Aorto-iliac / lower extremity IVUS measurements and area calculations

Patient name _____

Date of birth _____

Medical record# _____

Aorta / Celiac / Hepatic / Splenic / SMA / Renal (R/L)

IVUS _____ Diameter _____ mm X _____ mm

Reference _____ mm^2 Min lumen area _____ mm^2 = Stenosis _____ %

Concentric/eccentric - Fatty Fibro fatty Fibrous Fibro-calcific Calcific

IVUS post treatment: Min lumen area _____ mm^2 Luminal gain _____ %

Balloon: _____

Stent: _____

Thrombectomy device: _____

R/L – Common / External iliac artery

IVUS _____ Diameter _____ mm X _____ mm

Reference _____ mm^2 Min lumen area _____ mm^2 = Stenosis _____ %

Concentric/eccentric - Fatty Fibro fatty Fibrous Fibro-calcific Calcific

IVUS post treatment: Min lumen area _____ mm^2 Luminal gain _____ %

Balloon: _____

Stent: _____

Thrombectomy device: _____

R/L – Common femoral / Profunda / Superficial femoral / Popliteal artery

IVUS _____ Diameter _____ mm X _____ mm

Reference _____ mm^2 Min lumen area _____ mm^2 = Stenosis _____ %

Concentric/eccentric - Fatty Fibro fatty Fibrous Fibro-calcific Calcific

IVUS post treatment: Min lumen area _____ mm^2 Luminal gain _____ %

Atherectomy device _____

Balloon: _____

Stent: _____

Thrombectomy device: _____

R/L – AT / TPT / Peroneal / PT / DP / Other _____

IVUS _____ Diameter _____ mm X _____ mm

Reference _____ mm^2 Min lumen area _____ mm^2 = Stenosis _____ %

Concentric/eccentric - Fatty Fibro fatty Fibrous Fibro-calcific Calcific

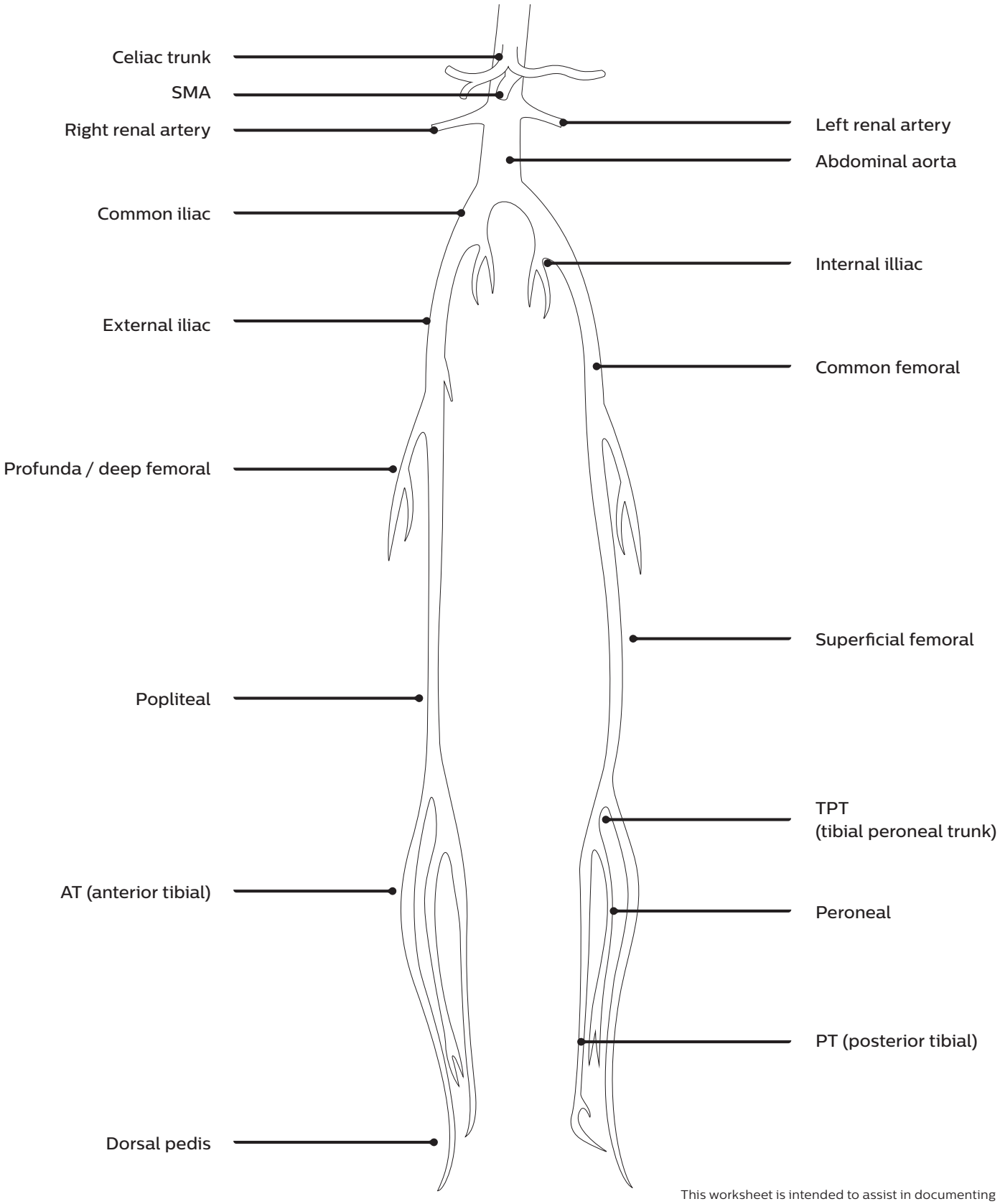
IVUS post treatment: Min lumen area _____ mm^2 Luminal gain _____ %

Atherectomy device: _____

Balloon: _____

Stent: _____

Thrombectomy device: _____



This worksheet is intended to assist in documenting IVUS workflow measurements but is not a substitute for the independent judgment of the clinician as to appropriate measurements for a particular procedure.

Non-coronary intravascular ultrasound (IVUS) CPT codes*
(IVUS codes are add-on codes to a primary procedure)

+37252 IVUS, non-coronary, incl radiological S&I initial non-coronary vessel

+37253 IVUS, each additional non-coronary vessel (use with 37252)

*All coding, coverage, billing and payment information provided herein by Philips is gathered from third party sources and is subject to change. The information is intended to serve as a general reference guide and does not consitute reimbursement or legal advice.