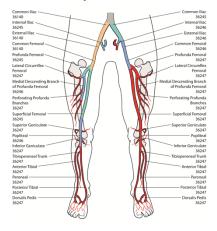
### **Lower Extremity Endovascular Update: AAPC National**

Long Beach, CA

### April 4, 2011



Presented by: David Zielske, MD, CIRCC, CPC-H, CCC, CCS, RCC

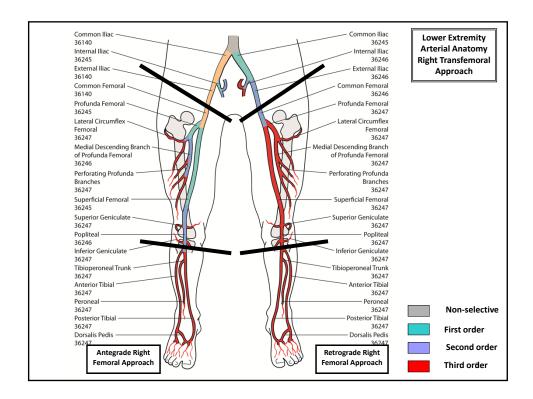
# Lower Extremity Endovascular Revascularization Codes 37220-37235

- The following guidelines apply to codes 37220-37235, and refer to interventions described by angioplasty, atherectomy and stent placement for treatment of occlusive vascular disease.
- Angioplasty utilizes a balloon to dilate a hemodynamically significant vessel stenosis. The balloon may be a compliant or non-compliant balloon, a cryoplasty balloon, a cutting balloon, etc.
- Atherectomy is performed utilizing photoablation (laser), rotational (Rotoblater, Diamondback Orbital) or directional cutting (Silver Hawk) devices
- Stent placement utilizes a bare metal, drug-eluting, balloonexpandable, self-expanding or covered stent to effectively treat the lesion(s)
- Codes 37220-37235 all include an angioplasty if performed

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# 2011 Guidelines for Lower Extremity Arterial Revascularization Procedures

- These codes are specific for 3 distinct lower extremity vascular territories: the iliac, femoral/popliteal and tibial/peroneal
- There are 3 separately billable arteries in the iliac territory: the common, external and internal iliac arteries
- There is only 1 separately billable code submitted for intervention within the femoral/popliteal system, regardless of the types and numbers of separate and distinct vascular interventions (angioplasty, atherectomy and/or stent placements) that are performed in the CFA, SFA, PFA and popliteal arteries
- There are 3 separately billable arteries below the knee: the peroneal, anterior tibial and the posterior tibial. The tibial/peroneal trunk is considered part of any distal intervention



- Codes 37220-37235 are applicable to both open or percutaneous approach and include closure of the open or percutaneous access site with stitches, pressure, or device placement (do not bill G0269)
- These codes include conscious sedation, vascular access, catheter
  placement, work involved with crossing the lesion (including use of
  specialty guidewires, subintimal recanalization, radiofrequency or
  ultrasonic vibration catheters, etc.), imaging related to the entire
  procedure, use of an embolic protection device, angioplasty (if done),
  and closure device angiography
- Atherectomy bundling for codes 37220-37235 only applies to infrainguinal arteries. Use Category III code 0238T for supra-inguinal iliac atherectomy
- Thrombolysis (37201, 75896), thrombectomy procedures (37184, 37185 and 37186) and embolization (37204, 75894) are separately reported as appropriate

- Diagnostic angiography IS NOT separately coded at the time of these interventions if:
  - The angiography is included in the interventional procedural code description
  - Performed for vessel measurement and sizing, lesion localization, roadmapping, and consists of contrast injections and imaging relating to guidance necessary to perform the intervention
  - Follow-up after angioplasty, atherectomy, stent placement, thrombectomy, etc.
- Diagnostic angiography IS separately coded at the time of these interventions if:
  - There has not been a prior catheter based angiogram and a complete study is performed and the decision for intervention is based on this angiographic study
  - There is a prior study, but
    - · There is change in clinical status since prior study
    - · The prior study was inadequate for visualization of the area of concern
    - There is change in the clinical status during the intervention that requires imaging outside the area treated

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# 2011 Guidelines for Lower Extremity Arterial Revascularization Procedures

