

IR Coding Series II: Lower Extremity Interventions

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Disclaimer

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Agenda

- Introduction
- Lower Extremity Anatomy
- Types of Procedures
 - Lower Extremity Revascularization
 - Thrombolysis
 - Thrombectomy
- Case Studies

Resources

- AMA
- CMS
- ACR
- SIR
- ZHealth

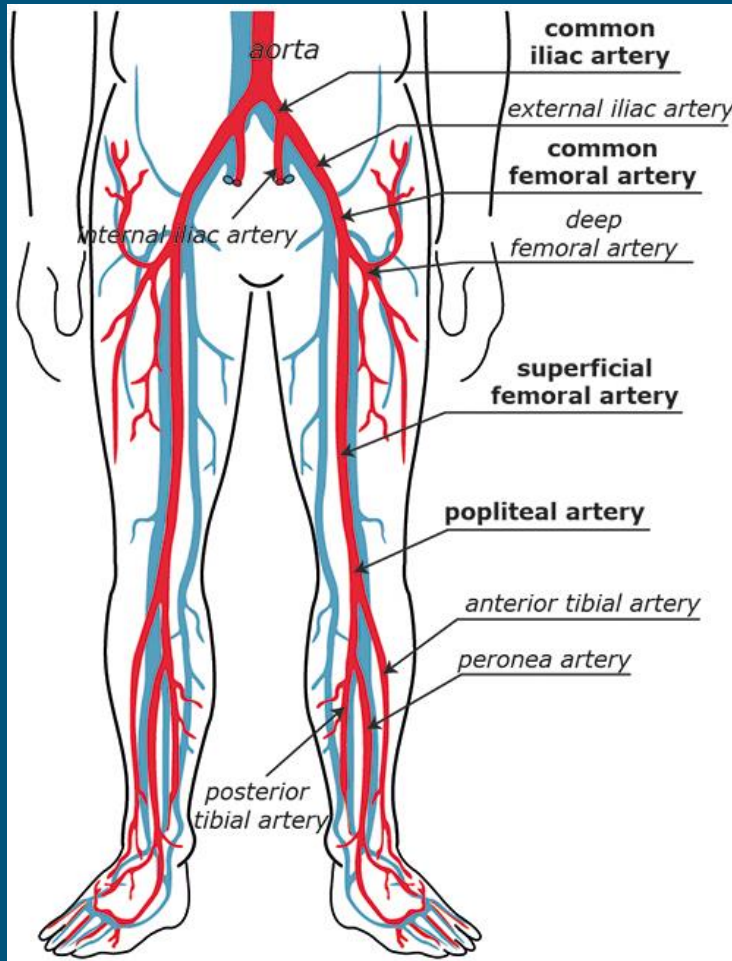


Lower Extremity Interventions



- Treatment for:
 - Peripheral vascular disease (PVD/PAD)/occlusive disease
 - Lower extremity ischemia/thrombosis

Lower Extremity Vascular Anatomy



- Point of access is important
- Remember Vascular Family concept

Types of Procedures

- Lower Extremity Revascularization
 - Angioplasty (PTA)
 - Atherectomy
 - Stent
- Thrombolysis
- Thrombectomy



Angiography with Intervention

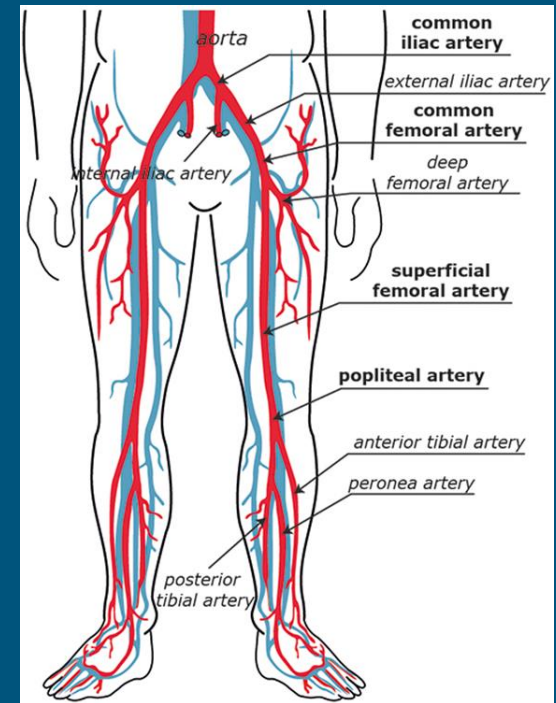
- If the patient has had a diagnostic angiogram (whether catheter-based or computed tomographic angiography (CTA) and is referred for intervention, a diagnostic angiogram is not separately reported.
- If, however, a diagnostic angiogram is clinically indicated it may be reported separately.
- Documentation must support the need for a repeat diagnostic angiogram, when performed.

