

PHILIPS

Image Guided Therapy

Diagnostic and interventional procedures

**2021 coding and medicare national
payment guide**

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ICD-10 coding

ICD-10-CM diagnosis¹

Due to the varying coding options available, specific ICD-10 diagnosis codes are not listed in this guide. Refer to ICD-10-CM 2021: The Complete Official Codebook for complete coding options.

ICD-10 procedure²

Possible ICD-10 procedure code options are listed in Appendices A-E of this guide. See the table of contents on the following page for appendix corresponding to indication of interest. This is not an all-inclusive list of coding options. Refer to ICD-10-PCS 2021: The Complete Official Codebook for complete coding options and guidelines.

Questions

Contact Philips Reimbursement Resource Center

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Coronary

Hospital inpatient - Diagnosis Related Groups (DRG)

MS-DRG	Description	Medicare 2021 payment ³
231	Coronary bypass with PTCA with MCC ⁴	\$54,570
232	Coronary bypass with PTCA without MCC	\$37,911
246	Percutaneous cardiovascular proc with drug-eluting stent with MCC or 4+ vessels/stents	\$20,090
247	Percutaneous cardiovascular proc with drug eluting stent without MCC	\$12,779
248	Percutaneous cardiovascular proc w non-drug-eluting stent with MCC or 4+ vessels/stents	\$20,400
249	Percutaneous cardiovascular proc w non-drug-eluting stent without MCC	\$12,079
250	Percutaneous cardiovascular procedures without coronary artery stent with MCC	\$16,215
251	Percutaneous cardiovascular procedures without coronary artery stent without MCC	\$10,668
286	Circulatory disorders except AMI, with card cath with MCC	\$14,230
287	Circulatory disorders except AMI, with card cath without MCC	\$7,392

Hospital outpatient, ASC, physician

CPT code ⁹	CPT description	Medicare 2021 payment ^{5,6}						
		Physician					ASC Payment	Hospital outpatient APC Group/status payment ¹²
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹		
93454	Catheter placement in coronary artery(s) for coronary angiography, inc intraprocedural injection(s) for coronary angiography, imaging S&I	4.54	6.97	\$243	28.19	\$984	\$1,411	5191/J1 \$2,899
93455	; with catheter placement(s) in bypass graft(s), inc intra procedural injection(s) for bypass graft angiography	5.29	8.12	\$283	31.66	\$1,105	\$1,411	5191/J1 \$2,899
93456	; with right heart catheterization	5.90	9.07	\$316	35.33	\$1,233	\$1,411	5191/J1 \$2,899
93457	; with catheter placement(s) in bypass graft(s) (inc intra-procedural injection(s) for bypass graft angiography and right heart cath	6.64	10.21	\$356	38.76	\$1,352	\$1,411	5191/J1 \$2,899
93458	; with left heart cath including intraprocedural inj for left ventriculography, if performed	5.60	8.58	\$299	32.57	\$1,136	\$1,411	5191/J1 \$2,899

Medicare 2021 payment^{5,6}

CPT code ⁹	CPT description	Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²
93459	; with left heart cath Inc intra-procedural injection(s) for left ventriculography.. catheter placement(s) in bypass graft(s) with bypass graft angiography	6.35	9.74	\$340	35.22	\$1,229	\$1,411	5191/J1 \$2,899
93460	; with right and left heart cath inc intraprocedural injection(s) for left ventriculography, when performed	7.10	10.91	\$381	39.08	\$1,364	\$1,411	5191/J1 \$2,899
93461	; with right and left heart cath inc intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) with bypass graft angiography	7.85	12.04	\$420	43.33	\$1,512	\$1,411	5191/J1 \$2,899
+93563	Injection procedure during cardiac cath inc imaging S&I and report; for selective coronary angio during congenital heart cath (List separately in addition to code for primary procedure)	1.11	1.67	\$58	1.67	\$58	Not payable	Pkgd
+93564	; for selective opacification of aorto-coronary venous or arterial bypass graft(s) to one or more coronary arteries and in situ arterial conduits, whether native or used for bypass to 1 or more coronary arteries during congenital heart cath ..(List separately in addition to code for primary procedure)	1.13	1.77	\$62	1.77	\$62	Not payable	Pkgd

Coronary intravascular ultrasound (IVUS)

+92978	Endoluminal imaging of coronary vessel or graft using intra-vascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic eval and/or therapeutic intervention inc imaging supervision, interp and report: initial vessel (List separately in addition to code for primary procedure)	1.80	2.77	\$97	Not payable	Not payable	Pkgd
+92979	: each additional vessel (List separately in addition to code for primary procedure)	1.44	2.20	\$77	Not payable	Not payable	Pkgd

Medicare 2021 payment^{5,6}

CPT code ⁹	CPT description	Physician						ASC	Hospital outpatient APC
		Facility ⁷ (hospital/ASC)			Non facility ⁸ (OBL)				
		Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²	

Fractional Flow Reserve (FFR) and instant wave-Free Ratio (the iFR modality)

Note: Modifier 52 must be added to the FFR code to indicate reduced service due to lack of pharmacologically induced stress (i.e., 93571 -52).

+93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	1.38	2.12	\$74	Not payable	Pkgd	Pkgd
+93572	; each addl vessel (List separately in addition to code for primary procedure)	1.00	1.54	\$54	Not payable	Pkgd	Pkgd

Coronary intervention

92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	9.85	15.45	\$539	Not payable	\$3,067	5192/J1 \$4,957
+92921	; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	\$0	Not payable	Pkgd	Pkgd
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	11.74	18.42	\$643	Not payable	Not payable	5193/J1 \$10,043
+92925	; each addl branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	\$0	Not payable	Not payable	Pkgd
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angio-plasty when performed; single major coronary artery or branch	10.96	17.19	\$600	Not payable	\$5,997	5193/J1 \$10,043
+92929	; each addl branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	\$0	Not payable	Pkgd	Pkgd

Medicare 2021 payment^{5,6}

CPT code ⁹	CPT description	Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	12.29	19.30	\$673			Not payable	5194/J1 \$16,064
+92934	; each addl branch of a major coronary artery (List separately in addtn to primary procedure)	0	0	\$0			Not payable	Pkgd
92937	Percutaneous transluminal revascularization of or through CABG, any combination of intra-coronary stent, atherectomy and angioplasty, inc distal protection when performed; single vessel	10.95	17.17	\$599			Not payable	5193/J1 \$10,043
+92938	; each addl branch subtended by the bypass graft (List separately in addition to code for primary procedure)	0	0	\$0			Not payable	Pkgd
92941	Percutaneous transluminal revasc of acute total/subtotal occlusion during AMI, coronary artery or CABG, any comb of intracoronary stent, atherectomy and angioplasty, inc aspiration thrombectomy when performed, single vessel	12.31	19.31	\$674			Not payable	Inpatient only
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or CABG, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	12.31	19.33	\$674			Not payable	5193/J1 \$10,043
+92944	; each addl coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	0	0	\$0			Not payable	Pkgd

Drug-eluting stent (DES)

C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Facility-only (device) code				\$6,276	5193/J1 \$10,043
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Medicare 2021 payment^{5,6}

CPT code ⁹	CPT description	Physician					ASC	Hospital outpatient APC
		Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)		Payment		
		Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰		Payment ¹¹	Payment
+C9601	; each additional branch of a major coronary artery	Facility-only (device) code					Pkgd	Pkgd
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Facility-only (device) code					\$11,371	5194/J1 \$16,064
+C9603	; each addl branch of a major coronary artery (List separately in addition to code for primary procedure)	Facility-only (device) code					Pkgd	Pkgd
C9604	Percutaneous transluminal revascularization of or through CABG..., any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Facility-only (device) code					\$6,398	5193/J1 \$10,043
+C9605	; each additional branch subtended by the bypass graft (List separately in addition to primary procedure)	Facility-only (device) code					Pkgd	Pkgd
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or CABG, any combination of drug-eluting intracoronary stent, atherectomy and angio, inc aspiration thrombectomy when performed, single vessel	Facility-only (device) code					Not payable	Inpatient only procedure
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	Facility-only (device) code					\$11,286	5194/J1 \$16,064
+C9608	; each addl coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	Facility-only (device) code					Pkgd	Pkgd

HCPCS supply codes

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals and ASCs should report C-codes. While the device codes are not paid separately from the procedure, the assignment of charges and reporting of these codes, identify device-related costs. This information is important for future rate-setting by Medicare. Private payers' policies vary regarding use of C-codes.

