

# 2016 Peripheral Vascular Diagnostic & Intervention Coding Sheet

**Medtronic**

CardioVascular  
Reimbursement  
Tel. 877-347-9662

<b>Patient:</b>	<b>Date of Birth:</b>	<b>Date of Procedure:</b>
<b>Refer. MD:</b>	<b>DX:</b>	

**CATHETER PLACEMENT CODING RULES**  
(for diagnostic catheterizations and some interventions -  
for other interventions integral)

- Code selective over non-selective per access site
- Code catheterization for each vascular family separately
- Code highest order catheterization by vascular family

**NON-SELECTIVE CATHETERIZATION**

Arterial Vascular Catheterization	X	CODE
Carotid/Vertebral, direct puncture		36100
Retrograde Brachial		36120
Extremity Artery, Needle, Unilateral		36140
Aortic, Translumbar		36160
Aorta, Catheter (Femoral, Brachial, Axillary)		36200

**SELECTIVE CATHETERIZATION**

Arterial Vascular Catheterization	X	CODE
1st order selective thoracic or above		36215
2nd order selective thoracic or above		36216
3rd order selective thoracic or above		36217
Addnl 2nd or 3rd order thoracic or above		36218
1st order selective abdominal or lower		36245
2nd order selective abdominal or lower		36246
3rd order selective abdominal or lower		36247
Addnl 2nd or 3rd order abdominal or lower		36248

**DIAGNOSTIC ANGIOGRAMS**

Thoracic aortogram		75605-26
Abdominal aortogram		75625-26
Abdominal AO/run-off		75630-26
Extremity, unilateral		75710-26
Extremity, bilateral		75716-26
Visceral (celiac, SMA, IMA)		75726-26
Pelvic, selective or supraseductive		75736-26
Internal mammary		75756-26
Selective, each additional vessel after basic		75774-26

**DIAGNOSTIC BUNDLED ANGIOGRAMS  
(Cath placement + vessels imaged)**

Selective renal w/ aortogram; unilateral		36251
Selective renal w/ aortogram; bilateral		36252
Superselective renal w/ aortogram; unilateral		36253
Superselective renal w/ aortogram; bilateral		36254

**MISCELLANEOUS**

Conscious sedation		99143-99150
Closure device		G0269

**OTHER TRANSCATHETER THERAPIES**

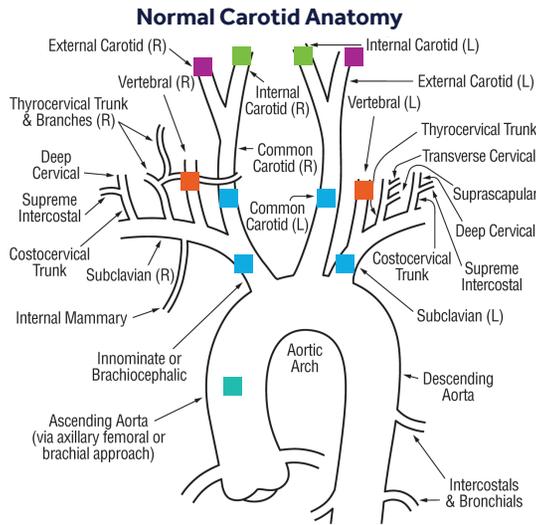
PROCEDURE	X	CODE	RADIOLOGICAL S&I
Carotid stenting, cervical carotid, w/ distal protection		37215	
Carotid stenting, cervical carotid, w/o distal protection		37216	
Carotid stenting, intrathoracic common carotid or innominate, retrograde open approach		37217	
Carotid stenting, intrathoracic common carotid or innominate, antegrade approach		37218	
PTA, aorta		35472	+ 75966-26
PTA, renal or visceral artery		35471	+ 75966-26 or 75968-26
PTA, brachiocephalic artery		35475	+ 75962-26 or 75964-26
PTA, venous		35476	+ 75978-26
IVUS, peripheral, initial vessel		37252	
IVUS, each additional vessel		37253	
Peripheral atherectomy, renal artery		0234T	
Peripheral atherectomy, visceral artery		0235T	
Peripheral atherectomy, abdominal aorta		0236T	
Peripheral atherectomy, brachiocephalic trunk or branches, each vessel		0237T	
Primary perc. mechanical thrombectomy, noncoronary, initial vessel		37184	
Primary perc. mechanical thrombectomy, noncoronary, each addnl vessel within same family		37185	
Secondary perc. thrombectomy (eg. suction technique), add-on to primary procedure		37186	
Insertion of IVC filter, includes vessel access, selection and imaging		37191	
Repositioning of IVC filter, includes vessel access, selection and imaging		37192	
Retrieval (removal) IVC filter, includes vessel access, selection and imaging		37193	
Transcatheter retrieval, perc., of intravascular foreign body (fractured venous or arterial cath)		37197	
Transcatheter therapy, arterial infusion for thrombolysis, other than coronary, initial treatment day		37211	
Transcatheter therapy, venous infusion for thrombolysis, initial treatment day		37212	
- continued on subsequent day during course of thrombolytic therapy		37213	
- cessation of thrombolysis including removal of catheter and vessel closure by any method		37214	

**TRANSCATHETER PLACEMENT INTRAVASCULAR STENT**

Transcatheter Placement Intravascular Stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or perc., initial artery			37236
- each additional artery			37237
Transcatheter Placement Intravascular Stent(s) open or perc., initial vein			37238
- each additional vein			37239
<b>Note:</b> Includes radiological S&I and all angioplasty within the same vessel, when performed.			

