## 2024 Peripheral Vascular Diagnostic & Intervention Coding Sheet

Patient:	Date of Birth:	Date of Procedure:
Refer.MD:	DX:	

**Medtronic** 

Reimbursement **Information Line** Tel: 877.347.9662

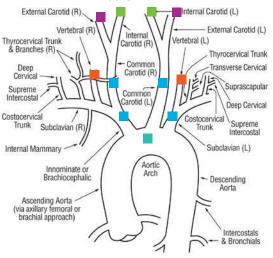
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NON-SELECTIVE CATHETERIZATION			
Carotid or vertebral, by direct puncture of either vessel	36100		
Extremity artery, upper or lower, by direct puncture	36140		
Aorta, translumbar, by direct puncture	36160		
Aorta, catheter (by peripheral puncture, eg, femoral)	36200		
SELECTIVE CATHETERIZATION			
1st order selective, thoracic or brachiocephalic	36215		
2nd order selective thoracic or brachiocephalic	36216		
3rd order selective thoracic or brachiocephalic	36217		
Addl 2nd or 3rd order thoracic or brachiocephalic	+36218		
1st order selective abdominal, pelvic, lower extremity	36245		
2nd order selective abdominal, pelvic, lower extremity	36246		
3rd order selective abdominal, pelvic, lower extremity	36247		
Addl 2nd or 3rd order abdominal, pelvic, lower extremity	+36248		
DIAGNOSTIC ANGIOGRAMS			
Thoracic aortogram	75605-26		
Abdominal aortogram	75625-26		
Abdominal aortogram w bilateral run-off	75630-26		
Extremity angiogram, unilateral	75710-26		
Extremity angiogram, bilateral	75716-26		
Visceral angiogram (eg, celiac, SMA, IMA)	75726-26		
Pelvic angiogram (eg, internal iliac)	75736-26		
Internal mammary angiogram	75756-26		
Selective angiogram, each addl vessel after basic	+75774-26		
DIAGNOSTIC BUNDLED RENAL ANGIOGRAMS			
(catheter placement + vessels imaged)			
Selective cath, 1st order, renal aortogram, unilateral	36251		
Selective cath, 1st order, renal aortogram, bilateral	36252		
Superselective cath 2nd order/up, renal aortogram, uni	36253		
Superselective cath, 2nd order/up, renal aortogram, bil	36254		
MISCELLANEOUS			
Non-selective iliac/femoral angiogram w heart cath	G0278		
Placement of closure device at access site	G0269		

CAROTID ARTERY STENTING SERVICAL AND INTRATHORAGIS		
CAROTID ARTERY STENTING, CERVICAL AND INTRATHORACIC	2704	
Carotid stenting, cervical carotid, w distal embolic protection	3721	
Carotid stenting, cervical carotid, wo distal embolic protection	3721	
Carotid stenting, intrathoracic common carotid or innominate, retrograde, w/ open cervical carotid exposure	3721	
Carotid stenting, intrathoracic common carotid or innominate, antegrade approach	3721	
TRANSLUMINAL ANGIOPLASTY, OTHER ARTERY or VEIN	0.00	
PTA (except lower extremity, intracranial, coronary, pulmonary artery, dialysis circuit) initial artery	3724	
PTA (except lower extremity, intracranial, coronary, pulmonary artery, dialysis circuit) each addl artery	+3724	
PTA (except dialysis circuit), initial vein	3724	
PTA (except dialysis circuit), each addl vein	+3724	
TRANSLUMINAL ATHERECTOMY, INTRA-ABDOMINAL and UPPER EXTREMITY		
Peripheral atherectomy, renal artery	0234	
Peripheral atherectomy, visceral artery, each vessel	0235	
Peripheral atherectomy, abdominal aorta	0236	
Peripheral atherectomy, brachiocephalic trunk or branches, each vessel	0237	
TRANSLUMINAL THROMBECTOMY, ATERIAL		
Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, initial vessel	3718	
Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, each addl vessel within same amily	+3718	
secondary percutaneous thrombectomy (eg, snare basket, suction), w primary procedure other than hrombectomy	+3718	
ENDOVASCULAR IVC FILTER PROCEDURES		
nsertion of IVC filter, includes vessel access, selection and imaging	3719	
Repositioning of IVC filter, includes vessel access, selection and imaging	3719	
Retrieval (removal) of IVC filter, includes vessel access, selection and imaging	3719	
RETRIEVAL, INTRASVASCULAR FOREIGN BODY		
ranscatheter retrieval, percutaneous, of intravascular foreign body (fractured venous or arterial cath)	3719	
TRANSCATHETER INFUSION FOR THROMBOLYSIS, ARTERIAL AND VENOUS		
Arterial infusion for thrombolysis, other than coronary or intracranial, initial treatment day	3721	
/enous infusion for thrombolysis, initial treatment day	3721	
Arterial or venous infusion for thrombolysis, continued on subsequent day during course of thrombolytic therapy	3721	
Arterial or venous infusion for thrombolysis, consided on subsequent day during coalise of thrombolysic therapy  Arterial or venous infusion for thrombolysis, cessation of thrombolysis incldg removal of catheter and vessel closure	3721	
TRANSCATHETER PLACEMENT, INTRAVASCULAR STENT	3721	
stenting (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), incldg angioplasty within same vessel, initial artery	3723	
- each addl artery	+3723	
itenting, incldg angioplasty within same vessel, initial vein	3723	
- each addl vein	+3723	
OCCLUSION AND EMBOLIZATION		
/ascular embolization or occlusion, venous, other than hemorrhage	3724	
Vascular embolization or occlusion, venous, other than hemorrhage  Vascular embolization or occlusion, arterial, other than hemorrhage or tumor		
Vascular embolization or occlusion, for tumors, organ ischemia, or infarction	3724 3724	
Vascular embolization of occlusion, for arterial or venous hemorrhage or lymphatic extravasation	3724	
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ULTRASOUND G	UIDANCE	
Ultrasound guidance for vascular access	+76937	
INTRAVASCULAR ULTRASOUND, PERIPHERAL		
IVUS (noncoronary), initial vessel	+37252	
IVUS (noncoronary), each addl vessel	+37253	
MODERATE SE	DATION	
Sedation given by physician performing procedure, initial 15 min intra-svc time; < 5 years old	99151	
Sedation given by physician performing procedure, initial 15 min intra-svc time; >5 years old	99152	
+ each addl 15 min intra-service time	+99153	
Sedation given by other physician not performing procedure, initial 15 min intra-svc time; < 5 years old	99155	
Sedation given by other physician not performing procedure, initial 15 min intra-svc time; > 5 years old	99156	
+ each addl 15 mi. intra-service time	+99157	