HCPCS	Description	Device name	APC/payment
C1725	Catheter, transluminal angioplasty, non-laser (may inc guidance, infusion/perfusion capability)	Angiosculpt PTCA	Pkgd
C1753	Catheter, intravascular ultrasound	Eagle Eye Platinum REFINITY Rotational IVUS Catheter	Pkgd
C1769	Guide wire	VerrataPlus	Pkgd
C1885	Catheter, transluminal angioplasty, Laser	ELCA	Pkgd

Medicare C-APC Complexity Adjustment Coronary¹³

CMS applies a “complexity adjustment” in the hospital outpatient setting for certain add-on codes, J1 status codes and bilateral procedures when two CPT codes together represent “a complex, costly form or version of the primary service” based on claims frequency and other established criteria. If the criteria are met, a “complexity adjustment” is made for the code combination by reassigning them to the next higher cost APC within the same clinical family of Comprehensive APCs.

The full list of C-APCs, the data CMS used to evaluate each C-APC and the approved complexity adjustments are found in Addendum J of the CMS CY2021 OPPS Final Rule available at: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc>.

Peripheral arterial

Hospital inpatient - Diagnosis Related Groups (DRG)

MS-DRG	Description	Medicare 2021 payment ³
Thrombectomy / Atherectomy with or without stent		
270	Other Major Cardiovascular Procedures w MCC	\$33,304
271	Other Major Cardiovascular Procedures w CC	\$22,911
272	Other Major Cardiovascular Procedures w/o CC/MCC	\$17,282
Angioplasty with or without stent		
252	Other Vascular Procedures with MCC	\$21,344
253	Other Vascular Procedures with CC	\$17,056
254	Other Vascular Procedures w/o CC/MCC	\$11,630

Hospital outpatient, ASC, physician

CPT code ⁹	CPT description	Medicare 2021 payment ^{5,6}						
		Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
Total RVU ¹⁰	Payment ¹¹		Total RVU ¹⁰	Payment ¹¹	Payment			
Selective catheter placement								
36245	Selective catheter placement, arterial system; each 1st order abd, pelvic, or lower extremity artery branch	4.65	6.84	\$239	40.13	\$1,400	Pkgd	Pkgd
36246	; initial second order	5.02	7.36	\$257	26.13	\$912	Pkgd	Pkgd
36247	; initial third order or more	6.04	8.72	\$304	45.55	\$1,589	Pkgd	Pkgd
+36248	; addl second order, third order, and beyond (List in add to code for init 2nd or 3rd order vessel)	1.01	1.42	\$50	3.85	\$134	Pkgd	Pkgd

continued from **Peripheral arterial**

Medicare 2021 payment^{5,6}

CPT code ⁹	CPT description	Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²
Diagnostic angiography								
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	1.75	2.44	\$85	4.64	\$162	Pkgd	5183/Q2 \$2,862
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	1.97	2.73	\$95	4.99	\$174	Pkgd	5183/Q2 \$2,862
+75774	Angiography, selective, each additional vessel studied after basic exam, radiological supervision and interpretation (List separately in addition to code for primary procedure)	1.01	1.37	\$48	3.04	\$106	Pkgd	Pkgd
Non-coronary intravascular ultrasound (IVUS)								
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, inc radiological S&I; initial non-coronary vessel (list separately in addition to code for primary procedure)	1.80	2.61	\$91	33.00	\$1,151	Pkgd	Pkgd
+37253	; each additional non-coronary vessel (list separately in addition to code for primary procedure)	1.44	2.07	\$72	5.36	\$187	Pkgd	Pkgd
Endovascular revascularization—iliac								
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	7.90	11.65	\$407	83.83	\$2,925	\$2,167	5192/J1 \$4,957
37221	; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	9.75	14.37	\$501	108.70	\$3,793	\$6,247	5193/J1 \$10,043
+37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	3.73	5.38	\$188	20.68	\$722	Pkgd	Pkgd
+37223	; with transluminal stentplacement(s), Inc angioplasty w/in same vessel, when performed (List separately in addition to primary procedure)	4.25	6.19	\$216	49.23	\$1,718	Pkgd	Pkgd

Medicare 2021 payment^{5,6}

CPT code ⁹	CPT description	Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²
Endovascular revascularization–femoral/popliteal								
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; w transluminal angioplasty	8.75	12.94	\$452	99.12	\$3,459	\$3,081	5192/J1 \$4,957
37225	; with transluminal angioplasty with atherectomy, including angioplasty within the same vessel	11.75	17.52	\$611	314.02	\$10,957	\$6,763	5193/J1 \$10,043
37226	; with transluminal angioplasty w transluminal stent placement(s), includes angioplasty within the same vessel when performed	10.24	15.13	\$528	285.70	\$9,969	\$6,540	5193/J1 \$10,043
37227	; with transluminal stent placement(s) and atherectomy, inc angioplasty within the same vessel	14.25	20.99	\$732	402.50	\$14,044	\$11,301	5194/ J1 \$16,064
Endovascular revascularization–tibial/peroneal								
37228	Revascularization, endovasc, open or perc, tibial, peroneal artery, unilateral, initial vessel; w transluminal angioplasty	10.75	15.75	\$550	141.95	\$4,953	\$5,822	5193/J1 \$10,043
37229	; with atherectomy, includes angioplasty within the same vessel, when performed	13.80	20.29	\$708	315.86	\$11,021	\$10,556	5194/J1 \$16,064
37230	; with transluminal stent placement(s), inc angioplasty within the same vessel	13.55	20.27	\$707	300.50	\$10,485	\$10,408	5194/J1 \$16,064
37231	; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel when performed	14.75	21.81	761	403.82	\$14,091	\$10,592	5194/J1 \$16,064
+37232	; with transluminal angio-plasty (List separately in add to primary procedure)	4.00	5.80	\$202	28.34	\$989	Pkgd	Pkgd
+37233	; with atherectomy, includes angioplasty w in the same vessel, when performed (List separately in addition to primary procedure)	6.50	9.46	\$330	34.97	\$1,220	Pkgd	Pkgd

Medicare 2021 payment^{5,6}

CPT code ⁹	CPT description	Physician						ASC	Hospital outpatient APC
		Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)		Payment	Group/status payment ¹²		
		Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰			Payment ¹¹	Payment
+37234	; with transluminal stent placement(s), inc angioplasty w in the same vessel when performed (List separately in addition to code for primary)	5.50	8.30	\$290	118.41	\$4,132	Pkgd	Pkgd	
+37235	each addl vessel; with stent placement and atherectomy, including angioplasty within the same vessel, when performed (List separately in add to primary procedure)	7.80	11.46	\$400	125.83	\$4,391	Pkgd	Pkgd	

Mechanical thrombectomy - arterial

37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, incl fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	8.41	12.53	\$437	56.70	\$1,978	\$6,652	5193/J1 \$10,043
+37185; second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mech thrombectomy procedure)	3.28	4.74	\$165	16.23	\$566	Pkgd	Pkgd

Secondary thrombectomy/embolectomy

+37186	Secondary perc transluminal thrombectomy (nonprimary mech, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, inc fluoro and intra-procedural pharma thrombolytic inj, provided in w/ another perc intervention (List separately)	4.92	7.10	\$248	39.23	\$1,369	Pkgd	Pkgd
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HCPCS supply codes

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HCPCS	Description	Device name	APC/ payment
C1724	Catheter, transluminal atherectomy, rotational	Phoenix Atherectomy catheter	Pkgd
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	AngioSculpt PTA scoring balloon catheter	Pkgd
C1753	Catheter, intravascular ultrasound	Visions PV intravascular ultrasound catheter	Pkgd
C1757	Catheter, thrombectomy/embolectomy	QuickCat Extraction catheter	Pkgd
C1773	Retrieval device, insertable	Quick-Cross Capture guidewire retriever	Pkgd
C1876	Stent, non-coated/non-covered, with delivery system	Tack endovascular system	Pkgd
C1885	Catheter, transluminal angioplasty, laser	Turbo-Power laser atherectomy catheter Turbo-Elite laser atherectomy catheter QuickClear mechanical thrombectomy catheter	Pkgd
C1887	Catheter, guiding (may include infusion/perfusion capability)	Pioneer Plus IVUS-guided re-entry catheter Quick-Cross Support Quick-Cross Extreme support Quick-Cross Select support catheters	Pkgd
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	Stellarex drug-coated balloon	Pkgd

*Turbo-Power Laser Atherectomy Catheter is indicated for atherectomy in the native infrainguinal arteries and for treatment of femoropopliteal artery in-stent restenosis with adjunctive PTA.

**Turbo-Elite laser Atherectomy Catheter as a standalone is not indicated for atherectomy unless used in conjunction with Turbo-Tandem

Medicare C-APC Complexity Adjustments – Peripheral Arterial Procedures¹³

CMS applies a “complexity adjustment” in the hospital outpatient setting for certain add-on codes, J1 status codes and bilateral procedures when two CPT codes together represent “a complex, costly form or version of the primary service” based on claims frequency and other established criteria. If the criteria are met, a “complexity adjustment” is made for the code combination by reassigning them to the next higher cost APC within the same clinical family of Comprehensive APCs.

