INTRAVASCULAR ULTRASOUND (IVUS)

2022 CODING AND REIMBURSEMENT GUIDE

The procedure codes listed below are applicable to intravascular ultrasound.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Claims must contain the appropriate CPT/HCPCS code(s) for the specific site of service to indicate the items and services that are furnished. The tables below contain a list of possible CPT/HCPCS codes that may be used to bill for dialysis circuit interventions. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered.

PHYSICIAN SERVICES & REIMBURSEMENT

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
<th>Physician Services¹</th>
<th>OBL (POS 11)¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Work RVUs Total RVUs</td>
<td>MD In-Facility</td>
</tr>
<tr>
<td>+37252</td>
<td>Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel</td>
<td>1.80 2.59</td>
<td>$90</td>
</tr>
<tr>
<td>+37253</td>
<td>Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel</td>
<td>1.44 2.05</td>
<td>$71</td>
</tr>
</tbody>
</table>

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See important notes on the uses and limitations of this information on page 3.
AMBULATORY SURGICAL CENTER (ASC) & OUTPATIENT REIMBURSEMENT

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
<th>ASC Payment*2</th>
<th>Hospital Outpatient Payment**3</th>
</tr>
</thead>
<tbody>
<tr>
<td>+37252</td>
<td>Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel</td>
<td>Status N1: Packaged services. No separate payment is made to facility</td>
<td>Status N: Packaged services. No separate payment is made to facility</td>
</tr>
<tr>
<td>+37253</td>
<td>Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel</td>
<td>Status N1: Packaged services. No separate payment is made to facility</td>
<td>Status N: Packaged services. No separate payment is made to facility</td>
</tr>
</tbody>
</table>

See the CPT® 2022 Professional Edition Codebook for important instructions regarding the use of the codes shown above.

NOTES:

* ASC - Status N1 indicator, packaged service/item. No separate payment.
** OPPS - Status N indicator, items and services packaged into primary procedure APC rate. No separate payment.

- Add-on code (+) must be performed in addition to a primary procedure; (i.e., stent, PTA, atherectomy, embolization, thrombolysis, thrombectomy).
- Add-on codes are exempt from multiple procedure reduction.
- Coding is per vessel evaluated; however, contiguous vessel abnormalities (i.e., DVT, diffuse atherosclerotic disease) are described by a single code.
- Check your payer guidelines closely, as there may be limitations for the use of these codes- contractors will define specific primary codes.

The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

SOURCES:


IMPORTANT INFORMATION

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