- Code 1 intervention per vessel treated (except for femoral/popliteal territory interventions where only one code is submitted for the entire territory).
- Code the highest level of intervention in that territory as the "initial" intervention. Other vessel interventions in the same territory are coded with "additional" interventional codes. This does not apply to the femoral/popliteal territory
- All interventions within a single vessel are always coded as a single intervention (except iliac atherectomy)
- Code each territory separately, use the initial code for that territory
- Use -59 to modify interventions in the same territory, opposite leg (Modifier -50 may be appropriate. Check with your payer)

- Codes 37220-37235 describe either angioplasty alone, atherectomy +- angioplasty, stent placement +- angioplasty and stent placement with atherectomy +- angioplasty
- The femoral/popliteal and tibial/peroneal territory codes incorporate atherectomy procedures. The iliac territory does not
- The iliac territory codes only describe angioplasty and stent placement (+- angioplasty). Iliac atherectomy is additionally coded with 0238T if performed and is coded per iliac vessel treated.

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# 2011 Guidelines for Lower Extremity Arterial Revascularization Procedures

- A maximum of 1 initial and 2 additional interventions can be performed in a unilateral iliac system, 1 initial in the femoral/popliteal system and 1 initial and 2 additional in the tibial/peroneal system.
- Code "bridging" lesions as one vessel intervention, even if bridging into another arterial territory
- There are 4 iliac, 4 femoral/popliteal and 8 tibial/peroneal artery revascularization codes for 2011
- Code 76937 may be billed for each separate access made with ultrasound guidance for LE revascularization procedures. Must be documented per CPT guidelines.

# **2011 Codes Simplified - Iliac**

- 37220 Iliac angioplasty, initial vessel
- 37221 Iliac stent, initial vessel
- 37222 Iliac angioplasty, additional vessel
- 37223 Iliac stent, additional vessel
- 0238T Iliac atherectomy, each vessel, (bill separately)
  - Use 1 initial vessel and up to 2 additional vessel interventions if done.

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# 2011 Codes Simplified – Femoral/Pop

- 37224 Fem/pop system angioplasty
- 37225 Fem/pop system atherectomy
- 37226 Fem/pop system stent placement
- 37227 Fem/pop system stent placement with atherectomy
  - Only submit 1 of the above codes per extremity.

# 2011 Codes Simplified - Tibial/Peroneal

- 37228 –tibial/peroneal angioplasty, initial vessel
- 37229 –tibial/peroneal atherectomy, initial vessel
- 37230 –tibial/peroneal stent placement, initial vessel
- 37231 –tibial/peroneal stent placement with atherectomy
  - Only submit 1 of the above codes per extremity.

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# 2011 Codes Simplified - Tibial/Peroneal

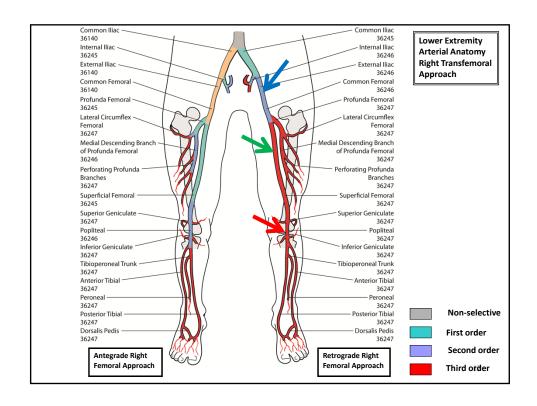
- 37232 –tibial/peroneal angioplasty, each additional vessel
- 37233 –tibial/peroneal atherectomy, each additional vessel
- 37234 –tibial/peroneal stent placement, each additional vessel
- 37235 –tibial/peroneal stent placement with atherectomy, each additional vessel
  - List up to 2 additional codes separately in addition to the initial vessel code.

- Catheter placement in leg for thrombolysis and diagnostic day 1, stent day 2? Probably separately billable.
- Catheter placement in leg for thrombolysis and diagnostic day 1, stent day 1? Probably bundled.
- Catheter placement in 2 tibial vessels for secondary thrombectomy after an iliac stent placement? Bundled if via same access and in the same vascular family as iliac stent.
- Guiding IVUS for recanalization (bundled as for "crossing the lesion").
- Diagnostic IVUS to determine if intervention is necessary or after stent deployment to determine if appropriately deployed or complication of procedure (bill separately).
- Stent-graft placement for popliteal aneurysm (use unlisted code 37799)

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#### **LE Endovascular Revascularization Case 1:**

Patient with left leg pain. Via right femoral approach, aortogram followed by selective complete bilateral lower extremity run-off is done with catheter placement in the left common iliac and via sheath. Catheter advanced to SFA and additional images obtained. 90% stenoses of left external iliac with 70-80% diffuse disease throughout the entire SFA and popliteal to the tibial/peroneal trunk. Good tibials. Angioplasty is performed at all 3 levels with stent required in the popliteal for dissection.