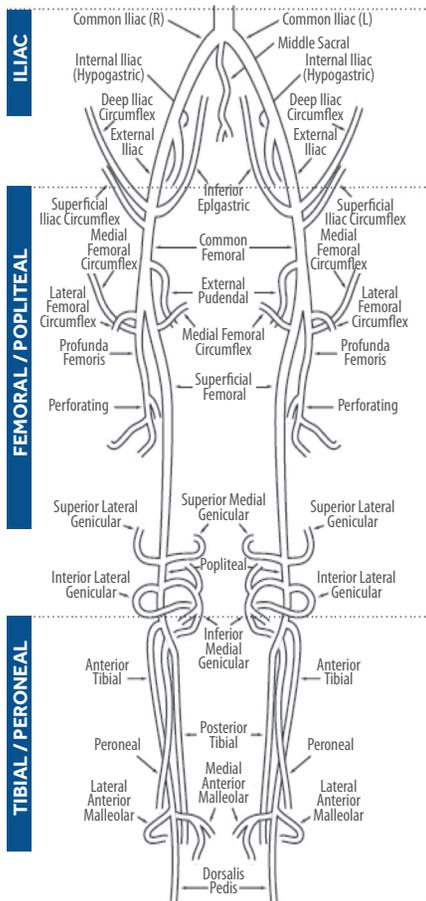
**OCCCLUSION AND EMBOLIZATION**

Vascular embolization or occlusion, <b>venous</b> , other than hemorrhage			37241
Vascular embolization or occlusion, <b>arterial</b> , other than hemorrhage or tumor			37242
- for tumors, organ ischemia, or infarction			37243
- for arterial or venous hemorrhage or lymphatic extravasation			37244
<b>Note:</b> Report only 1 embolization code per surgical field. Inclusive of all radiological S&I, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure.			



DIAGNOSTIC BUNDLED CAROTID ANGIOGRAMS (Cath placement + Vessels imaged)		
	36228 (+)	Selective catheterization of <b>each intracranial branch of internal carotid or vertebral</b> , unilat, with <u>selected vessel</u> angiography (use w/ 36224 or 36226)
	36227 (+)	Selective catheterization of <b>external carotid</b> , unilat, with <u>external carotid</u> angiography + (all vessels) imaged (use w/ 36222, 36223 or 36224)
	36226	Selective catheterization of <b>vertebral</b> , unilat, with <u>vertebral</u> angiography + (all vessels) imaged
	36224	Selective catheterization of <b>internal carotid</b> , unilat, with <u>intracranial carotid</u> angiography + (all vessels) imaged
	36225	Selective catheterization of <b>subclavian or innominate</b> , unilat, with <u>vertebral</u> angiography + (all vessels) imaged
	36223	Selective catheterization of <b>common carotid or innominate</b> , unilat, with <u>intracranial carotid</u> angiography + (all vessels) imaged (including extracranial when performed)
	36222	Selective catheterization of <b>common carotid or innominate</b> , unilat, with <u>extracranial carotid</u> angiography + (all vessels)
	36221	<b>Non-selective thoracic</b> catheterization with <u>cervicocerebral</u> angiography of all <u>extra-</u> and <u>intracranial vessels</u> imaged, uni- or bilateral (do not report w/ 36222-36226)

### Lower Extremity Anatomy



### Lower Extremity Interventions

ILIAC TERRITORY	
Primary	Add-on
37220 - iliac, unilateral, transluminal angioplasty (TLA)	37222 - iliac each addtl. Ipsilateral; TLA (Use in conjunction with 37220, 37221)
37221 - iliac, unilateral, transluminal stent(s), includes TLA when performed	37223 - iliac each addtl. Ipsilateral; stent(s) includes TLA when performed (Use in conjunction with 37221)
0238T* - iliac atherectomy (emerging tech code, no RVUs)	
FEMORAL/POPLITEAL TERRITORY	
37224 - femoral/popliteal, unilateral, transluminal angioplasty (TLA)	There are no add-on codes for additional vessels treated because only 1 service is reported when 2 lesions are treated 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 2nd lesion).
37226 - femoral/popliteal, unilateral, transluminal stent(s), includes TLA when performed	
37225 - femoral/popliteal, unilateral, atherectomy, includes TLA when performed	
37227 - femoral/popliteal, unilateral, atherectomy + stent(s), includes TLA when performed	
TIBIAL/PERONEAL TERRITORY	
37228 - tib/per, unilateral, transluminal angioplasty (TLA)	37232 - tib/per, unilateral, each addl; TLA (Use w/ 37228-37231)
37230 - tib/per, unilateral, transluminal stent(s), includes TLA when performed	37234 - tib/per, unilateral, each addl; stent(s), includes TLA when performed
37229 - tib/per, unilateral, atherectomy, includes TLA when performed	37233 - tib/per, unilateral, each addl; atherectomy, includes TLA when performed
37231 - tib/per, unilateral, atherectomy + stent(s), includes TLA when performed	37235 - tib/per, unilateral, each addl; atherectomy + stent(s), includes TLA when performed