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Peripheral venous

Hospital inpatient - diagnosis related groups

MS-DRG	Description	Medicare 2021 payment ³
299	Peripheral vascular disorders with MCC ⁴	\$9,843
300	Peripheral vascular disorders with CC ⁴	\$6,699
301	Peripheral vascular disorders without CC/MCC	\$4,772

Hospital outpatient, ASC, physician

CPT code ⁹	CPT description	Medicare 2021 payment ^{5,6}						
		Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
Total RVU ¹⁰	Payment ¹¹		Total RVU ¹⁰	Payment ¹¹	Payment			
Selective catheter placement								
36011	Selective catheter placement, venous system; first order branch (eg,renal vein, jugular vein)	3.14	4.59	\$160	26.14	\$912	Pkgd	Pkgd
36012	; 2nd order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	3.51	5.04	\$176	26.57	\$927	Pkgd	Pkgd
Diagnostic venography								
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	0.95	1.40	\$49	8.58	\$299	Pkgd	Pkgd
75820	Venography, extremity, unilateral, radiological supervision and interp	1.05	1.48	\$52	3.45	\$120	Pkgd	5182/Q2 \$1,406
75822	Venography, extremity, bilateral, radiological supervision and interp	1.48	2.04	\$71	4.13	\$144	Pkgd	5182/J1 \$1,406

Medicare 2021 payment^{5,6}

CPT code ⁹	CPT description	Physician						ASC	Hospital outpatient APC
		Facility ⁷ (hospital/ASC)			Non facility ⁸ (OBL)				
		Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²	
Non-coronary intravascular ultrasound (IVUS)									
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic eval and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (list separately in addn to code for primary procedure)	1.80	2.61	\$91	33.00	\$1,151	Pkgd	Pkgd	
+37253	; each additional non-coronary vessel (list separately in addition to code for primary procedure)	1.44	2.07	\$72	5.36	\$187	Pkgd	Pkgd	
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	6.00	8.61	\$300	44.13	\$1,540	\$2,167	5192/J1 \$4,957	
37249	; each additional vein (List separately in addition to code for primary procedure)	2.97	4.21	\$147	14.78	\$516	Pkgd	Pkgd	
Venous stent placement									
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interp and inc angioplasty within the same vessel, when performed; initial vein	6.04	8.93	\$312	113.98	\$3,977	\$6,267	5193/J1 \$10,043	
+37239	; each addl vein (List separately in addition to primary procedure)	2.97	4.42	\$154	57.04	\$1,990	Pkgd	Pkgd	
Mechanical thrombectomy-venous									
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoro guidance	7.78	11.39	\$397	56.58	\$1,974	\$6,553	5193/J1 \$10,043	
37188 repeat treatment on subsequent day during course of thrombolytic therapy	5.46	8.06	\$281	48.51	\$1,693	\$1,372	5183/J1 \$2,862	

HCPCS supply code

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals and ASCs should report C-codes. While the device codes are not paid separately from the procedure, the assignment of charges and reporting of these codes, identify device-related costs. This information is important for future rate-setting by Medicare. Private payers' policies vary regarding use of C-codes.

HCPCS	Description	Device name	APC/payment
C1753	Catheter, intravascular ultrasound	Visions PV intravascular ultrasound catheter	Pkgd
C1757	Catheter, thrombectomy/embolectomy	QuickClear mechanical thrombectomy system	Pkgd

Medicare C-APC Complexity Adjustments – Peripheral Venous Procedures¹³

CMS applies a “complexity adjustment” in the hospital outpatient setting for certain add-on codes, J1 status codes and bilateral procedures when two CPT codes together represent “a complex, costly form or version of the primary service” based on claims frequency and other established criteria. If the criteria are met, a “complexity adjustment” is made for the code combination by reassigning them to the next higher cost APC within the same clinical family of Comprehensive APCs.

The full list of C-APCs, the data CMS used to evaluate each C-APC and the approved complexity adjustments are found in Addendum J of the CMS CY2021 OPSS Final Rule available at: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc>.

AV fistula – dialysis circuit

Hospital inpatient - Diagnosis Related Groups (DRG)

MS-DRG	Description	Medicare 2021 payment ³
252	Other vascular procedures with MCC ⁴	\$21,344
253	Other vascular procedures with CC ⁴	\$17,056
254	Other vascular procedures without CC/MCC	\$11,630

Hospital outpatient, ASC, physician

CPT code ⁹	CPT description	Medicare 2021 payment ^{5,6}						
		Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)			
Total RVU ¹⁰	Payment ¹¹		Total RVU ¹⁰	Payment ¹¹	Payment			
Non-coronary intravascular ultrasound (IVUS)								
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological S&I; initial non-coronary vessel (list separately in addn to code for primary procedure)	1.80	2.61	\$91	33.00	\$1,151	Pkgd	Pkgd
+37253	; each additional non-coronary vessel (list separately in addition to code for primary procedure)	1.44	2.07	\$72	5.36	\$187	Pkgd	Pkgd

continued from AV fistula – dialysis circuit

		Medicare 2021 payment ^{5,6}						
		Physician					ASC Payment	Hospital outpatient APC Group/status payment ¹²
		Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)				
CPT code ⁹	CPT description	Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	
Dialysis circuit								
36901*	Introduction of needle(s) and/or catheter(s), dialysis circuit, w diagnostic angiography of the dialysis circuit, inc all direct puncture(s), catheter place-ment(s), injcn(s) of contrast, all imaging from arterial anastomosis and adjacent artery thru entire venous outflow inc inferior or superior vena cava, fluoro, radiological S&I, image documentation and report	3.36	4.89	\$171	21.68	\$756	\$548	5182/J1 \$1,406
36902**	; with transluminal balloon angioplasty, peripheral dialysis segment, inc all imaging and radiological S&I nec to perform angioplasty	4.83	6.96	\$243	38.96	\$1,359	\$2,167	5192/J1 \$4,957
36903**	; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, inc all imaging and radiological S&I, and angioplasty within the peripheral dialysis segment	6.39	9.17	\$320	147.65	\$5,152	\$6,458	5193/J1 \$10,043
36904*	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, inc all imaging and radiological S&I, diagnostic angiography, fluoro, catheter placement, intraprocedural pharmathrombolytic injctn(s)	7.50	10.69	\$373	57.25	\$1,998	\$2,167	5192/J1 \$4,957
36905**	; with transluminal balloon angioplasty, peripheral dialysis segment, inc all imaging and radiological S&I nec to perform angioplasty	9.00	12.89	\$450	73.18	\$2,553	\$4,285	5193/J1 \$10,043
36906**	; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, inc all imaging and radiological S&I necessary to perform the stenting, and angioplasty within the peripheral dialysis circuit	10.42	14.85	\$518	185.01	\$6,456	\$10,679	5194/J1 \$16,064

		Medicare 2021 payment ^{5,6}						
		Physician					ASC Payment	Hospital outpatient APC Group/status payment ¹²
		Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)				
CPT code ⁹	CPT description	Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²
+36907**	Transluminal balloon angio, central dialysis segment, performed through dialysis circuit, inc all imaging and radiological S&I required to perform angioplasty (List separately in addition to code for primary procedure)	3.00	4.26	\$149	19.77	\$690	Pkgd	Pkgd
+36908**	Transcatheter placement of intravascular stent(s), central dialysis segment, performed thru dialysis circuit, inc all imaging radiological S&I to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	4.25	6.02	\$210	54.39	\$1,898	Pkgd	Pkgd
+36909*	Dialysis circuit permanent vascular embolization or occlusion (inc main circuit or any accessory veins), endovascular, including all imaging and radiological S&I necessary to complete the intervention (List separately in addition to code for primary procedure)	4.12	5.86	\$204	61.77	\$2,155	Pkgd	Pkgd

* Approved for use with Visions PV intravascular ultrasound catheter

**Approved for use with AngioSculpt PTA Scoring Balloon Catheter

HCPSC supply codes

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals report C codes. While the supply codes are not paid separately from the procedure, the assignment of charges and reporting these supply codes, identify device-related costs. This information is important for future rate-setting by Medicare. Private payers' policies vary regarding use of C-codes.

HCPSC	Description	Device name	APC/payment
C1725	Catheter, transluminal angioplasty, non-laser (may inc guidance, infusion/perfusion capability)	AngioSculpt PTA Scoring Balloon Catheter	Pkgd
C1753	Catheter, intravascular ultrasound	Visions PV Intravascular Ultrasound Catheter	Pkgd

continued from **AV fistula – dialysis circuit**

Medicare C-APC Complexity Adjustments – AV Fistula Procedures¹³

CMS applies a “complexity adjustment” in the hospital outpatient setting for certain add-on codes, J1 status codes and bilateral procedures when two CPT codes together represent “a complex, costly form or version of the primary service” based on claims frequency and other established criteria. If the criteria are met, a “complexity adjustment” is made for the code combination by reassigning them to the next higher cost APC within the same clinical family of Comprehensive APCs.