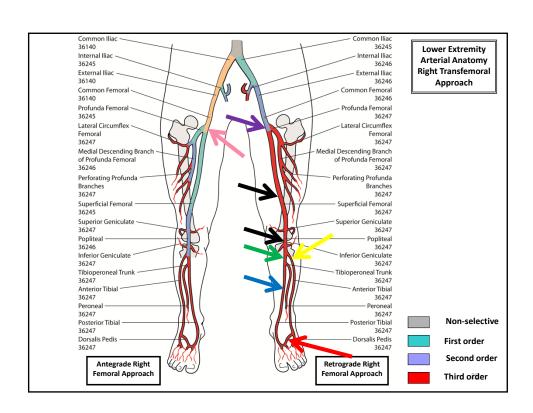
### **LE Endovascular Revascularization Case 1 Codes:**

2010	
75625	
75716-59	
75774-59	
36247	
35473	
75962	
35474	
75964	
35474-59	
75964	
37205	
75960	

2011	
75625	
75716-59	
75774-59	
37220	
37226	

#### LE Endovascular Revascularization Case 2:

Via right femoral approach, diagnostic aortogram, cath reposition to bifurcation, bilateral run-off, additional placement with selective catheter images contralateral SFA. New left antegrade CFA puncture with left SFA recanalization of occlusion mid-SFA to Hunter's canal. Angioplasty and covered stent placement in SFA. Laser is performed in the mid popliteal, throughout the tibial/peroneal-trunk, in the mid posterior tibial, mid and distal anterior tibial, and dorsalis pedis arteries. Adjunctive angioplasty is performed in all these tibial/peroneal vessels after the atherectomy. placement is necessary in the tibial/peroneal trunk for flow-limiting dissection.



#### **LE Endovascular Revascularization Case 2 Codes:**

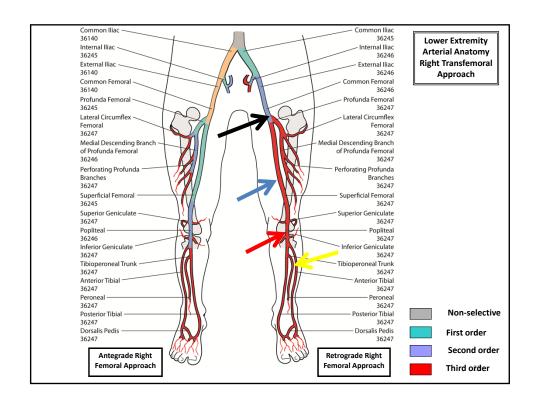
2010
75625
75716-59
75774-59
36247-59
36247
36248
37205
75960
35493
75992
35495
35495x3
75993x4
37206
75960

2011
75625
75716-59
75774-59
36247-59
37227
37231
37233

2

#### **LE Endovascular Revascularization Case 3:**

Patient with known 4cm SFA occlusion. Antegrade puncture in CFA with attempted recanalization which failed. Patient placed prone and popliteal approach performed. SFA occlusion traversed, angioplasty performed (5mm with suboptimal result) followed by 5mm stent graft across previous occlusion. Embolization into the peroneal, treated with suction thrombectomy via CFA access. Follow-up angio looks good. Closure devices placed at both sites.

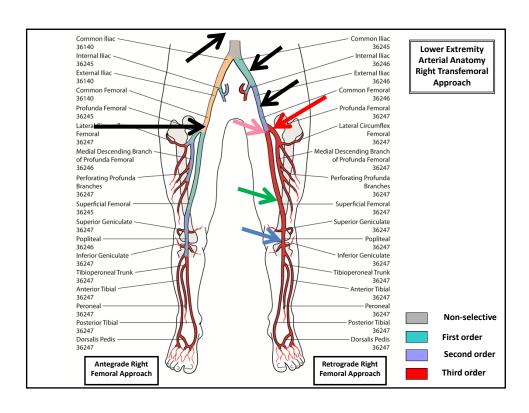


# <u>LE Endovascular Revascularization Case 3 Codes:</u>

2010	
36247	
36140-59	
35474	
75962	
37205	
75960	
37186	
GO269x2	
· ·	-

#### **LE Endovascular Revascularization Case 4:**

Via right femoral access, right renal angioplasty (3mm predilation) followed by 6mm stent placement. Left common iliac 90% stenosis, 70% mid left external iliac stenosis, left 90% CFA/SFA bridging stenosis, and 90% PFA stenosis 1cm distal to origin, all treated with stent placements. SFA has distal occlusion treated with laser, while separate popliteal 70% stenosis is treated with angioplasty alone.



