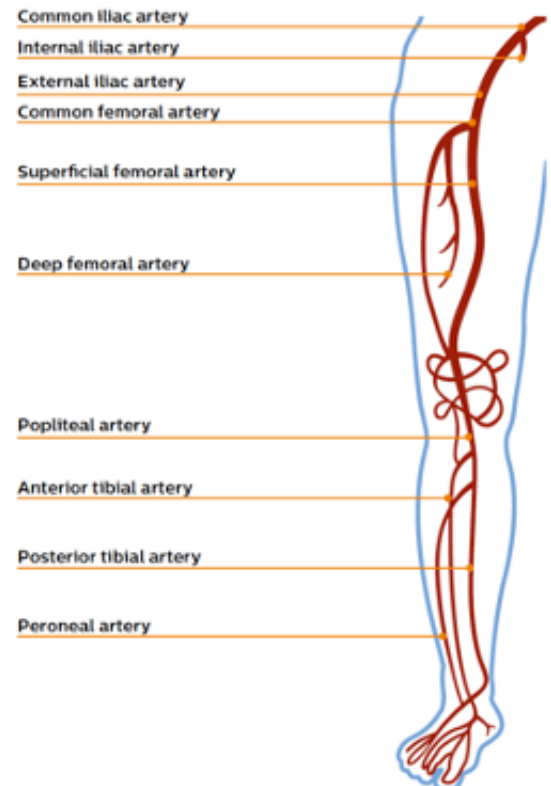


2021 peripheral lower extremity diagnostic and intervention coding sheet

Patient: _____ Date of birth: _____ Sex: _____ Date of procedure: _____ Refer MD: _____ Diagnosis: _____ Complications: _____
 M F

CPT code	Description
Selective catheter placement	
_____ 36245	1st abdominal, pelvic, or lower
_____ 36246	2nd order abdominal, pelvic, or lower
_____ 36247	3rd order or more selective abdominal, pelvic, or lower
_____ +36248	; addl 2nd, 3rd order, and beyond, abd, pelvic or lower
Diagnostic angiography	
_____ 75710	extremity, unilateral, radiological S&I
_____ 75716	extremity, bilateral, radiological S&I
_____ +75774	selective, ea addl vessel after basic exam
Non-coronary intravascular ultrasound (IVUS) (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 addl non-coronary vessel (use with 37252)
Endovascular revascularization—iliac	
_____ 37220	iliac, unilateral, transluminal angioplasty (angio)
_____ 37221	iliac, unilateral, transluminal stent(s), includes angio
_____ +37222	iliac each add. Ipsilateral; angio
_____ +37223	iliac each addl Ipsilateral; stent(s) includes angio
Endovascular revascularization—femoral/popliteal	
_____ 37224	femoral/popliteal artery(s), unilateral; with angio
_____ 37225	femoral/popliteal, unilateral, atherectomy, inc angio
_____ 37226	femoral/popliteal, unilateral, stent(s), inc angio
_____ 37227	femoral/pop, unilateral, atherectomy+stent(s) + angio
Endovascular revascularization—tibial/peroneal	
_____ 37228	tibial/peroneal, unilateral, transluminal angioplasty
_____ 37229	tibial/peroneal, unilateral, atherectomy, inc angio
_____ 37230	tibial/peroneal, unilateral, stent placement(s), inc angio
_____ 37231	tibial/peroneal, unilateral, atherectomy+stent(s)+ angio
_____ +37232	tibial/peroneal, unilateral each additional; with angio
_____ +37233	tibial/peroneal, unilateral, ea addl; atherectomy+angio
_____ +37234	tibial/peroneal, unilateral, ea addl; stent(s) + angio
_____ +37235	tibial/peroneal, unilateral, ea addl; atherectomy+stent(s), angio
Primary mechanical thrombectomy - arterial	
_____ 37184	Primary percutaneous translumnl mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, incl fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
_____ +37185	Primary percutaneous translumnl mechanical thrombectomy, second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mech thrombectomy procedure)
Secondary thrombectomy/embolectomy	
_____ +37186	Secondary perc thrombectomy, noncoronary (eg, nonprimary mech, snare, suction) inc fluoro guidance and intraprocedural pharma thrombolytic injections, provided in conj w/ another perc intervention other than primary mech thrombectomy (List separately)

