Endologix | DETOUR™ System

2025 DETOUR System Coding Guide

Hospital inpatient MS-DRGs and payment

MS-DRG may vary based on individual patient circumstances

DRG	Description	IPPS Payment FY 2025
252	Other vascular procedures with MCC	$24,480
253	Other vascular procedures with CC	$18,219
254	Other vascular procedures without CC/MCC	$12,484

Hospital inpatient coding

Report only procedures performed (may not be an all-inclusive list)

ICD-10-PCS Coding	Description
X2KH3D9	Bypass, right femoral artery, percutaneous, conduit through femoral vein to superficial femoral artery
X2KH3E9	Bypass, right femoral artery, percutaneous, conduit through femoral vein to popliteal artery
X2KJ3D9	Bypass, left femoral artery, percutaneous, conduit through femoral vein to superficial femoral artery
X2KJ3E9	Bypass, left femoral artery, percutaneous, conduit through femoral vein to popliteal artery

Hospital outpatient coding and payment

Report only procedures performed

CPT	Description	SI	APC	OPPS Payment CY 2025
0505T	Endovenous femoral-popliteal arterial revascularization, 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 roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	J1	5193	$11,341

Hospital outpatient coding

Report only procedures performed

HCPCS	Description
C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components

Physician coding and payment

Report only procedures performed

CPT	Description	PFS Payment CY 2025
0505T	Endovenous femoral-popliteal arterial revascularization, 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 roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	Contractor Priced

References

- AMA Current Procedural Terminology (CPT) Manual 2025
- ICD-10-PCS Codebook 2025
- FY 2025 Inpatient Prospective Payment System Final Rule Impact File and Table 5 (CMS-1808-F)
- CY 2025 Hospital Outpatient Prospective Payment System Final Rule, Addendum B (CMS-1809-FC)
- Inpatient hospital payment levels reflect FY 2025 Medicare National Average Payment rates; Outpatient hospital and physician payment levels reflect CY 2025 Medicare National Average Payment rates; payment levels vary geographically.

The reimbursement information provided below has been obtained from third party sources and is intended to be used as a general source of information only. It does not cover all possible patient care situations, payer rules, or scenarios. It is solely the provider's responsibility to determine the proper medical products and services to be provided to individual patients, and to report the procedures and codes, if any, that most appropriately describe the products or services rendered. Endologix does not promise or guarantee coverage or payment by Medicare or any other payers by providing this information. The information does not constitute legal advice and no warranty regarding the completeness or accuracy of the information is made or implied. The information provided is subject to change without notice as reimbursement laws, regulations, rules and policies change frequently. Providers must seek advice from Medicare and/or other specific payers to obtain the most accurate, current and appropriate information related to pre-authorization, coverage, billing and reimbursement. Endologix specifically disclaims and rejects any liability or responsibility for any actions or consequences resulting from the use of this information.

INDICATIONS FOR USE:
The DETOUR™ System is indicated for use for percutaneous revascularization in patients with symptomatic femoropopliteal lesions from 200mm to 460mm in length with chronic total occlusions (100mm to 425mm) or diffuse stenosis >70% who may be considered suboptimal candidates for surgical or alternative endovascular treatments. The DETOUR™ System, or any of its components, is not for use in the coronary and cerebral vasculature.

CONTRAINDICATIONS:
The DETOUR™ System is contraindicated in patients with:

- A distal common femoral artery (CFA) <7 mm in diameter.
- Increased risk of deep vein thrombosis (DVT), such as patients with a recent history of DVT, thrombophilia, and disseminated malignancy.
- Untreated flow-limiting aortoiliac occlusive disease.
- Lack of patent single vessel tibial runoff to ankle.
- Known coagulopathy, bleeding diathesis, or thrombocytopenia that cannot be medically managed.
- Known hypersensitivities, allergies or contraindications to: Nitinol; PTFE; aspirin; heparin; antiplatelet; anticoagulant or thrombolytic therapy; or contrast media that cannot otherwise be medically managed.

Refer to Instructions for Use for more information concerning Indications, Contraindications, Specific Anatomic Considerations, Warnings, Precautions, and Adverse Events.

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

NOTE: Not all product components are available in every country. Please consult with your Endologix representative to confirm product availability.

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