



2024 Peripheral Interventions Vascular Coding Worksheet

IMPORTANT INFORMATION: Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. **It is always the provider's sole responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered.** It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside its FDA-approved label. Payer policies will vary and should be verified before treatment for limitations on diagnosis, coding, or site of service requirements.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent judgment of the HCP.

CPT® Copyright 2023 American Medical Association. All rights reserved. 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. CPT is a registered trademark of the American Medical Association.

All trademarks are the property of their respective owners.



2024 Peripheral Interventions Vascular Coding Worksheet

Iliac		
CPT®	Abbreviated Description	x
37220	PTA	
37221	PTA and Stent	
37222	PTA, additional vessel	
37223	PTA and Stent, additional vessel	
0238T	Iliac Atherectomy (no RVUs established)	

Femoral / Popliteal		
CPT	Abbreviated Description	x
37224	PTA	
37225	PTA with Atherectomy	
37226	PTA with Stent	
37227	PTA with Stent and Atherectomy	

Tibial / Peroneal		
CPT	Abbreviated Description	x
37228	PTA	
37229	PTA with Atherectomy	
37230	PTA with Stent	
37231	PTA with Stent and Atherectomy	
37232	PTA, additional vessel	
37233	PTA with Atherectomy, additional vessel	
37234	PTA with Stent, additional vessel	
37235	PTA w Stent & Atherectomy, add'l vessel	



Aorta
Common Iliac
Internal Iliac
External Iliac

Common Femoral
Profunda/Deep
Femoral
Superficial Femoral
Popliteal

Anterior Tibial
Peroneal Tibial
Posterior Tibial
Dorsalis Pedis

Patient: _____

Date: _____

Facility: _____

Diagnostic			
CPT	Abbreviated Description	26	x
75630	Abdominal aortogram with run-off		
75625	Abdominal aortogram		
75710	Unilateral extremity		
75716	Bilateral extremity		
75774	Additional artery angiogram		

Catheterization		
CPT	Abbreviated Description	x
36140	Catheterization	
36245	Lower extremity cath, first order	
36246	Lower extremity cath, second order	
36247	Lower extremity cath, third order	
36248	Lower extremity cath, each additional order	



2024 Peripheral Interventions Vascular Coding Worksheet

Intravascular Ultrasound (IVUS)		
CPT®	Abbreviated Description	X
37252	IVUS; initial vessel	
37253	IVUS; additional vessel	

Angioplasty		
CPT®	Abbreviated Description	X
37246	Transluminal balloon angioplasty, open or percutaneous; initial artery	
37247	Transluminal balloon angioplasty, open or percutaneous; each additional artery	
37248	Transluminal balloon angioplasty, open or percutaneous; initial vein	
37249	Transluminal balloon angioplasty, open or percutaneous; each additional vein	

Stenting		
CPT®	Abbreviated Description	X
37236	Transcatheter placement of an intravascular stent(s), open or percutaneous; initial artery	
37237	Transcatheter placement of an intravascular stent(s), open or percutaneous; each additional artery	
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous; initial vein	
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous; each additional vein	

Embolization / Occlusion		
CPT®	Abbreviated Description	X
37241	Venous, other than hemorrhage	
37242	Arterial, other than hemorrhage or tumor	
37243	Tumors, organ ischemia, or infarction	
37244	Arterial or venous hemorrhage or lymphatic extravasation	

Arterial Thrombectomy		
CPT®	Abbreviated Description	X
37184	Primary percutaneous transluminal mechanical thrombectomy; initial vessel	
37185	Primary percutaneous transluminal mechanical thrombectomy; second and all subsequent vessel(s) within the same vascular family	
37186	Secondary percutaneous transluminal thrombectomy; provided with another percutaneous intervention other than primary mechanical thrombectomy	

Venous Thrombectomy		
CPT®	Abbreviated Description	X
37187	Percutaneous transluminal mechanical thrombectomy, vein(s)	
37188	Percutaneous transluminal mechanical thrombectomy, vein(s); repeat treatment on subsequent day during course of thrombolytic therapy	

Dialysis Circuit		
CPT®	Abbreviated Description	X
36901	Diagnostic evaluation	
36902	PTA	
36903	PTA + Stent	
36904	Thrombectomy and/or Thrombolysis	
36905	Thrombectomy and/or Thrombolysis + PTA	
36906	Thrombectomy and/or Thrombolysis + PTA + Stent	
36907	PTA in central segment	
36908	Stent in central segment	
36909	Embolization	



The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

**Boston
Scientific**

Advancing science for life™

Peripheral Interventions

One Scimed Place

Maple Grove, MN 55311-1566

<https://www.bostonscientific.com>

Medical Professionals:

PI.Reimbursement@bsci.com

*To order product or for more information
contact customer service at 1.888.272.1001.*

PI-1756413-AB | MAR 2024