### **LE Endovascular Revascularization Case 4 Codes:**

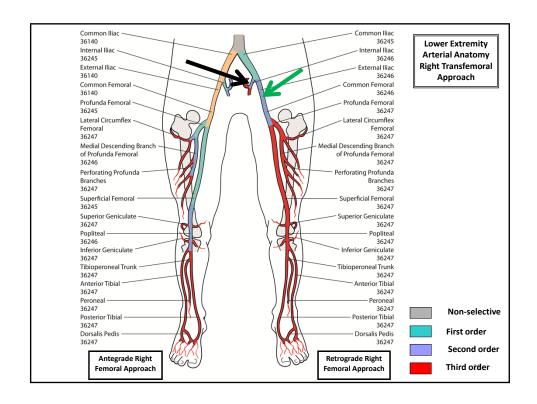
2010
36245-59
37205
75960
37206x4
75960-59x4
35493
75992
35474
75962
36247
36248

2011
36245-59
37205-59
75960-59
37221
37223
37227

2

### **LE Endovascular Revascularization Case 5:**

Via brachial approach, known left internal iliac stenosis is treated with angioplasty, left external iliac stenosis is treated with stent placement after initial atherectomy failed to improve flow.



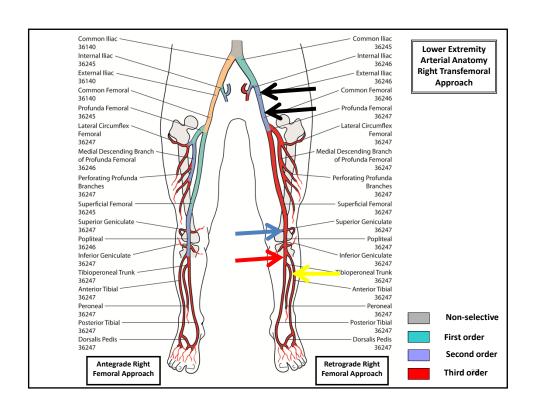
### **LE Endovascular Revascularization Case 5 Codes:**

[	2010
:	36246
:	36248
:	35473
-	75962
:	35492
-	75992
:	37205
	75960
	·

2011
37221
37222
0238T

#### LE Endovascular Revascularization Case 6:

Via contralateral approach, bridging lesion from the proximal left external iliac extending into the proximal left CFA treated with 8mm angioplasty requiring self-deploying 8mm x 6cm stent for proximal dissection followed by post stent deployment angioplasty. Then popliteal angioplasty, separate tibial/peroneal trunk angioplasty, and a separate peroneal angioplasty followed by stent placement.



### **LE Endovascular Revascularization Case 6 Codes:**

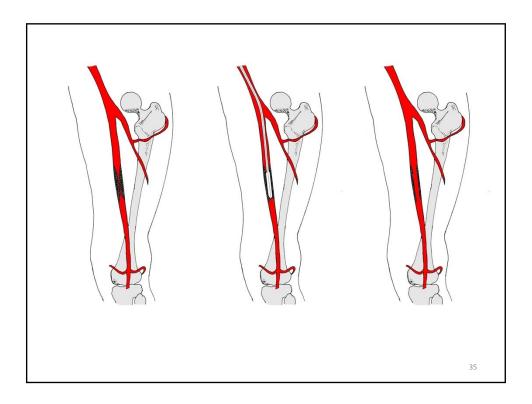
2010	
36247	
35473	
75962	
37205	
75960	
35474	
75962	
35470	
75964	
35470-59	
75964	
37206	
75960-59	
·	

2011	
37221	
37224	
37230	

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# Complex Therapeutic Radiology Coding

**Angioplasty** 



- Utilizes a balloon to dilate a narrowed vessel (this includes a cutting, compliant, non-compliant etc types of balloons)
- May be percutaneous or open technique
  - Peripheral Artery (for Brachiocephalic arteries only)
    - 75962 Initial vessel
    - 75964 Each additional vessel
       (even if there are two separate punctures, there is still only one initial brachiocephalic angioplasty S&I per human body)
  - Renal or Visceral Artery (includes aortic angioplasty)
    - 75966 Initial vessel
    - 75968 Each additional vessel
  - Venous
    - 75978 Initial and each additional vessel