The full list of C-APCs, the data CMS used to evaluate each C-APC and the approved complexity adjustments are found in Addendum J of the CMS CY2021 OPPTS Final Rule available at: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notice/cms-1736-fc>.

Lead extraction and cardiac rhythm management

Hospital inpatient - Diagnosis Related Groups (DRG)

MS-DRG	Description	Medicare 2021 payment ³
Lead extraction		
260	Cardiac pacemaker revision except device replacement w/ MCC ⁴	\$23,038
261	Cardiac pacemaker revision except device replacement w/CC ⁴	\$12,799
262	Cardiac pacemaker revision except device replacement w/o CC/MCC	\$10,979
265	AICD lead procedures	\$21,614
Cardiac rhythm management		
222	Cardiac defib implant w/ cardiac cath w/ AMI/HF/shock w/ MCC	\$54,127
223	Cardiac defib implant w/ cardiac cath w/ AMI/HF/shock w/o MCC	\$39,928
224	Cardiac defib implant w/o cardiac cath w/ AMI/HF/shock w/ MCC	\$47,321
225	Cardiac defib implant w/o cardiac cath w/ AMI/HF/shock w/o MCC	\$36,166
226	Cardiac defib implant w/o cardiac cath w/ MCC	\$42,497
227	Cardiac defib implant w/o cardiac cath w/o MCC	\$33,757
242	Permanent cardiac pacemaker implant w/ MCC	\$23,926
243	Permanent cardiac pacemaker implant w/ CC	\$16,278
244	Permanent cardiac pacemaker implant w/o CC/MCC	\$13,277
258	Cardiac pacemaker device replacement w/ MCC	\$20,576
259	Cardiac pacemaker device replacement w/o MCC	\$13,628

Hospital outpatient, ASC, physician

CPT code ⁹	CPT description	Medicare 2021 payment ^{5,6}						
		Physician					ASC	Hospital outpatient APC
		Work RVU ¹⁰	Total RVU ¹⁰	Non facility ⁸ (OBL)		Payment		
Facility ⁷ (hospital/ASC)	Payment ¹¹			Total RVU ¹⁰	Payment ¹¹		Group/status payment ¹²	
33234	Removal of transvenous pacemaker electrodes; single lead system, atrial or ventric	7.66	14.32	\$500	Not payable	\$2,335	5221/ Q2 \$3,440	
33235	Removal of transvenous pacemaker electrode(s), dual lead system	9.90	18.78	\$655	Not payable	\$2,290	5221/ Q2 \$3,440	

continued from **Lead extraction and cardiac rhythm management**

Medicare 2021 payment^{5,6}

CPT code ⁹	CPT description	Physician						ASC	Hospital outpatient APC
		Work RVU ¹⁰	Facility ⁷ (hospital/ASC)		Non facility ⁸ (OBL)		Payment		
			Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹		Payment	Group/status payment ¹²
33244	Removal of single or dual chamber pacing cardioverter defibr electrode(s); by transvenous extraction	13.74	25.51	\$890	Not payable			5221/ Q2 \$3,440	

Cardiac rhythm management

33207	Insertion of new or replacement of PPM with transvenous electrode(s); ventricular	7.80	14.10	\$492	Not payable		\$7,897	5223/J1 \$10,400
33208	Insertion of new or replacement of PPM with transvenous electrode(s); atrial and ventricular	8.52	15.31	\$534	Not payable		\$7,897	5223/J1 \$10,400
33216	Insertion of single transvenous electrode, PPM or cardioverter-defibrillator	5.62	10.96	\$382	Not payable		\$5,556	5222/J1 \$8,153
33217	Insertion of 2 transvenous electrodes, PPM or implantable defibrillator	5.59	10.85	\$379	Not payable		\$7,151	5222/J1, Q2 \$8,153
33218	Repair of single transvenous electrode for a single chamber, PPM or single chamber pacing cardioverter-defibrillator	5.82	11.45	\$400	Not payable		\$1,747	5221/T \$3,440
33220	Repair of 2 transvenous electrodes for permanent PM or implantable defibrillator	5.90	11.07	\$386	Not payable		\$2,332	5221/T \$3,440
33223	Relocation of skin pocket for cardioverter-defibrillator	6.30	12.10	\$422	Not payable		\$871	5054/T \$1,715
33224	Insertion of pacing electrode, cardiac venous system, for LV pacing, w attachment to previously placed PM or pacing cardioverter-defib pulse generator (inc revision of pocket, removal, insrtn and/or replacement of generator)	9.04	15.11	\$527	Not payable		\$7,656	5223/J1 \$10,400
+33225	Insertion of pacing electrode for LV pacing, at time of insertion of pacing cardio-defib or PM pulse generator (inc upgrade to dual chamber system and pocket revision)	8.33	13.72	\$479	Not payable		Pkgd	Pkgd
33233	Removal of permanent PM pulse generator only	3.14	6.86	\$239	Not payable		\$5,758	5222/Q2, J1 \$8,153
33241	Removal of pacing cardioverter-defibrillator pulse generator only	3.04	6.34	\$221	Not payable		\$1,747	5221/T, Q2 \$3,440

continued from **Lead extraction and cardiac rhythm management**

Medicare 2021 payment^{5,6}

CPT code ⁹	CPT description	Physician						ASC	Hospital outpatient APC
		Facility ⁷ (hospital/ASC)			Non facility ⁸ (OBL)				
		Work RVU ¹⁰	Total RVU ¹⁰	Payment ¹¹	Total RVU ¹⁰	Payment ¹¹	Payment	Group/status payment ¹²	
33249	Insertion or replacement of perm pacing cardio-defib system w transv lead(s), single or dual chamber	14.92	26.99	\$942	Not payable		\$26,733	5232/J1 \$32,839	
37244	Vascular embolization or occlusion, inc of all radiological S&I, intraprocedural road mapping, & imaging guidance; for arterial or venous hemorrhage or lymph extravasation	13.75	19.15	\$668	213.35	\$7,444	Not payable	5193/J1 \$10,043	

HCPSCS supply codes

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals and ASCs should report C-codes. While the device codes are not paid separately from the procedure, the assignment of charges and reporting of these codes, identify device-related costs. This information is important for future rate-setting by Medicare. Private payers' policies vary regarding use of C codes.

HCPSCS	Description	Device name	Payment
C1773	Retrieval device, insertable	LLD (Lead Locking Device) TightRail SightRail dilator sheath set	Pkgd
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	VisiSheath	Pkgd
C1769 and C1894	Guide wire Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	Bridge prep kit	Pkgd
C2628	Catheter, occlusion	Bridge balloon occlusion catheter	Pkgd
C2629	Introducer/sheath, other than guiding, intra-cardiac electrophysiological, laser	GlideLight SLS II laser sheath	Pkgd

Appendices

Appendix A: Coronary ICD-10 procedure codes

ICD-10
procedureⁱⁱ ICD-10 procedure description

Coronary IVUS

B240ZZ3 Ultrasonography of single coronary artery, intravascular

B241ZZ3 Ultrasonography of multiple coronary arteries, intravascular

FFR/iFR

4A033BC Measurement of arterial pressure, coronary, percutaneous approach

Coronary interventions

Angioplasty

0270346 Dilation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach

027034Z Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Approach

02703D6 Dilation of Coronary Artery, One Site, Bifurcation, with Intraluminal Device, Percutaneous Approach

02703DZ Dilation of Coronary Artery, One Site with Intraluminal Device, Percutaneous Approach

02703Z6 Dilation of Coronary Artery, One Site, Bifurcation, Percutaneous Approach

02703ZZ Dilation of Coronary Artery, One Site, Percutaneous Approach

0270446 Dilation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach

027044Z Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach

02704D6 Dilation of Coronary Artery, One Site, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach

02704DZ Dilation of Coronary Artery, One Site with Intraluminal Device, Percutaneous Endoscopic Approach

02704Z6 Dilation of Coronary Artery, One Site, Bifurcation, Percutaneous Endoscopic Approach

02704ZZ Dilation of Coronary Artery, One Site, Percutaneous Endoscopic Approach

0271346 Dilation of Coronary Artery, Two Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach

027134Z Dilation of Coronary Artery, Two Sites with Drug-eluting Intraluminal Device, Percutaneous Approach

02713DZ Dilation of Coronary Artery, Two Sites with Intraluminal Device, Percutaneous Approach

02713Z6 Dilation of Coronary Artery, Two Sites, Bifurcation, Percutaneous Approach

