

2021 Peripheral Vascular Diagnostic & Intervention Coding Sheet

Medtronic

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

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

Non-selective iliac angio during heart cath		G0278
Closure device		G0269

OTHER TRANSCATHETER THERAPIES

PROCEDURE	X	CODE
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 (outside, leg, heart, brain, dialysis circuit) initial artery		37246
PTA (outside leg, heart, brain and dialysis circuit) each additional artery		+37247
PTA, initial vein		37248
PTA, each additional vein		+37249
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 (e.g. snare basket, 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
Note: Includes radiological S&I and all angioplasty within the same vessel, when performed.		

OCCCLUSION AND EMBOLIZATION

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

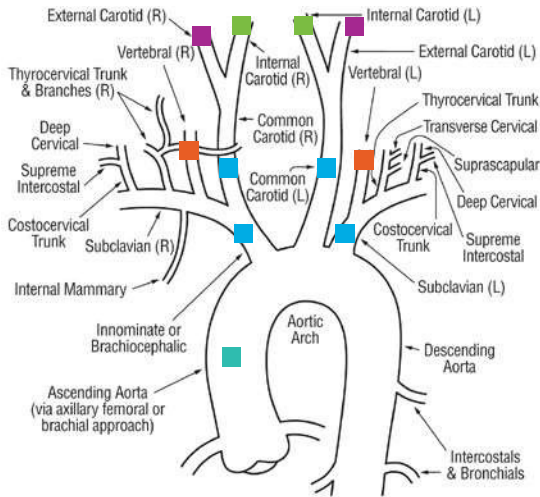
2020 HCPCS EXAMPLES

DESCRIPTION	X	CODE
Catheter, transluminal angioplasty, drug-coated, non-laser		C2623
Catheter transluminal atherectomy, directional		C1714

ULTRASOUND GUIDANCE

DESCRIPTION	X	CODE
Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real-time ultrasound visualization of vascular needle entry, with permanent recording and reporting		+76937

NORMAL CAROTID ANATOMY



DIAGNOSTIC BUNDLED CAROTID ANGIOGRAMS (Cath placement + Vessels imaged)

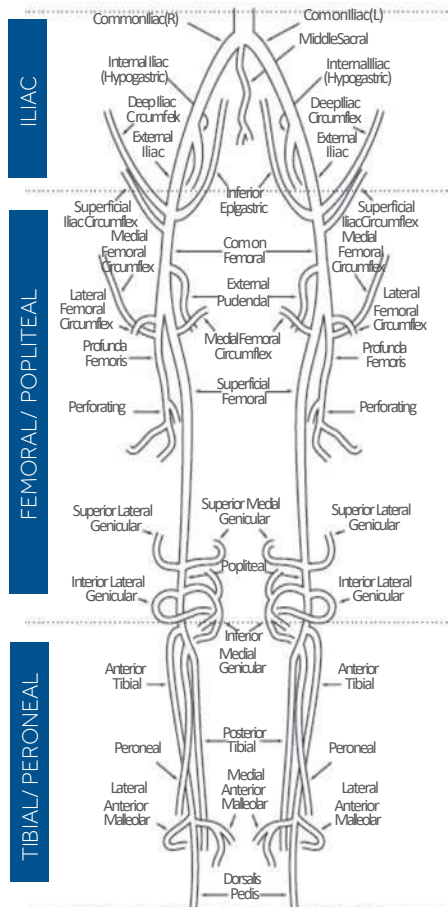
	+36228	Selective catheterization of each intracranial branch of internal carotid or vertebral, unilat., with selected vessel angiography (use w/ 36224 or 36226)
	+36227	Selective catheterization of external carotid , unilat., with external carotid angiography + (all vessels imaged) (use w/ 36222, 36223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

MODERATE SEDATION RULES

Moderate sedation codes are based on the documented physician face- to-face time beginning when the patient is administered sedation and ends when the patient no longer requires physician monitoring, or when the physician leaves the room.

Moderate Sedation Codes	
MD performing svc initial 15 min. intra-svc time; < 5 years old	99151
MD performing svc initial 15 min. intra- svc time; >5 yrs old	99152
+ each addtl 15min. intra-service time	+99153
MD not performing service initial 15 minutes intra- service time; < 5 years old	99155
MD not performing service initial 15 minutes intra- service time; > 5 yearsold	99156
+ each addtl 15min. intra-service time	+99157

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 (e.g. 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

Note: Medtronic doesn't offer products with approved indications for all procedures listed.

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