



INTRAVASCULAR ULTRASOUND (IVUS)

2024 CODING AND REIMBURSEMENT GUIDE

The procedure codes listed below are applicable to intravascular ultrasound.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. 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.

Claims must contain the appropriate CPT/HCPCS code(s) for the specific site of service to indicate the items and services that are furnished. The tables below contain a list of possible CPT/HCPCS codes that may be used to bill for dialysis circuit interventions. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered.

PHYSICIAN SERVICES & REIMBURSEMENT CY 2024 (01/01/2024-12/31/2024)

Service Provided			Physician Fee Schedule ¹			
CPT® Code	CPT® Description	Work RVUs	Total RVUs	Facility	Non Facility	
+37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel	1.80	2.59	\$86	\$927	
+37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel	1.44	2.06	\$69	\$170	

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AMBULATORY SURGICAL CENTER (ASC) & OUTPATIENT REIMBURSEMENT

CY 2024 (01/01/2024-12/31/2024)

Service Provided		ASC	Hospital Outpatient	
CPT® Code	CPT® Description	Payment* ²	Payment** ³	
+37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel	Status N1: Packaged	Status N: Packaged	
+37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel	services. No separate payment is made to facility	services. No separate payment is made to facility	

See the CPT® 2023 Professional Edition Codebook for important instructions regarding the use of the codes shown above.

NOTES:

- Add-on code (+) must be performed in addition to a primary procedure; (i.e., stent, PTA, atherectomy, embolization, thrombolysis, thrombectomy).
- Add-on codes are exempt from multiple procedure reduction.
- Coding is per vessel evaluated; however, contiguous vessel abnormalities (i.e., DVT, diffuse atherosclerotic disease) are described by a single code.
- Check your payer guidelines closely, as there may be limitations for the use of these codes- contractors will define specific primary codes.

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.

SOURCES:

- 2024 Physician Fee Schedule. CMS-1784-F. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1784-f
 2024 Conversion Factor of \$33.2875
- 2. 2024 ASC Payment. CMS-1786-FC. https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1786-fc
- 3. 2024 OPPS Payment. CMS-1786-FC. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc

IMPORTANT INFORMATION

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