## NORMAL CAROTID ANATOMY WITH CATHETER POSITION FOR CODE ASSIGNMENT



## LOWER EXTREMITY ANATOMY

LOWER EXTREMITY ANATOMY		
ILIAC	Commonliac(R)  Internal liac (Hypogastric)  Deep liac Craimfek Estemal liac  Lister alliac Craimfek Estemal Lister alliac Craimfek Estemal Lister alliac	
FEMORAL/ POPLITEAL	Superficial liac Craumilex Medial Femoral Craumile X Profunda Femoral Craumile X Profunda Femoral Craumile X Profunda Femoral Craumile X Perforating Perforating Perforating Perforating Perforating Perforating Perforating	
	Superior Lateral Genicular  Interior Lateral Genicular  Popliteal  Interior Lateral Genicular  Popliteal  Interior Lateral Genicular  Anterior Tibial  Superior Media Genicular  Popliteal  Interior Lateral Genicular  Anterior Tibial	
TIBIAL/ PERONEAL	Peroneal  Lateral Anterior Maleolar  Peroneal Anterior Maleolar  Dorsals	

		DIAGNOSTIC BUNDLED CAROTID ANGIOGRAMS (catheter placement + vessels imaged)	
	+36228	Selective catheterization of each intracranial branch of internal carotid or vertebral, unilateral, with angiography of selected vessel (eg, MCA, ACA, PICA) (use with 36223, 36224, 36225, or 36226)	
	+36227	Selective catheterization of <b>external carotid</b> , unilateral, with external carotid angiography (use with 36222, 36223, or 36224)	
Note:	: Code +362	228 can be reported no more than twice per side.	
	36226	Selective catheterization of <b>vertebral</b> , unilateral, with vertebral/vertebrobasilar angiography	
	36225	Selective catheterization of <b>subclavian or innominate</b> , unilateral, with vertebral/vertebrobasilar angiography	
Note:	For the san	ne side, only one code may be assigned from the range of 36225-36226.	
	36224	Selective catheterization of <b>internal carotid</b> , unilateral, with intracranial/cerebral carotid angiography	
	36223	Selective catheterization of <b>common carotid or innominate</b> , unilateral, with intracranial/cerebral carotid angiography (including extracranial when performed)	
	36222	Selective catheterization of <b>common carotid or innominate</b> , unilateral, with extracranial/cervical carotid angiography	
Note:	For the san	ne side, only one code may be assigned from the range 36222-36224.	
	36221	<b>Non-selective</b> catheterization of thoracic aorta with cervicocerebral angiography of all extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral	

## ENDOVASCULAR LOWER EXTREMITY INTERVENTIONS

Note: Code 36221 is included in all other angiographies and is not coded separately with 36222-36226.

ILIAC TERRITORY		
Primary	Add-on	
37220 - PTA, iliac artery, initial vessel, unilateral	+37222 - PTA, iliac artery, each addl ipsilateral iliac vessel (use with 37220, 37221)	
37221 - Stent, iliac artery, w/wo PTA in same vessel, unilateral	+37223 - Stent, iliac artery, each addl ipsilateral iliac vessel, w/wo PTA in same vessel (use with 37221)	
0238T - Atherectomy, iliac artery		
FEMORAL/ POPLITEAL TERRITORY		
37224 - PTA, femoral/ popliteal artery, unilateral	There are no add-on codes for additional vessels	
37225 - Atherectomy, femoral/ popliteal artery, w/wo PTA, in same vessel, unilateral	treated in the femoral/popliteal territory. Because only 1 service is reported when 2 lesions are treated	
37226 - Stent, femoral/popliteal artery, w/wo PTA in same vessel, unilateral	in this territory. report the most complex service (eg, use 37227 if a stent is placed for 1 lesion and an atherectomy is performed on a 2nd lesion).	
37227 - Stent and atherectomy, femoral/ popliteal artery, w/wo PTA in same vessel, unilateral		
TIBIAL/ PERONEAL TERRITORY		
37228 - PTA, tibial/ peroneal artery, initial vessel, unilateral	+37232 - PTA, tibial/ peroneal artery, each addl vessel (use with 37228-37231)	
37229 - Atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	+37233 - Atherectomy, tibial/ peroneal, each addl vessel, w/wo PTA in same vessel	
37230 - Stent, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral	+37234 - Stent, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel	
37231 - Stent and atherectomy, tibial/ peroneal artery, w/wo PTA in	+37235 - Stent and atherectomy, tibial/peroneal artery,	

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