#### Surgical codes specific to approach and specific artery:

- Percutaneous (involves an 11 blade to access through the thick skin, but no multilayered closure)
  - 35471 Renal or visceral artery
  - 35472 Aorta
  - 35475 Brachiocephalic trunk or branches
- Open (documentation of surgical incision and multilayered closure of the access site)
  - 35450 Renal or visceral artery (C)
  - 35452 Aorta (C)
  - 35458 Brachiocephalic trunk or branches
- \*(C) Is inpatient only procedure for Medicare patients
- Angioplasty codes 35470, 35473, 35474, 35454, 35456 and 35459 are deleted in 2011

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# **Venous Angioplasty (Venoplasty)**

### Surgical codes based on approach

- <u>Venous</u> Use for venous stenosis in extremity veins, central veins and portal veins
  - 35476 Percutaneous
  - 35460 Open

- Angioplasty is coded per <u>vessel</u> treated (except the femoral/popliteal system), not per stenosis. The tibial/peroneal system is now limited to three vessels.
- Do not need to be successful to charge for angioplasty
- CAN code for angioplasty and separate stent in the same site/vessel in the brachiocephalic arteries, visceral, and renal arteries and veins (use new bundled codes for lower extremity revascularization)
  - If intent is to perform a successful angioplasty with an adequately sized balloon, however there is a vessel rupture, 20-30% residual stenosis (recoil, residual), 5mm residual gradient, flow-limiting dissection or acute occlusion, then both may be coded as these are indications for coding both PTA and stent placement. This does NOT apply to lower extremities. Check LCD's for specifics.

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- Do not code "pre-dilation" angioplasty prior to stent placement.
- Do not code "post-stent deployment angioplasty to fully dilate or deploy the stent or for "residual stenosis" in the self-deploying stent.
- Do not code angioplasty when the intent was to stent the vessel from the start.
- Do not code angioplasty, when the angioplasty gives a great result, but we stented the vessel anyways.
- Do not code angioplasty when the original balloon is too small to give a good result to start with and stent is then "required".
- Do not code multiple angioplasties in a single vessel.
- Do not code two angioplasties when treating a short bridging lesion across two adjacent vessels.
- Do not code angioplasty when macerating clot, this is part of a thrombectomy procedure.
- Do not code angioplasty when done with atherectomy or stent placement in the lower extremities.

- Bill separately for...
  - Catheter placement (however NOT for lower extremities)
  - Diagnostic angiography (will require -59 modifier to let CMS know this was a true diagnostic study)
- Do not bill separately for angiography related to...
  - Guiding shots
  - Road mapping/Trace subtraction/
  - Positioning
  - Sizing
  - Localization
  - Completion

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### **Brachiocephalic Angioplasty**

Carotid and Vertebral artery angioplasty without stent placement are non-covered services for Medicare patients. (CMS states the carotid artery is not a peripheral artery so do not use 75962, implies not to use 35475). Discuss this with your payer. Consider 37799-GY

Brachiocephalic refers to the vessels arising from the cervicocerebral arch, including the upper extremities. The code 35475 applies to the right brachiocephalic artery, the right and left subclavian, axillary, brachial, radial and ulnar arteries of the upper extremities.

### **Intracranial Angioplasty, Atherosclerotic**

Since 2002. intracranial angioplasty and intracranial stent placement have been non-covered services by CMS. In 2006, new CPT codes were created for treatment of atherosclerosis and vasospasm. \*Effective 11/2006 CMS recommends 37799 for intracranial angioplasty and stent placement for atherosclerotic stenoses but the physician and hospital must be part of Class B IDE study and the treatment is limited to atherosclerotic stenoses ≥50%. This was reconfirmed in 2008. If not part of study, this procedure remains non-covered. Consider GY modifier. Check with payer.

- ♦ 61630 Intracranial angioplasty for atherosclerosis
- ◆ 61635 Intracranial stent for atherosclerosis (includes preliminary angioplasty)

(These codes include ipsilateral catheter placement, initial and follow-up imaging, along with the intervention. If the diagnostic study shows that the intervention is not indicated, bill the diagnostic studies and catheter placements only.)

