## 2025 Peripheral Vascular Diagnostic & Intervention Coding Sheet

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

**Medtronic** 

Reimbursement **Information Line** Tel: 877.347.9662

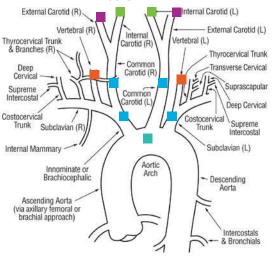
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coding, please refer to the most recent version of the CFT	County Doo
NON-SELECTIVE CATHETERIZATION	
Carotid or vertebral, by direct puncture of either vessel	36100
Extremity artery, upper or lower, by direct puncture	36140
Aorta, translumbar, by direct 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 ANGIOGRA	MS
(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, CERVICAL AND INTRATHORACIC		
Carotid stenting, cervical carotid, w distal embolic protection	37215	
Carotid stenting, cervical carotid, we distal embolic protection	37216	
Carotid stenting, cervical carotid, we distal embolic protection  Carotid stenting, intrathoracic common carotid or innominate, retrograde, w/ open cervical carotid exposure		
Carotid stenting, intrathoracic common carotid or innominate, netograde approach	37217 37218	
TRANSLUMINAL ANGIOPLASTY, OTHER ARTERY OR VEIN	07210	
PTA (except lower extremity, intracranial, coronary, pulmonary artery, dialysis circuit) initial artery	37246	
PTA (except lower extremity, intracranial, coronary, pulmonary artery, dialysis circuit) each addl artery	+37247	
PTA (except dialysis circuit), initial vein	37248	
PTA (except dialysis circuit), initial veni	+37249	
TRANSLUMINAL ATHERECTOMY, INTRA-ABDOMINAL AND UPPER EXTREMITY	137247	
Peripheral atherectomy, renal artery	02347	
Peripheral atherectomy, visceral artery, each vessel	02357	
Peripheral atherectomy, abdominal aorta	0236T	
Peripheral atherectomy, brachiocephalic trunk or branches, each vessel	0237T	
TRANSLUMINAL THROMBECTOMY, ATERIAL		
Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, initial vessel	37184	
Primary percutaneous mechanical thrombectomy, noncoronary, non-intracranial, each addl vessel within same	+37185	
family		
Secondary percutaneous thrombectomy (eg, snare basket, suction), w primary procedure other than thrombectomy	+37186	
ENDOVASCULAR IVC FILTER PROCEDURES		
Insertion of IVC filter, includes vessel access, selection and imaging	37191	
Repositioning of IVC filter, includes vessel access, selection and imaging	37192	
Retrieval (removal) of IVC filter, includes vessel access, selection and imaging	37193	
RETRIEVAL, INTRASVASCULAR FOREIGN BODY		
Transcatheter retrieval, percutaneous, of intravascular foreign body (fractured venous or arterial cath)	37197	
TRANSCATHETER INFUSION FOR THROMBOLYSIS, ARTERIAL AND VENOUS		
Arterial infusion for thrombolysis, other than coronary or intracranial, initial treatment day	37211	
Venous infusion for thrombolysis, initial treatment day	37212	
Arterial or venous infusion for thrombolysis, continued on subsequent day during course of thrombolytic therapy	37213	
Arterial or venous infusion for thrombolysis, cessation of thrombolysis incldg removal of catheter and vessel closure	37214	
TRANSCATHETER PLACEMENT, INTRAVASCULAR STENT		
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	+37237	
Stenting, incldg angioplasty within same vessel, initial vein	37238	
- each addl vein	+37239	
OCCLUSION AND EMBOLIZATION		
Vascular embolization or occlusion, venous, other than hemorrhage	3724	
Vascular embolization or occlusion, arterial, other than hemorrhage or tumor		
Vascular embolization or occlusion, for tumors, organ ischemia, or infarction		
	3724	

5	ultrasound G	UIDANCE
6 7 8	Ultrasound guidance for vascular access	+76937
6	INTRAVASC ULTRASOUND, PE	
7	IVUS (noncoronary), initial vessel	+37252
9	IVUS (noncoronary), each addl vessel	+37253
T	MODERATE SE	DATION
T T 4	Sedation given by physician performing procedure, initial 15 min intra-svc time; < 5 years old	99151
6	Sedation given by physician performing procedure, initial 15 min intra-svc time; >5 years old	99152
2	+ each addl 15 min intra-service time	+99153
7	Sedation given by other physician not performing procedure, initial 15 min intra-svc time; < 5 years old	99155
2 3 4 6	Sedation given by other physician not performing procedure, initial 15 min intra-svc time;> 5 years old	99156
7 8 9	+ each addl 15 mi. intra-service time	+99157

## NORMAL CAROTID ANATOMY WITH CATHETER POSITION FOR CODE ASSIGNMENT



## LOWER EXTREMITY ANATOMY

LOWER EXTREMITY ANATOMY		
ILIAC	CommonliadR) Comonliad(L) MiddleSacral Internalliac (Hypogastric) Deepliac Craumfek Estemal Iliac MiddleSacral Internalliac (Hypogastric) Deepliac Craumfe X Estemal Jliac	
FEMORAL/ POPLITEAL	Superficial lacCroumlex Medial Comon Groumlex Medial Fernoral Countle Lateral Fernoral Croumlex Pudendal Fernoral Croumlex Profunda Fernoral Croumlex Profunda Fernoral Croumlex Profunda Fernoral Croumlex Perforating Perforating Perforating Perforating	
	Superior Lateral Genicular  Superior Meda I Genicular  Superior Lateral Genicular  Popliteal Interior Lateral Genicular  Inferior Medial Genicular  Anterior Tibial	
TIBIAL/ PERONEAL	Peroneal  Lateral Anterior Malleolar  Peroneal Anterior Malleolar  Anterior Malleolar	

	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 +36228 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	Note: For the same 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	Note: For the same side, only one code may be assigned from the range 36222-36224.		
	36221	Non-selective 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 treated in the femoral/popliteal territory. 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 a 2nd lesion).	
37225 - Atherectomy, femoral/ popliteal artery, w/wo PTA, in same vessel, unilateral		
37226 - Stent, femoral/popliteal artery, w/wo PTA in same vessel, unilateral		
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 same vessel, unilateral	+37235 - Stent and atherectomy, tibial/ peroneal artery, each addl vessel, w/wo PTA in same vessel	

37231 - Stent and atherectomy, tibial/ peroneal artery, w/wo PTA in same vessel, unilateral +37235 - Stent and atherectomy, tibial/ peroneal artery, w/wo PTA in each addl vessel, w/wo PTA in same vessel each addl vessel, w/wo PTA in same ve