Lower Extremity Revascularization

- Treatment for peripheral artery disease (PAD)/occlusive disease
- Inclusive of:
 - Vascular access
 - Catheter placement
 - RS&I/Angiography necessary to complete the procedure (guiding/follow-up)
 - Closure
- Codes DO NOT include:
 - Vasc US guidance
 - Sedation
 - Other interventions
 - Diagnostic angiogram may be separately billable
- Same codes are used for open/percutaneous

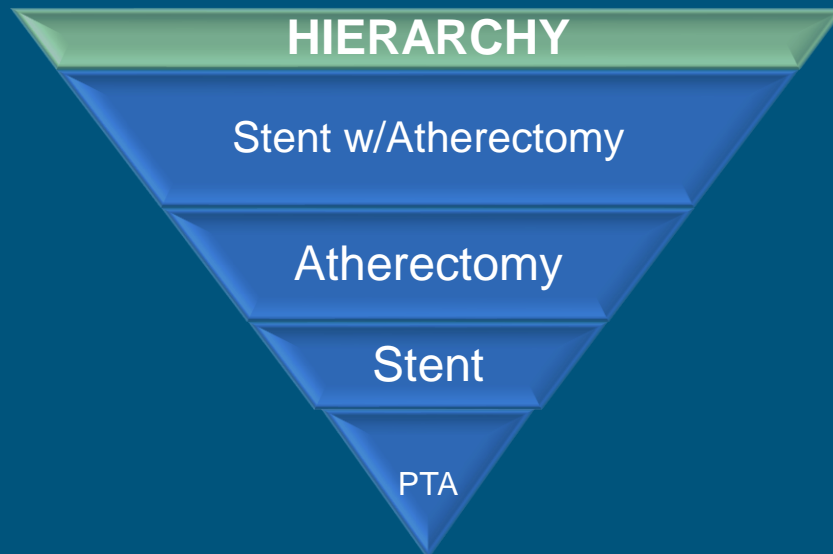
Lower Extremity Revascularization

- 3 “Territories”:
 - Iliac Territory-3 vessels
 - Femoral/Popliteal Territory-1 vessel
 - Tibial/Peroneal Territory-3 vessels
- Codes are unilateral in nature
- Interventions are reported per vessel, not per lesion
- Continuous/Bridging Lesions



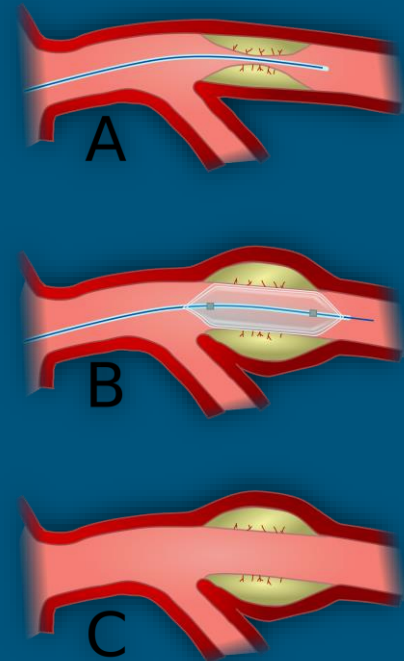
Lower Extremity Revascularization

Territory	CPT Code Range
Iliac	37220-37223, 0238T
Femoral/Popliteal	37224-37227
Tibial/Peroneal	37228-37235