\*Medicare Claims Processing Manual, Chapter 32 – Billing Requirements for Special Services, 161C – Intracranial PTA with Stenting, 1/5/07

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# **Intracranial Angioplasty**

- 61640 Intracranial balloon angioplasty for vasospasm, initial vessel
- 61641 Intracranial balloon angioplasty for vasospasm, each additional vessel in the same vascular family
- 61642 Intracranial balloon angioplasty for vasospasm, each additional vessel in a different vascular family

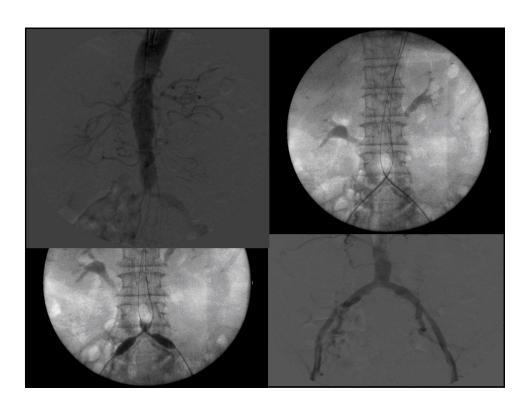
These codes include catheter placement, intra-procedural imaging, roadmapping, vessel measurements, and guidance, along with the intervention and follow-up imaging. If a diagnostic study is needed the day of the intervention, it is separately billable even if performed on the same date of service. Due to the rapidly changing clinical status in these patients it is common to have to perform repeat diagnostic studies.

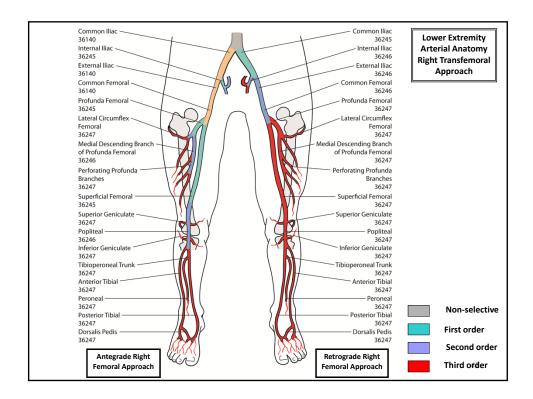
These codes remain non-covered by Medicare at this time. GY modifier may be considered for Medicare patients.

### **Bilateral Iliac angioplasty Case 7:**

Recent angiography shows near occlusion of the common iliac arteries bilaterally. Patient admitted for intervention. Percutaneous punctures of the common femoral arteries is followed by sheath placements and kissing iliac angioplasty with excellent results.

37220 – Right common iliac artery angioplasty (initial vessel) 37220-59 – Left common iliac artery angioplasty (initial vessel, on the contralateral side)





#### Lower Extremity Angiography, Angioplasty, and Stent Graft Case 8:

Via a right femoral approach, abdominal aortography high catheter placement, complete lower extremity run-offs after catheter repositioning to the low abdominal aorta, followed by imaging after selective catheter placement into the two main renal arteries. Bilateral common iliac artery stenoses of 80% were present. A left sheath was placed and kissing angioplasty of the iliac arteries was performed with 8mm balloons. The left side looked good, the right side showed vessel rupture. This was quickly treated with placement of a covered stent graft.

#### Lower Extremity Angiography, Angioplasty, and Stent Graft Case 8 Codes:

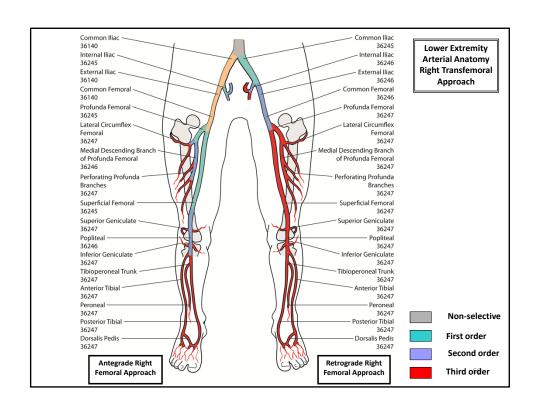
36245-5950 – 1st order selective below the diaphragm into renals from right femoral

75724-59 — Bilateral selective renal angiography, w or w/o aortogram, S&I

75716-59 – Bilateral lower extremity angiography, S&I

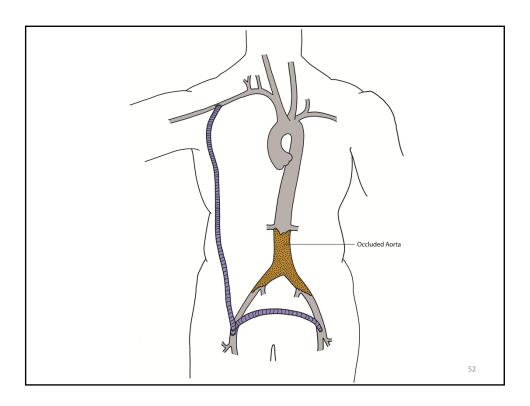
37220-59 - Right iliac artery angioplasty, initial vessel