02713ZZ Dilation of Coronary Artery, Two Sites, Percutaneous Approach

0271446 Dilation of Coronary Artery, Two Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach

027144Z Dilation of Coronary Artery, Two Sites with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach

02714D6 Dilation of Coronary Artery, Two Sites, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach

02714DZ Dilation of Coronary Artery, Two Sites with Intraluminal Device, Perc Endoscopic Approach

02714Z6 Dilation of Coronary Artery, Two Sites, Bifurcation, Percutaneous Endoscopic Approach

continued from **Appendix A**

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
02714ZZ	Dilation of Coronary Artery, Two Sites, Percutaneous Endoscopic Approach
0272346	Dilation of Coronary Artery, Three Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
027234Z	Dilation of Coronary Artery, Three Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
02723D6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723DZ	Dilation of Coronary Artery, Three Sites with Intraluminal Device, Percutaneous Approach
02723Z6	Dilation of Coronary Artery, Three Sites, Bifurcation, Percutaneous Approach
02723ZZ	Dilation of Coronary Artery, Three Sites, Percutaneous Approach
0272446	Dilation of Coronary Artery, Three Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
027244Z	Dilation of Coronary Artery, Three Sites with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
02724D6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02724DZ	Dilation of Coronary Artery, Three Sites with Intraluminal Device, Percutaneous Endoscopic Approach
02724Z6	Dilation of Coronary Artery, Three Sites, Bifurcation, Percutaneous Endoscopic Approach
02724ZZ	Dilation of Coronary Artery, Three Sites, Percutaneous Endoscopic Approach
0273346	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
027334Z	Dilation of Coronary Artery, Four or More Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
02733D6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733DZ	Dilation of Coronary Artery, Four or More Sites with Intraluminal Device, Perc Approach
02733Z6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, Percutaneous Approach
02733ZZ	Dilation of Coronary Artery, Four or More Sites, Percutaneous Approach
0273446	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
027344Z	Dilation of Coronary Artery, Four or More Sites with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
02734D6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02734DZ	Dilation of Coronary Artery, Four or More Sites with Intraluminal Device, Percutaneous Endoscopic Approach
02734Z6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, Percutaneous Endoscopic Approach
02734ZZ	Dilation of Coronary Artery, Four or More Sites, Percutaneous Endoscopic Approach

continued from **Appendix A**

ICD-10 procedureⁱⁱ **ICD-10 procedure description**

Atherectomy

02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C03Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Perc Approach
02C04Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach
02C04ZZ	Extirpation of Matter from Coronary Artery, One Artery, Perc Endoscopic Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Perc Approach
02C14Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach
02C14ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Perc Endoscopic Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Perc Approach
02C24Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach
02C24ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Perc Endoscopic Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach
02C34Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach
02C34ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach

Appendix B: Peripheral arterial ICD-10 procedure codes

ICD-10 procedureⁱⁱ ICD-10 procedure description

Arterial IVUS (non-coronary)

B34HZZ3	Ultrasonography of Right Upper Extremity Arteries, Intravascular
B34JZZ3	Ultrasonography of Left Upper Extremity Arteries, Intravascular
B34KZZ3	Ultrasonography of Bilateral Upper Extremity Arteries, Intravascular
B44FZZ3	Ultrasonography of Right Lower Extremity Arteries, Intravascular
B44GZZ3	Ultrasonography of Left Lower Extremity Arteries, Intravascular
B44HZZ3	Ultrasonography of Bilateral Lower Extremity Arteries, Intravascular
B44LZZ3	Ultrasonography of Femoral Artery, Intravascular

Dilation (angioplasty or mechanical thrombectomy)

Drug coated balloons

047K341	Dilation of right femoral artery with drug eluting intraluminal device using drug coated balloon, percutaneous approach
047K3D1	Dilation of right femoral artery with intraluminal device using drug coated balloon, percutaneous approach
047K3Z1	Dilation of right femoral artery using drug coated balloon, percutaneous approach
047K441	Dilation of right femoral artery with drug eluting intraluminal device using drug coated balloon, percutaneous endoscopic approach
047K4D1	Dilation of right femoral artery with intraluminal device using drug coated balloon, percutaneous endoscopic approach
047K4Z1	Dilation of right femoral artery using drug coated balloon, perc endoscopic approach
047L341	Dilation of left femoral artery with drug eluting intraluminal device using drug coated balloon, percutaneous approach
047L3D1	Dilation of left femoral artery with intraluminal device using drug coated balloon, perc Approach
047L3Z1	Dilation of left femoral artery using drug coated balloon, percutaneous approach
047L441	Dilation of left femoral artery with drug eluting intraluminal device using drug coated balloon, percutaneous endoscopic approach
047L4D1	Dilation of left femoral artery with intraluminal device using drug coated balloon, Percutaneous endoscopic approach
047L4Z1	Dilation of left femoral artery using drug coated balloon, percutaneous endoscopic Approach
047M341	Dilation of right popliteal artery with drug-eluting intraluminal device using drug-coated balloon, percutaneous approach
047M3D1	Dilation of right popliteal artery with intraluminal device using drug-coated balloon, percutaneous approach
047M3Z1	Dilation of right popliteal artery using drug-coated balloon, percutaneous approach
047M441	Dilation of right popliteal artery with drug-eluting intraluminal device using drug-coated balloon, percutaneous endoscopic approach
047M4D1	Dilation of right popliteal artery with intraluminal device using drug-coated balloon, percutaneous endoscopic approach
047M4Z1	Dilation of right popliteal artery using drug-coated balloon, perc endoscopic approach

continued from **Appendix B**

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
047N341	Dilation of left popliteal artery with drug-eluting intraluminal device using drug-coated balloon, percutaneous approach
047N3D1	Dilation of left popliteal artery with intraluminal device using drug-coated balloon, percutaneous approach
047N3Z1	Dilation of left popliteal artery using drug-coated balloon, percutaneous approach
047N441	Dilation of left popliteal artery with drug-eluting intraluminal device using drug-coated balloon, percutaneous endoscopic approach
047N4D1	Dilation of left popliteal artery with intraluminal device using drug-coated balloon, percutaneous endoscopic approach
047N4Z1	Dilation of left popliteal artery using drug-coated balloon, perc endoscopic approach
Iliac	
047C34Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047C3ZZ	Dilation of Right Common Iliac Artery, Percutaneous Approach
047C44Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047C4DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach
047D34Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047D3ZZ	Dilation of Left Common Iliac Artery, Percutaneous Approach
047D44Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047D4DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047D4ZZ	Dilation of Left Common Iliac Artery, Percutaneous Endoscopic Approach
047E34Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047E3DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
047E3ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Approach
047E44Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047E4DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047E4ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Endoscopic Approach
047F34Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach
047F44Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047F4DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Perc Endoscopic Approach

continued from **Appendix B**

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
047F4ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Endoscopic Approach
047H34Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047H3DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Approach
047H3ZZ	Dilation of Right External Iliac Artery, Percutaneous Approach
047H44Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047H4DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047H4ZZ	Dilation of Right External Iliac Artery, Percutaneous Endoscopic Approach
047J34Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Perc Approach
047J3DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Approach
047J3ZZ	Dilation of Left External Iliac Artery, Percutaneous Approach
047J44Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047J4DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Perc Endoscopic Approach
047J4ZZ	Dilation of Left External Iliac Artery, Percutaneous Endoscopic Approach
04CC3Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Percutaneous Approach
04CC3ZZ	Extirpation of Matter from Right Common Iliac Artery, Percutaneous Approach
04CD3Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Percutaneous Approach
04CD3ZZ	Extirpation of Matter from Left Common Iliac Artery, Percutaneous Approach
04CE3Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Percutaneous Approach
04CE3ZZ	Extirpation of Matter from Right Internal Iliac Artery, Percutaneous Approach
04CF3Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Percutaneous Approach
04CF3ZZ	Extirpation of Matter from Left Internal Iliac Artery, Percutaneous Approach
04CH3Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Percutaneous Approach
04CH3ZZ	Extirpation of Matter from Right External Iliac Artery, Percutaneous Approach
04CJ3Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Percutaneous Approach
04CJ3ZZ	Extirpation of Matter from Left External Iliac Artery, Percutaneous Approach
Femoral/popliteal	
047K34Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach
047K3ZZ	Dilation of Right Femoral Artery, Percutaneous Approach
047K44Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047K4DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047K4ZZ	Dilation of Right Femoral Artery, Percutaneous Endoscopic Approach
047L34Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach

