed June 29, 2024). FCSO carrier-pricing: https://medicare.fcso.com/ Data files/0508181.pdf (Lookup 0620T, accessed June 29, 2024), WPS carrier-pricing; https://med.wpsgha.com/guides-resources/view/1124 (Lookup 0620T, accessed Sept. 10, 2024).
- 3. 2025 CMS OPPS/ASC Final Rule, Addendum B: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc available on CMS website, published November 2, 2023). https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1809-fc
- 4. Healthcare Common Procedure Coding System (HCPCS) Level II codes are maintained by the Centers for Medicare and Medicaid Services. https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update
- 5. Centers for Medicare & Medicaid Services. International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) (available on CMS website).
- 6. 2025 CMS IPPS Final Rule: https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/ipps-regulationsand-notices

Important Safety Information:

LimFlow System and LimFlow Stent Grafts Intended Use/Indications for Use: The LimFlow System and LimFlow Stent Grafts are indicated for patients who have chronic limb-threatening ischemia with no suitable endovascular or surgical revascularization options and are at risk of major amputation. Contraindications: Patients with deep venous thrombus in target vein; Patients with uncorrected bleeding disorders or patients who cannot receive anticoagulation or antiplatelet aggregation therapy, Warnings and Precautions: Use in patients with concomitant hepatic insufficiency has not been evaluated; Use in patients with poor cardiac output, e.g., NYHA Class IV, has not been evaluated; Use in pregnant and breastfeeding women has not been evaluated; Implanting the device in the distal half of the calcaneus may result in stent fracture. Adverse Events: Acute renal impairment requiring dialysis; Cardiac arrest, Death, Embolization, Graft rupture, trans-graft leak, site leak; Hematoma; Insufficient blood flow to foot; Ischemia; Myocardial infarction; Occlusion; Pain; Peripheral edema; Procedural bleeding; Restenosis of stented segment; Sepsis / Infection; Stent damage, implant migration; Stent graft fracture; Stent graft misplacement, deformation, or migration; The need for surgical or endovascular interventions to rectify an access site problem; Thrombosis; Vessel dissection, perforation, injury; Vessel spasm. LimFlow ARC Intended Use/Indications for Use: The LimFlow ARC is intended to facilitate placement and positioning of guidewires and catheters within the peripheral vasculature. The LimFlow ARC is not intended for use in the coronary or cerebral vasculature. LimFlow V-Ceiver Intended Use/Indications for Use: The LimFlow V-Ceiver is intended for use in the cardiovascular system to manipulate and retrieve guidewires specified in the IFU. LimFlow Vector Intended Use/Indications for Use: The LimFlow Vector is intended for the treatment of vascular disorders and more particularly for excising or disrupting venous valves. Important Information: Review complete Instructions for Use, Indications for Use, Warnings, Precautions, Possible Adverse Effects and Contraindications prior to use of the product.

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