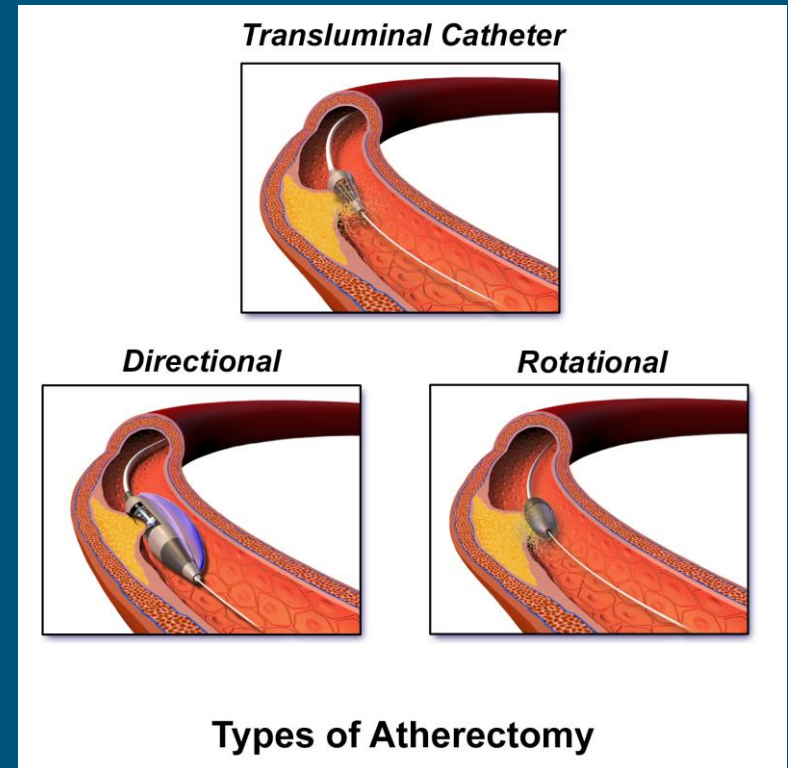
Angioplasty

- Percutaneous Transluminal Angioplasty (PTA) is a procedure to open narrowed or blocked blood vessels that supply blood to the extremities via balloon inflation
- Codes: 37220, 37222, 37224, 37228, 37232
- Angioplasty is not separately billable when done with a stent or atherectomy in the same vessel or for:
 - Pre-Dilatation
 - PTA converted to Stent
 - Prophylaxis
- Only coded if it is the **ONLY** intervention in the vessel

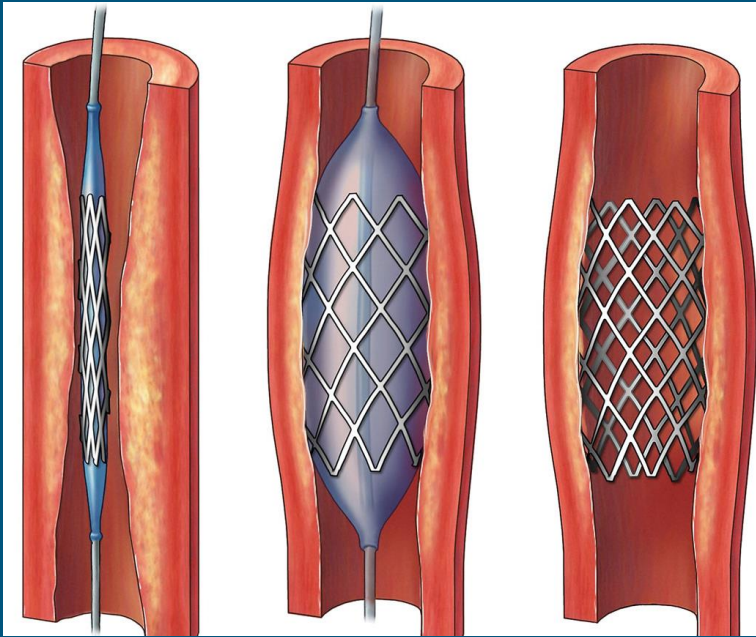


Atherectomy

- An atherectomy is a procedure that utilizes a catheter with a sharp blade on the end to remove plaque from a blood vessel.
- Inclusive of PTA
- Category I codes for fem/pop and tibial/peroneal territories only
 - 37225, 37229, 37233
- Category III code for iliac territory
 - 0238T-Iliac (Category III)