continued from **Appendix B**

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
047L3DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Approach
047L3ZZ	Dilation of Left Femoral Artery, Percutaneous Approach
047L44Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047L4DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047L4ZZ	Dilation of Left Femoral Artery, Percutaneous Endoscopic Approach
047M34Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Perc Approach
047M3DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach
047M3ZZ	Dilation of Right Popliteal Artery, Percutaneous Approach
047M44Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047M4DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Perc Endoscopic Approach
047M4ZZ	Dilation of Right Popliteal Artery, Percutaneous Endoscopic Approach
047N34Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Perc Approach
047N3DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Approach
047N3ZZ	Dilation of Left Popliteal Artery, Percutaneous Approach
047N44Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047N4DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047N4ZZ	Dilation of Left Popliteal Artery, Percutaneous Endoscopic Approach
Tibial/peroneal	
047P34Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Perc Approach
047P3DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047P3ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Approach
047P44Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047P4DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Perc Endoscopic Approach
047P4ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Endoscopic Approach
047Q34Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Perc Approach
047Q3DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047Q3ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Approach
047Q44Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047Q4DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Perc Endoscopic Approach
047Q4ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Endoscopic Approach
047R34Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Perc Approach
047R3DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach

continued from **Appendix B**

ICD-10 procedureⁱⁱ	ICD-10 procedure description
047R3ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Approach
047R44Z	Dilation of Right Posterior Tibial Artery w Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047R4DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Perc Endoscopic Approach
047R4ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Endoscopic Approach
047S34Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Perc Approach
047S3DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047S3ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Approach
047S44Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047S4DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Perc Endoscopic Approach
047S4ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Endoscopic Approach
047T34Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Perc Approach
047T3DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Approach
047T3ZZ	Dilation of Right Peroneal Artery, Percutaneous Approach
047T44Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047T4DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Perc Endoscopic Approach
047T4ZZ	Dilation of Right Peroneal Artery, Percutaneous Endoscopic Approach
047U34Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Perc Approach
047U3DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Approach
047U3ZZ	Dilation of Left Peroneal Artery, Percutaneous Approach
047U44Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047U4DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047U4ZZ	Dilation of Left Peroneal Artery, Percutaneous Endoscopic Approach

Atherectomy

Femoral/popliteal

04CK3Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Percutaneous Approach
04CK3ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Approach
04CK4Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Perc Endoscopic Approach
04CK4ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Endoscopic Approach
04CL3Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Percutaneous Approach
04CL3ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Approach
04CL4Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Perc Endoscopic Approach
04CL4ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Endoscopic Approach

continued from **Appendix B**

ICD-10 procedure ⁱⁱ	ICD-10 procedure description
04CM3Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Percutaneous Approach
04CM3ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Approach
04CM4Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Perc Endoscopic Approach
04CM4ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Endoscopic Approach
04CN3Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Percutaneous Approach
04CN3ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Approach
04CN4Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Perc Endoscopic Approach
04CN4ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Endoscopic Approach
Tibial/peroneal	
04CP3Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Perc Approach
04CP3ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Approach
04CP4Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Perc Endoscopic Approach
04CP4ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Endoscopic Approach
04CQ3Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach
04CQ3ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Approach
04CQ4Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Perc Endoscopic Approach
04CQ4ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Endoscopic Approach
04CR3Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach
04CR3ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Approach
04CR4Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Perc Endoscopic Approach
04CR4ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Endoscopic Approach
04CS3Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach
04CS3ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Approach
04CS4Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Perc Endoscopic Approach
04CS4ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Endoscopic Approach
04CT3Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Approach
04CT3ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Approach
04CT4Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Perc Endoscopic Approach
04CT4ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Endoscopic Approach
04CU3Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Approach
04CU3ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Approach
04CU4Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Perc Endoscopic Approach
04CU4ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Endoscopic Approach

Appendix C: Peripheral venous ICD-10 procedure codes

ICD-10 procedureⁱⁱ ICD-10 procedure description

Venous IVUS (non-coronary)

B543ZZ3	Ultrasonography of Right Jugular Veins, Intravascular
B544ZZ3	Ultrasonography of Left Jugular Veins, Intravascular
B546ZZ3	Ultrasonography of Right Subclavian Vein, Intravascular
B547ZZ3	Ultrasonography of Left Subclavian Vein, Intravascular
B548ZZ3	Ultrasonography of Superior Vena Cava, Intravascular
B549ZZ3	Ultrasonography of Inferior Vena Cava, Intravascular
B54BZZ3	Ultrasonography of Right Lower Extremity Veins, Intravascular
B54CZZ3	Ultrasonography of Left Lower Extremity Veins, Intravascular
B54DZZ3	Ultrasonography of Bilateral Lower Extremity Veins, Intravascular
B54JZZ3	Ultrasonography of Right Renal Vein, Intravascular
B54KZZ3	Ultrasonography of Left Renal Vein, Intravascular
B54LZZ3	Ultrasonography of Bilateral Renal Veins, Intravascular
B54MZZ3	Ultrasonography of Right Upper Extremity Veins, Intravascular
B54NZZ3	Ultrasonography of Left Upper Extremity Veins, Intravascular
B54PZZ3	Ultrasonography of Bilateral Upper Extremity Veins, Intravascular
B54TZZ3	Ultrasonography of Portal and Splanchnic Veins, Intravascular

Dilation with stent (angioplasty or mechanical thrombectomy)

067C3DZ	Dilation of Right Common Iliac Vein with Intraluminal Device, Percutaneous Approach
067C4DZ	Dilation of Right Common Iliac Vein with Intraluminal Device, Perc Endoscopic Approach
067D3DZ	Dilation of Left Common Iliac Vein with Intraluminal Device, Percutaneous Approach
067D4DZ	Dilation of Left Common Iliac Vein with Intraluminal Device, Perc Endoscopic Approach
067F3DZ	Dilation of Right External Iliac Vein with Intraluminal Device, Percutaneous Approach
067F4DZ	Dilation of Right External Iliac Vein with Intraluminal Device, Perc Endoscopic Approach
067G3DZ	Dilation of Left External Iliac Vein with Intraluminal Device, Percutaneous Approach
067G4DZ	Dilation of Left External Iliac Vein with Intraluminal Device, Perc Endoscopic Approach
067N3DZ	Dilation of Left Femoral Vein with Intraluminal Device, Percutaneous Approach
067N4DZ	Dilation of Left Femoral Vein with Intraluminal Device, Perc Endoscopic Approach
067Q3DZ	Dilation of Left Saphenous Vein with Intraluminal Device, Percutaneous Approach
067Q4DZ	Dilation of Left Saphenous Vein with Intraluminal Device, Perc Endoscopic Approach
067M3DZ	Dilation of Right Femoral Vein with Intraluminal Device, Percutaneous Approach
067M4DZ	Dilation of Right Femoral Vein with Intraluminal Device, Perc Endoscopic Approach
067P3DZ	Dilation of Right Saphenous Vein with Intraluminal Device, Percutaneous Approach
067P4DZ	Dilation of Right Saphenous Vein with Intraluminal Device, Perc Endoscopic Approach

Appendix D: AV fistula – dialysis circuit ICD-10 procedure codes

ICD-10
procedureⁱⁱ ICD-10 procedure description

Extirpation of vein (atherectomy or mechanical thrombectomy)

06CC3ZZ	Extirpation of Matter from Right Common Iliac Vein, Percutaneous Approach
06CD3ZZ	Extirpation of Matter from Left Common Iliac Vein, Percutaneous Approach
06CF3ZZ	Extirpation of Matter from Right External Iliac Vein, Percutaneous Approach
06CG3ZZ	Extirpation of Matter from Left External Iliac Vein, Percutaneous Approach
06CM3ZZ	Extirpation of Matter from Right Femoral Vein, Percutaneous Approach
06CN3ZZ	Extirpation of Matter from Left Femoral Vein, Percutaneous Approach

AV access imaging

B34HZZ3	Ultrasonography of Right Upper Extremity Arteries, Intravascular
B34JZZ3	Ultrasonography of Left Upper Extremity Arteries, Intravascular
B34KZZ3	Ultrasonography of Bilateral Upper Extremity Arteries, Intravascular
B44FZZ3	Ultrasonography of Right Lower Extremity Arteries, Intravascular
B44GZZ3	Ultrasonography of Left Lower Extremity Arteries, Intravascular
B44HZZ3	Ultrasonography of Bilateral Lower Extremity Arteries, Intravascular
B44LZZ3	Ultrasonography of Femoral Artery, Intravascular
B54BZZ3	Ultrasonography of Right Lower Extremity Veins, Intravascular
B54CZZ3	Ultrasonography of Left Lower Extremity Veins, Intravascular
B54DZZ3	Ultrasonography of Bilateral Lower Extremity Veins, Intravascular
B54MZZ3	Ultrasonography of Right Upper Extremity Veins, Intravascular
B54NZZ3	Ultrasonography of Left Upper Extremity Veins, Intravascular
B54PZZ3	Ultrasonography of Bilateral Upper Extremity Veins, Intravascular
B3110ZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using High Osmolar Contrast
B3111ZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using Low Osmolar Contrast
B311YZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using Other Contrast

Dialysis circuit AV access repair (w/drug-eluting device)

0377346	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device,
0377356	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
0377366	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
0377376	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037734Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Perc Approach
037735Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices,
037736Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Perc Approach

