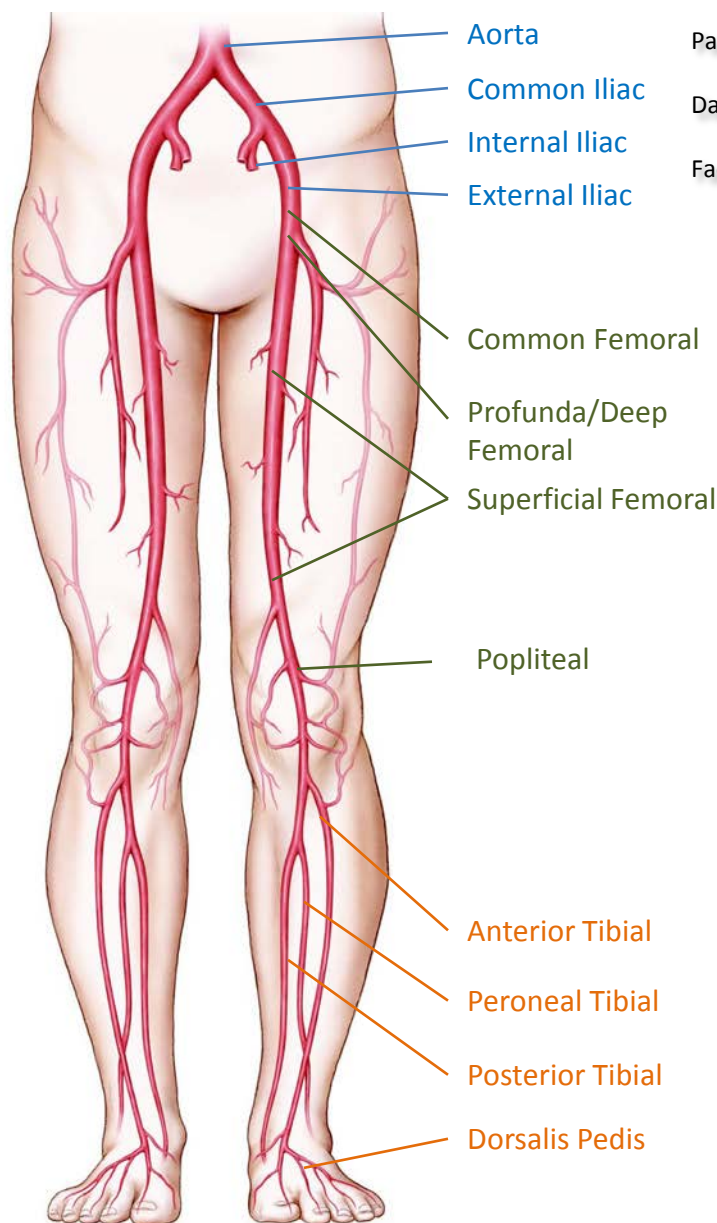


2016: Peripheral Interventions - Coding Guide

Iliac		
CPT®	Procedure	x
37220	PTA	
37221	PTA and Stent	
+37222	PTA, additional vessel	
+37223	PTA and Stent, additional vessel	

Femoral / Popliteal		
CPT	Procedure	x
37224	PTA	
37225	PTA with Atherectomy	
37226	PTA with Stent	
37227	PTA with Stent and Atherectomy	

Tibial / Peroneal		
CPT	Procedure	x
37228	PTA	
37229	PTA with Atherectomy	
37230	PTA with Stent	
37231	PTA with Stent and Atherectomy	
+37232	PTA, additional vessel	
+37233	PTA with Atherectomy, additional vessel	
+37234	PTA with Stent, additional vessel	
+37235	PTA with Stent and Atherectomy, additional vessel	



Patient: _____

Date: _____

Facility: _____

Diagnostic			
CPT	Procedure	26	x
75630	Abdominal aortogram with run-off		
75625	Abdominal aortogram		
75710	Unilateral extremity		
75716	Bilateral extremity		
+75774	Additional artery angiogram		

Catheterization		
CPT	Procedure	x
36140	Catheterization	
36245	Lower extremity cath, first order	
36246	Lower extremity cath, second order	
36247	Lower extremity cath, third order	
+36248	Lower extremity cath, each additional order	

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2016: Thrombectomy Codes

Peripheral Arterial Thrombectomy (Includes flourosopic guidance and intraprocedural pharmacological thrombolytic injection(s))		
CPT ®	Procedure	x
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	
+37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	
+37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	

Peripheral Venous Thrombectomy (Includes intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance)		
CPT	Procedure	x
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	

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2016: Peripheral Stenting and Embolization Codes

Stenting (Includes PTA and Radiology S&I, Code Catheter Placement Separately)		
CPT ®	Procedure	x
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	
+37237	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	
+37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	

Embolization (Includes Radiology S&I, Code Catheter Placement Separately)		
CPT	Procedure	x
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	

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