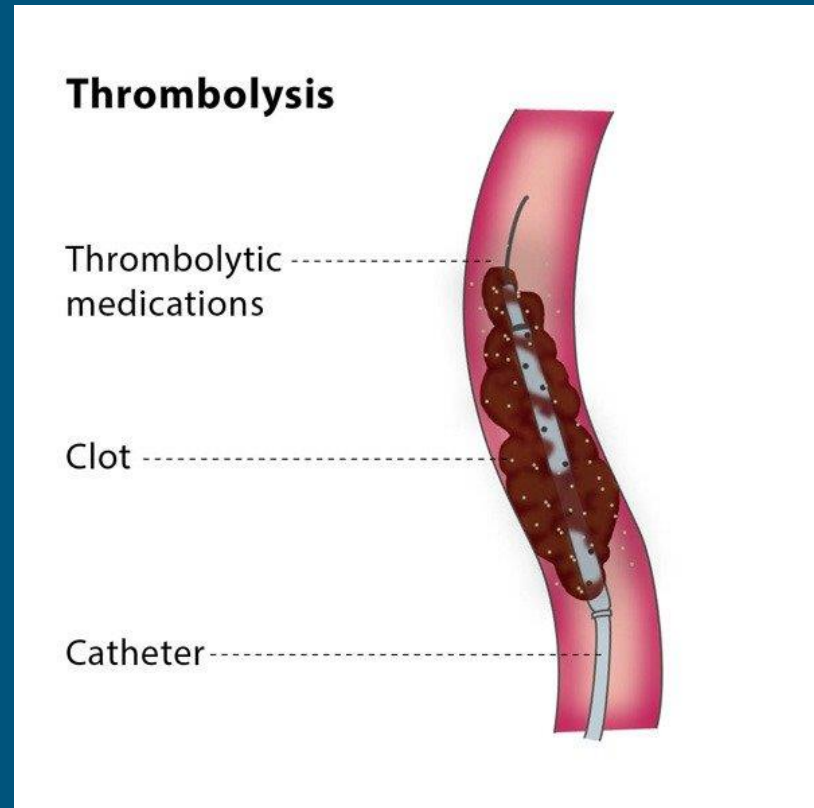
Stent Placement



- Stent placement is a procedure that utilizes a catheter with a small, expandable, mesh-like tube on the end to open a blood vessel to allow continued flow.
- Inclusive of PTA & Atherectomy when done together
- Not to be used for stent grafting aneurysm/AVM
- Separate set of codes for stent AND stent with atherectomy
 - STENT ONLY: 37221, 37223, 37226, 37230, 37234
 - STENT W/ATHERECTOMY: 37227, 37231, 37235

Thrombolysis

- Anti-thrombolytic drug is infused via catheter to dissolve clot/thrombus
- May take a few hours or can take days



Thrombolysis

- Not for TPA injection to aid another procedure
- Initial (Arterial/Venous)/Subsequent Day/Cessation Day
- Only one of these codes may be reported per DOS

37211	Thrombolysis, arterial, initial treatment day
37212	Thrombolysis, venous, initial treatment day
37213	Thrombolysis, arterial or venous, continued treatment on subsequent day
37214	Thrombolysis, arterial or venous, cessation

