

2026 DETOUR System Coding Guide

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Hospital outpatient coding and payment

Report only procedures performed

CPT	Description	SI	APC	OPPS Payment CY 2026
0505T	Level 3 Endovascular Procedures	J1	5193	\$11,794

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

Hospital inpatient coding and payment

MS-DRG may vary based on individual patient circumstances

DRG	Description	IPPS Payment FY 2026
252	Other vascular procedures with MCC	\$25,384
253	Other vascular procedures with CC	\$18,888
254	Other vascular procedures without CC/MCC	\$12,965

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

ASC coding and payment

Report only procedures performed

CPT	Description	SI	ASC Payment CY 2026
0505T	Endovascular fempop arterial revascularization	J8	\$8,595

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 2026
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

Do not report 0505T with 37263, 37265, 37267, 37269, 37271, 37273, 37275, 37277, 37238, 37239, 37248, 37249.

References

- AMA Current Procedural Terminology (CPT) Manual 2026
- ICD-10-PCS Codebook 2026
- FY 2026 Inpatient Prospective Payment System Final Rule Impact File and Table 5 (CMS-1833-F)
- CY 2026 Hospital Outpatient Prospective Payment System Final Rule, Addendum B, Addendum ASC AA (CMS-1834-FC)
- Inpatient hospital payment levels reflect FY 2026 Medicare national average payment rates; outpatient hospital, ASC, and physician payment levels reflect the CY 2026 Medicare national average payment rates; payment levels vary geographically.

Where should I direct additional questions?

If you have any questions, please reach out to the Endologix Health Economics & Reimbursement team:

Paula Davis (Western US) at pdavis@endologix.com

Tuck Wieler (Eastern US) at twieler@endologix.com

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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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