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ICD-10 procedure ⁱⁱ	ICD-10 procedure description
037737Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
0377446	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037744Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
0377456	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037745Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0377466	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037746Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0377476	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037747Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0378346	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0378356	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
0378366	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
0378376	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037834Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037835Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Perc Approach
037836Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Perc Approach
037837Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
0378446	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037844Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
0378456	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037845Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0378466	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037846Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0378476	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach

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ICD-10 procedure ⁱⁱ	ICD-10 procedure description
037847Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037B346	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
037B34Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037B356	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037B35Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Perc Approach
037B366	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
037B36Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Perc Approach
037B376	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037B37Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037B446	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037B44Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037B456	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037B45Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037B466	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037B46Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037B476	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037B47Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037C346	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
037C34Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037C356	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037C35Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Perc Approach
037C366	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
037C36Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Perc Approach
037C376	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037C37Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037C446	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach

continued from **Appendix D**

ICD-10 procedureⁱⁱ	ICD-10 procedure description
037C44Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
037C456	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037C45Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037C466	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037C46Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037C476	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
037C47Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
Dialysis circuit AV access repair (w/out drug-eluting device)	
03773DZ	Dilation of Right Brachial Artery with Intraluminal Device, Percutaneous Approach
03773E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Perc Approach
03773EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Percutaneous Approach
03773F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Perc Approach
03773FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Percutaneous Approach
03773G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
03773GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Perc Approach
03773Z6	Dilation of Right Brachial Artery, Bifurcation, Percutaneous Approach
03773ZZ	Dilation of Right Brachial Artery, Percutaneous Approach
03774D6	Dilation of Right Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
03774DZ	Dilation of Right Brachial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
03774E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach
03774EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Perc Endoscopic Approach
03774F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach
03774FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Perc Endoscopic Approach
03774G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
03774GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
03774Z6	Dilation of Right Brachial Artery, Bifurcation, Percutaneous Endoscopic Approach
03774ZZ	Dilation of Right Brachial Artery, Percutaneous Endoscopic Approach
03783D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
03783DZ	Dilation of Left Brachial Artery with Intraluminal Device, Percutaneous Approach

continued from **Appendix D**

ICD-10 procedureⁱⁱ	ICD-10 procedure description
03783E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Perc Approach
03783EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Percutaneous Approach
03783F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Perc Approach
03783FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Percutaneous Approach
03783G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
03783GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Percutaneous Approach
03783Z6	Dilation of Left Brachial Artery, Bifurcation, Percutaneous Approach
03783ZZ	Dilation of Left Brachial Artery, Percutaneous Approach
03784D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
03784DZ	Dilation of Left Brachial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
03784E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach
03784EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Perc Endoscopic Approach
03784F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach
03784FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Perc Endoscopic Approach
03784G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
03784GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
03784Z6	Dilation of Left Brachial Artery, Bifurcation, Percutaneous Endoscopic Approach
03784ZZ	Dilation of Left Brachial Artery, Percutaneous Endoscopic Approach
037B3D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
037B3DZ	Dilation of Right Radial Artery with Intraluminal Device, Percutaneous Approach
037B3E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Perc Approach
037B3EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Percutaneous Approach
037B3F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Perc Approach
037B3FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Percutaneous Approach
037B3G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
037B3GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Perc Approach
037B3Z6	Dilation of Right Radial Artery, Bifurcation, Percutaneous Approach
037B3ZZ	Dilation of Right Radial Artery, Percutaneous Approach
037B3ZZ	Dilation of Right Radial Artery, Percutaneous Approach
037B4D1	Dilation of Right Radial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach
037B4D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach

continued from **Appendix D**

ICD-10 procedureⁱⁱ	ICD-10 procedure description
037B4DZ	Dilation of Right Radial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
037B4E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach
037B4EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach
037B4F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach
037B4FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach
037B4G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037B4GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037B4Z6	Dilation of Right Radial Artery, Bifurcation, Percutaneous Endoscopic Approach
037B4ZZ	Dilation of Right Radial Artery, Percutaneous Endoscopic Approach
037C3D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Perc Approach
037C3DZ	Dilation of Left Radial Artery with Intraluminal Device, Percutaneous Approach
037C3E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Perc Approach
037C3EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Percutaneous Approach
037C3F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Perc Approach
037C3FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Percutaneous Approach
037C3G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
037C3GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Percutaneous Approach
037C3Z6	Dilation of Left Radial Artery, Bifurcation, Percutaneous Approach
037C3ZZ	Dilation of Left Radial Artery, Percutaneous Approach
037C4D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
037C4DZ	Dilation of Left Radial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
037C4E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach
037C4EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Perc Endoscopic Approach
037C4F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach
037C4FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Perc Endoscopic Approach
037C4G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037C4GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
037C4Z6	Dilation of Left Radial Artery, Bifurcation, Percutaneous Endoscopic Approach
037C4ZZ	Dilation of Left Radial Artery, Percutaneous Endoscopic Approach

Appendix E: Lead extraction and cardiac rhythm management

ICD-10 procedure codes

ICD-10 procedureⁱⁱ ICD-10 procedure description

Lead extraction

02PA3MZ	Removal of Cardiac Lead from Heart, Percutaneous Approach
02PA4MZ	Removal of Cardiac Lead from Heart, Percutaneous Endoscopic Approach

Cardiac rhythm management

De Novo implants

0JH637Z	Insertion Cardiac Resynchronization Pacemaker Pulse Generator in Chest Subcutaneous/ Fascia, Perc
0JH837Z	Insertion Cardiac Resynchronization Pacemaker Pulse Generator in Abdomen Subcutaneous /Fascia, Perc
02HK3JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach
02HK4JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Endoscopic Approach
02HL3JZ	Insertion of Pacemaker Lead into Left Ventricle, Percutaneous Approach
02HL4JZ	Insertion of Pacemaker Lead into Left Ventricle, Percutaneous Endoscopic Approach
02H63JZ	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Approach
02H64JZ	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Endoscopic Approach
0JH639Z	Insertion Cardiac Resynchronization Defibrillator Pulse Generator in Chest Subcutaneous /Fascia, Perc
0JH839Z	Insertion Cardiac Resynchronization Defibrillator Pulse Generator in Abdomen Subcutaneous/Fascia, Perc
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02HK4KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Endoscopic Approach
02HL3KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Approach
02HL4KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Endoscopic Approach
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
02H64KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Endoscopic Approach
02HK3MA	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach
02H63MA	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Approach
0JH637Z	Insertion Cardiac Resynchronization Pacemaker Pulse Generator in Chest Subcutaneous/Fascia, Perc
0JH639Z	Insertion Cardiac Resynchronization Defibrillator Pulse Generator in Chest Subcutaneous/Fascia, Perc

Changeouts and upgrades

02H43JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Approach
02H44JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Endoscopic Approach
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach
02H44KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Endoscopic Approach
02H43MZ	Insertion of Cardiac Lead into Coronary Vein, Percutaneous Approach

Appendix F: Interventions primary to IVUS

TAVR/TAVI, AAA intervention, selective catheter placement, dialysis circuit, A/V access, mechanical thrombectomy/chemical thrombolysis (non-coronary), vascular embolization/occlusion, lower extremity revascularization (arterial and venous), aortography (thoracic and abdominal), angiography, venography, thoracic aneurism intervention, vertebral, renal, visceral, abdominal, and brachiocephalic stent and atherectomy, renal denervation.

List of primary to IVUS CPT codes

CPT	Descriptor
TAVR/TAVI	
33361	Transcatheter aortic valve replacement (TAVR/TAVI)
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
33363	; open axillary artery approach
33364	; open iliac artery approach
33365	; transaortic approach (eg, median sternotomy, mediastinotomy)
33366	; transapical exposure (eg, left thoracotomy)
+33367	; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)
+33368	; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femo-ral, iliac, axillary vessels) (List separately in addition to code for primary procedure)
+33369	; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atri-um, pulmonary artery) (List separately in addition to code for primary procedure)
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, pene-trating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33881	;not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
+33884	; each additional proximal extension (List separately in addition to code for primary procedure)
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
34701	Endovascular repair of infrarenal aorta by deployment an aorto-aortic tube endograft
34702	For rupture including temporary aortic and/or iliac balloon occlusion
34703	Endovascular repair of infrarenal aorta and/or iliac arteries by deployment of an aorto-uni-iliac en-dograft
34704	For rupture including temporary aortic and/or iliac balloon occlusion
34705	Endovascular repair of infrarenal aorta and/or iliac artery by deployment an aorto-bi-iliac endograft
34706	For rupture including temporary aortic and/or iliac balloon occlusion
34707	Endovascular repair of iliac artery by deployment an ilio-iliac tube endograft
34708	For rupture including temporary aortic and/or iliac balloon occlusion