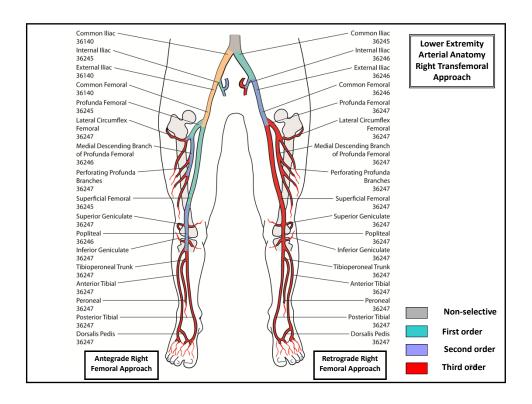
37221 – Left iliac artery stent placement, initial vessel, includes angioplasty



#### Lower Extremity Diagnostic Angio, Angioplasty, and Stent Case 9:

Patient with right ax-fem, fem-fem x-over and left fem-pop bypass grafts. Via direct puncture of the ax-fem graft, a catheter was advanced through the subclavian artery and into the abdominal aorta. Aortogram showed occlusion below the renals. The catheter was pulled back for subclavian inflow angiography which showed anastomotic 80% stenosis. Angioplasty was performed. The catheter was reversed in the ax-fem graft and imaging down the ax-fem graft and both lower extremities was performed. The catheter was advanced through the fem-fem x-over into the left fem-pop graft where a stent was placed across a distal anastomotic stenosis.





#### Lower Extremity Diagnostic Angio, Angioplasty, and Stent Case 9 Codes:

36200-59 – Catheter placement into the aorta

75625-59 - Abdominal aortography, S&I

75710-59 - Left subclavian angiography, S&I

35475 – Left subclavian artery/graft anastomotic angioplasty

75962 – Lt subclavian artery/graft anastomotic angioplasty, S&I

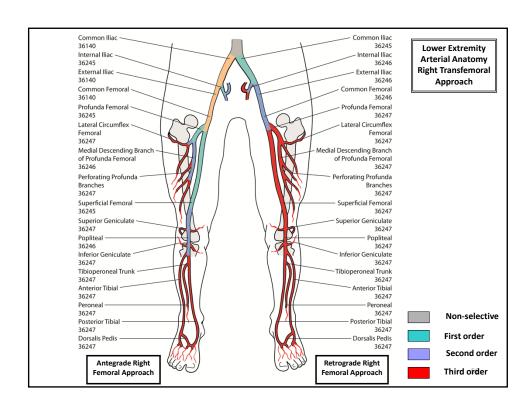
37226 – Left fem-pop distal anastomotic stent placement

75716-59 – Bilateral lower extremity angiography S&I (to evaluate the ax-fem and fem-fem grafts and runoff down the legs)

#### **Angioplasty Case 10:**

Patient with abnormal renal Doppler study and bilateral claudication, left worse than right.

A right groin puncture is performed. A catheter is advanced into the aorta, and an aortogram is performed. The catheter is pulled down to the bifurcation. Contrast is injected and complete bilateral lower extremity angiography is performed. After catheter exchange, both renal arteries were selected and imaged. 80% right and 90% left renal stenoses are seen. Angioplasty was then performed with 6mm balloons in each renal artery. Follow up angiography showed excellent results, except that the right renal artery required a 6mm stent placement for treatment of a flow limiting dissection. The catheter was then advanced into the left common femoral artery. Contrast injection confirms 70-90% stenoses of the mid external iliac, proximal profunda femoral and the distal popliteal arteries. Angioplasty is performed at these three lower extremity separate and distinct sites with 7mm, 4mm, and 5mm balloon respectively.