Thrombolysis-Initial Day

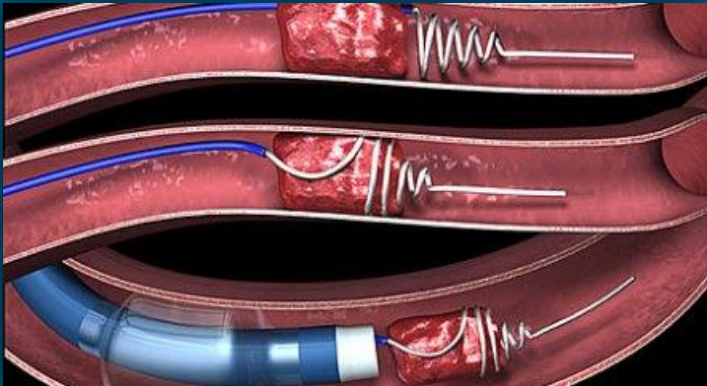
- 37211 (arterial)/37212 (venous)
- Inclusive of:
 - Vascular access
 - Angiography necessary to complete the procedure (guiding/follow-up)
 - Catheter exchange on initial day
- Codes DO NOT include:
 - Catheter placement
 - Other interventions (thrombectomy, PTA, stent, atherectomy)
 - Diagnostic angiogram may be separately billable
- Billed once per surgical field
 - Extremity=single surgical field

Thrombolysis-Subsequent & Final Days

- Codes are for arterial or venous
- Subsequent-37213
 - Reported when follow-up is performed but thrombolysis not concluded
- Final Day/Cessation-37214
 - Reported on the day thrombolysis is discontinued
 - Only used for multi-day thrombolysis
- Codes are inclusive of:
 - Catheter injection
 - Catheter position change/exchange/removal
- Catheter placement through course of thrombolytic therapy over multiple days
- NCCI Edit “0” for second site on subsequent day

Thrombectomy

- Placement of a specialty catheter for removal of clot/thrombus via extraction
 - Mechanical Thrombectomy Devices (MTD)
- Different codes for arterial & venous
- Codes are not used for coronary or hemodialysis access



Thrombectomy-Arterial

- Primary-Planned procedure
- Secondary-"Rescue" procedure performed in conjunction with another intervention

37184	Primary thrombectomy, arterial, initial vessel
37185	Primary thrombectomy, arterial, second and all subsequent vessels within same vascular family
37186	Secondary thrombectomy, arterial, with another intervention other than primary thrombectomy

Thrombectomy-Arterial

- Inclusive of:
 - Vascular access
 - RS&I/Angiography necessary to complete the procedure (guiding/follow-up)
 - Injection of thrombolytics/intraprocedural thrombolysis
- Codes DO NOT include:
 - Catheter placement
 - Long term pre/post procedure thrombolysis
 - Other interventions
 - Diagnostic angiogram may be separately billable
- Billing notes:
 - May be more than one “initial” (37184) because billed per vascular family
 - Add-on 37185 once per vascular family
 - Add-on 37186 is billed once per vascular distribution

Thrombectomy-Venous

- Initial Day
- Repeat/Subsequent Day

37187	Thrombectomy, venous
37188	Thrombectomy, venous, repeat treatment on subsequent day

Thrombectomy-Venous

- Inclusive of:
 - Vascular access
 - RS&I/Angiography necessary to complete the procedure (guiding/follow-up)
 - Injection of thrombolytics/intraprocedural thrombolysis
- Codes DO NOT include:
 - Catheter placement
 - Long term pre/post procedure thrombolysis
 - Other interventions
 - Diagnostic angiogram may be separately billable
- Billed once per vascular distribution

Case Studies

Case #1

CODES

37224- Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty

76937- Vascular US guidance

99152- Moderate sedation, initial 15 mins

Case #2

CODES

37226-Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

75716-Angiography, extremity, bilateral, radiological supervision and interpretation

Case #3

CODES

36247-Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family

75710-Angiography, extremity, unilateral, radiological supervision and interpretation

37211-Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day

Case #4

CODES

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

99152: Moderate sedation, initial 15 mins

Case #5

CODES

36247-Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family

37184-Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel

75710-Angiography, extremity, unilateral, radiological supervision and interpretation

76937- Vascular US guidance

99152- Moderate sedation, initial 15 mins

Case #6

CODES

37227-Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

37229-Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed

37220-Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty

37232-Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)

37186-Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, 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

75710-Angiography, extremity, unilateral, RS&I

76937- Vascular US guidance

99152- Moderate sedation, initial 15 mins

Thank you!

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