HCPCS	Description and device name
HCPCS supply/device codes	
_____ C1724	Catheter, atherectomy, rotational <i>(Phoenix Atherectomy Catheter)</i>
_____ C1725	Catheter, angioplasty, non-laser (may inc guidance, infusion/ perfusion capability) <i>(AngioSculpt PTA Scoring Balloon Catheter)</i>
_____ C1753	Catheter, intravascular ultrasound <i>(Visions PV IVUS Catheter)</i>
_____ C1757	Catheter, thromb/embolectomy <i>(QuickCat Extraction Catheter; QuickClear Mechanical Thrombectomy System)</i>
_____ C1773	Retrieval device, insertable <i>(Quick-Cross Capture Guidewire Retriever)</i>
_____ C1876	Stent, non-coated/non-covered, w delivery system <i>(Tack Endovascular System)</i>
_____ C1885	Catheter, angioplasty, laser <i>(Turbo-Power Laser Atherectomy Catheter, Turbo-Elite Laser Atherectomy Catheter)</i>
_____ C1887	Catheter, guiding (may include infusion/perfusion capability) <i>(Pioneer Plus IVUS Guided Re-entry Catheter, Quick-Cross Catheters)</i>
_____ C2623	Catheter, transluminal angioplasty, drug-coated, non-laser <i>(Stellarex Drug-Coated Balloon)</i> Indicate number of drug-coated balloons used # _____



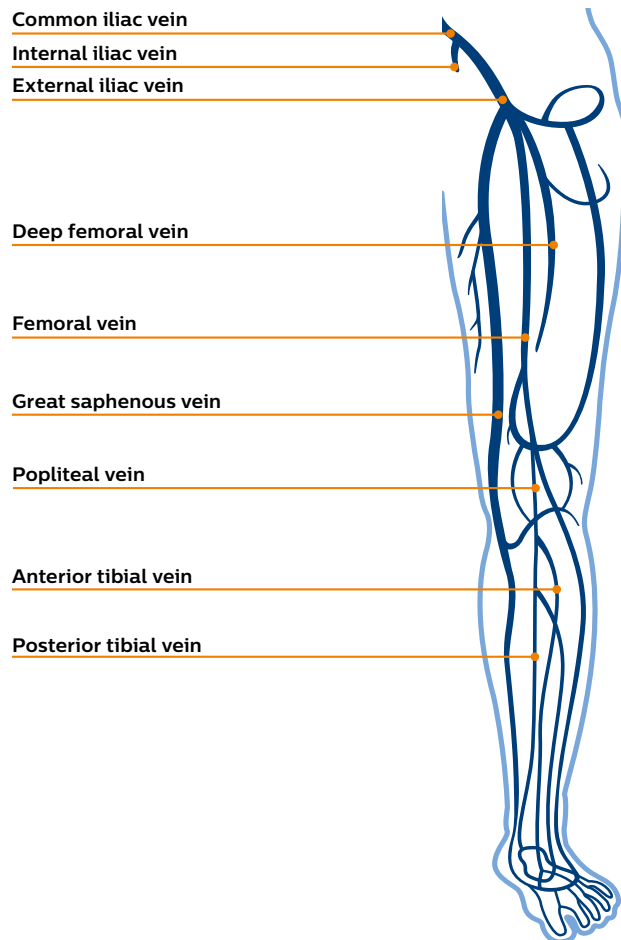
2021 peripheral lower extremity diagnostic and intervention coding sheet

Venous
(arterial on reverse)

Patient: _____ Date of birth: _____ Sex: _____ Date of procedure: _____ Refer MD: _____ Diagnosis: _____ Complications: _____
M F

CPT code Description

_____	36011	Selective catheter placement, venous system; 1 st order branch
_____	36012	Selective catheter placement, venous system; 2 nd order, or more selective, branch
Diagnostic venography		
_____	36005	Injection procedure for extremity venography (inc introduction of needle or intracatheter)
_____	75820	Venography, extremity, unilateral, radiological supervision and interpretation
_____	75822	Venography, extremity, bilateral, radiological supervision and interpretation
Non-Coronary Intravascular Ultrasound (IVUS) (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)
Venous stent placement		
_____	37238	Intravascular stent(s), incl radiological S&I and inc angioplasty w/in the same vessel, when performed; initial vein
_____	37239	; each additional vein (List separately in addition to code for primary procedure)
Venous balloon angioplasty		
_____	37248	Transluminal balloon angioplasty (except dialysis circuit), open or perc, including all imaging and radiological supervision and interp necessary to perform the angioplasty within the same vein; initial vein
_____	37249	; each additional vein (List separately in addition to code for primary procedure)



HCPCS Description and device name

HCPCS supply/device codes		
_____	C1753	Catheter, intravascular ultrasound (<i>Visions PV Intravascular Ultrasound catheter</i>)
_____	C1757	Catheter, thrombectomy/embolectomy (<i>QuickClear Mechanical Thrombectomy System</i>)

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