continued from **Appendix F**

CPT	Descriptor
34709	Placement of extension prosthesis distal to the common iliac artery or proximal to the renal artery for endovascular repair of infrarenal abdominal aortic or iliac aneurism
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic and/or iliac aneurism
34711	Each additional vessel treated
Aortic aneurism repair	
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mes-enteric, celiac or renal artery)
34842	; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal ar-tery[s])
34843	; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal ar-tery[s])
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (supe-rior mesenteric, celiac and/or renal artery[s])
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoan-eurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fe-nestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endo-graft and all associated radiological supervision and interpretation, including target zone angio-plasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celi-ac or renal artery)
34847	; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal ar-tery[s])
34848	; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
Selective catheter placement	
36010	Introduction of catheter, superior or inferior vena cava
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
36012	; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
36013	Introduction of catheter, right heart or main pulmonary artery
36014	Selective catheter placement, left or right pulmonary artery
36015	Selective catheter placement, segmental or subsegmental pulmonary artery
36100	Introduction of needle or intracatheter, carotid or vertebral artery
36140	Introduction of needle or intracatheter; extremity artery
36160	Introduction of needle or intracatheter, aortic, translumbar
36200	Introduction of catheter, aorta
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36216	; initial second order thoracic or brachiocephalic branch, within a vascular family
36217	; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family

continued from Appendix F

CPT	Descriptor
+36218	; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36223	, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
+36248	; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoro, contrast injection(s), image postprocessing, permanent recording of images, radiological supervision and interpretation, including pressure gradient measurements when performed, flush aortogram when performed; unilateral
36252	; bilateral
36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral
36254	; bilateral
36481	Percutaneous portal vein catheterization by any method

continued from **Appendix F**

CPT	Descriptor
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
36556	; age 5 years or older
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age
36558	; age 5 years or older
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36561	; age 5 years or older
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)
36566	; with subcutaneous port(s)
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age
36569	; without subcutaneous port or pump; age 5 years or older
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36571	; age 5 years or older
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without sub-cutaneous port or pump, through same venous access
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with sub-cutaneous port, through same venous access
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with sub-cutaneous pump, through same venous access
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without sub-cutaneous port or pump, through same venous access
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access

Dialysis circuit A/V access

36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;
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CPT	Descriptor
36902	; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
36903	; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);
36905	; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
36906	; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit
+36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)
+36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)
+36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)
Mechanical thrombectomy/chemical thrombolysis (non-coronary)	
37184	Primary percutaneous transluminal mechanical thrombectomy, non-coronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
+37185	; second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)
+37186	Secondary percutaneous transluminal thrombectomy (eg, non-primary mechanical, snare basket, suction technique), non-coronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
37188	, repeat treatment on subsequent day during course of thrombolytic therapy
37200	Transcatheter biopsy
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day

continued from **Appendix F**

CPT	Descriptor
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed
37214	; cessation of thrombolysis including removal of catheter and vessel closure by any method
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological S&I; with distal embolic protection
37216	; without distal embolic protection
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation
Lower extremity revascularization (arterial and venous)	
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
+37222	, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
+37223	, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	; with atherectomy, includes angioplasty within the same vessel, when performed
37226	; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
37229	; with atherectomy, includes angioplasty within the same vessel, when performed
37230	; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37231	; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
+37232	, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
+37233	, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
+37234	, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
+37235	; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

CPT	Descriptor
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
+37237	; each additional artery (List separately in addition to code for primary procedure)
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and inc angioplasty within the same vessel, when performed; initial vein
+37239	; each additional vein (List separately in addition to code for primary procedure)
Vascular embolization/occlusion	
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
37242	; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
37243	, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
37244	; for arterial or venous hemorrhage or lymphatic extravasation
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intra-cranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological S&I necessary to perform the angioplasty within the same artery; initial artery
+37247	each additional artery (List separately in addition to code for primary procedure)
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
+37249	; each additional vein (List separately in addition to code for primary procedure)
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion
Aortography (thoracic and abdominal)	
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including non-contrast images, if performed, and image post-processing
75705	Angiography, spinal, selective, radiological supervision and interpretation
Angiography	
75710	Angiography, extremity, unilateral, radiological supervision and interpretation

continued from **Appendix F**

CPT	Descriptor
75716	Angiography, extremity, bilateral, radiological supervision and interpretation
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological S&I
75756	Angiography, internal mammary, radiological supervision and interpretation
+75744	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75810	Splenoportography, radiological supervision and interpretation
Venography	
75820	Venography, extremity, unilateral, radiological supervision and interpretation
75822	Venography, extremity, bilateral, radiological supervision and interpretation
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
75870	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	Venography, epidural, radiological supervision and interpretation
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological S&I
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological S&I
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological S&I
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological S&I
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis

continued from **Appendix F**

CPT	Descriptor
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous Device through device lumen, radiologic supervision and interpretation
Thoracic aorta repair	
75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left sub-clavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if re-quired, to level of celiac artery origin, radiological supervision and interpretation
75957	; not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or trau-matic disruption), radiological supervision and interpretation
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
75970	Transcatheter biopsy, radiological supervision and interpretation
Fluoroscopy	
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care profes-sional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
+77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (inc fluoroscopic guidance for vascular access and catheter manipula-tion, any necessary contrast injections through access site or catheter with related venography radiologic S&I, and radiographic documentation of final catheter position) (List separately in ad-dition to code for primary procedure)
Vertebral, renal, visceral, abdominal, brachiocephalic intervention stent and atherectomy	
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervi-sion and interpretation, open or percutaneous; initial vessel
+0076T	; each additional vessel (List separately in addition to code for primary procedure)
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery
0235T	; visceral artery (except renal), each vessel
0236T	; abdominal aorta
0237T	; brachiocephalic trunk and branches, each vessel
0238T	; iliac artery, each vessel
0254T	Endovascular repair of iliac artery bifurcation ...using bifurcated endograft from the common ili-ac artery into both the external and internal iliac artery, including all selective and/or nonselec-tive catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial punc-ture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), in-traprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral

References and endnotes

Questions

Contact Philips Reimbursement Resource Center

Phone: (916) 281-2840

Email: IGTDReimbursement@philips.com

Resources

Third-party sources

- 2021 CPT Professional Edition
- 2016 CPT Changes, An Insider's View
- 2017 CPT Changes, An Insider's View
- CPT Assistant
- 2021 ICD-10-CM and ICD-10-PCS: The Complete Official Codebook

Endnotes

1. Refer to ICD-10-CM 2021: The Complete Official Codebook for a complete list of diagnosis codes and specific character codes.
2. Refer to ICD-10-PCS 2021: The Complete Official Codebook for a complete list of procedure codes and specific character codes.
3. Medicare Inpatient Prospective Payment System (IPPS) FY 2021 Final Rule, Table 5. Payment rates assume full update amount for hospitals which have submitted quality data and hospitals have a wage index greater than 1.
4. MCC - Major complications and comorbidities; CC- complications and comorbidities
5. Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs. 2021 Final Rule with Correction Notice, OPPS Addendum B and ASC Addenda AA-EE.
6. Medicare Physician Fee Schedule (MPFS). Final Rule, CY 2021, (CMS-1715-F), Addendum B, conversion factor 34.8931.
7. Physician procedures performed in the facility setting (hospital or ASC) are reimbursed at the physician "facility" rate.
8. Physician procedures performed in the physician office setting or office-based lab (OBL) are reimbursed at the physician "non-facility" rate.
9. CPT Copyright 2021 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/ DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
10. RVU: Relative Value Units assigned under the Medicare Physician Fee Schedule, Addendum B. For each CPT code, RVUs are assigned to account for the relative resource costs used to provide the service. Each RVU consists of physician work value, practice expense and malpractice expense.
11. Standard payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure (with fee schedule indicator 1, 2 or 3) rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, and by report). Payment based on the lower of: (a) the actual charge or (b) the fee schedule amount reduced by the appropriate percentage. (Modifier -51). 150% payment adjustment for bilateral procedures applies. If the code is billed with the bilateral modifier or is reported twice on the same day by any other means (e.g., with RT and LT modifiers, or with a 2 in the unit field), base the payment for these codes when reported as bilateral procedures on the lower of: (a) the total actual charge for both sides or (b) 150% of the fee schedule amount for a single code. If the code is reported as a bilateral procedure and is reported with other procedure codes on the same day, apply the bilateral adjustment before applying any multiple procedure rules.
12. APC Status: Status J1: Comprehensive APC – accounts for all costs and component services typically involved in the provision of the complete primary procedure; Status N: No separate APC payment. Packaged into payment for other services; Status Q2: T-Packaged Codes - Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator "T" or "J1". In other circumstances, payment is made through a separate APC payment.
13. C-APC Complexity Adjustments, 2021 OPPS Final Rule Correction Notice, Addendum J.