#### **Angioplasty Case 10 Codes:**

36245-5950 – 1st order selective below diaphragm, bilateral

75724-59 - Bilateral renal angiogram, bilateral, S&I

75716-59 - Bilateral extremity angiogram, bilateral, S&I

35471-50 – Bilateral renal artery angioplasty

37220 – Iliac angioplasty, percutaneous, initial, (external iliac)

37224 – Femoral-popliteal angioplasty, (profunda femoral and popliteal)

37205 – Stent placement (right renal artery)

75966 – Visceral angioplasty, initial vessel, S&I

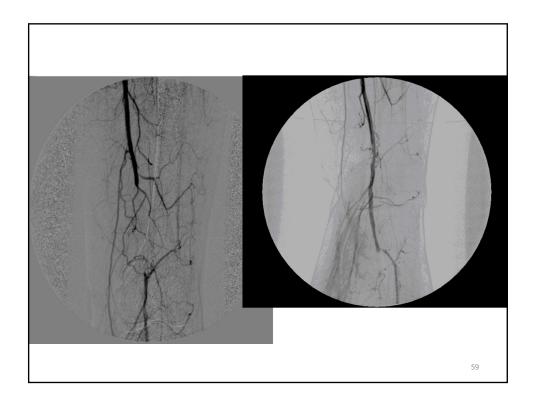
75968 – Visceral angioplasty, additional vessel, S&I

75960 – Stent placement, right renal artery, S&I

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#### **Angioplasty Case 11:**

42 year old smoker with a recent angiogram showing a 3cm complete occlusion of the distal left SFA extending into the proximal popliteal artery. From a right femoral approach, a contralateral sheath was placed, 5000 units heparin given and contrast injection with imaging confirming occlusion. Crossing was attempted with a straight wire however a Safe Cross catheter was necessary to create a channel (ultrasound waves). The wire was advanced and the lesion pre-dilated with a 3mm followed by a 5mm x 6cm balloon which was inflated for 60seconds at 8 atm. Follow-up imaging showed 80% residual stenosis so a 5mm stent was placed. Flow limiting distal dissection occurred requiring angioplasty in the mid and distal popliteal artery. This improved flow but distal embolization in the peroneal artery occurred. A snare was used to remove the thrombus from the vessel. Follow-up angiography shows patency. Closure device was placed.



### **Angioplasty Case 11 Codes:**

37226 –stent in SFA includes angioplasty in the SFA and popliteal 37186 – secondary percutaneous arterial thrombectomy

(no code for use of recanalization tools, closure device bundled)

### **Atherectomy**

- Utilizes rotational burrs, directional cutting devices or photo ablation (laser) to clean out arterial structures and remove atheroma from the vessel
- Excimer Laser, Fox Hollow EV3 Silver Hawk, Orbital Atherectomy Device, Rotablator, Simpson device, Jetstream G2, etc.
- All existing surgical (open and percutaneous) and S&I codes listed below for atherectomy are deleted in 2011
  - 35495/35485 Tibial/peroneal trunk and branches
  - 35490/35480 Renal or visceral artery
  - 35491/35481 Aorta
  - 35492/35482 Iliac artery
  - 35493/35483 Femoral-popliteal artery
  - 35494/35484 Brachiocephalic trunk or branches
  - 75992,75993,75994,75995 and 75996

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### **Atherectomy 2011**

### Surgical codes specific to approach and specific artery

- Percutaneous or Open, including S&I for procedure
  - —Supra-Inguinal
    - 0234T Renal artery
    - 0235T Visceral artery
    - 0236T Aorta
    - 0237T Brachiocephalic trunk or branches
    - 0238T Iliac artery
    - 37799 Venous, dialysis graft or AV fistula. Consider T code if only at arterial anastomosis

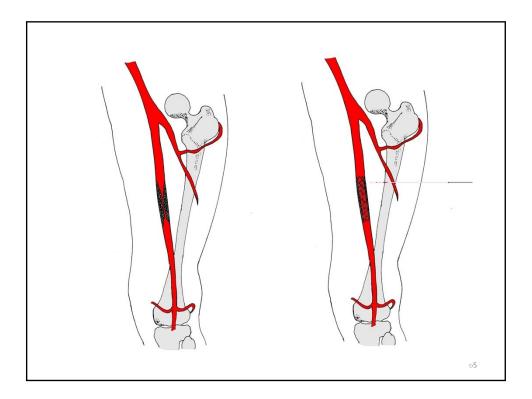
## **Supra-Inguinal Atherectomy Rules**

- Bill separately in addition to 2011 "T" atherectomy codes:
  - Catheter placement
  - Diagnostic angiography
  - Angioplasty and/or Stent placement to treat the same or different lesion in the same or in different vessels
  - Closure device placement
- Atherectomy is per <u>vessel</u> treated, not per stenosis. Same rules as angioplasty and stent placement.
- If multiple stenoses in multiple NON-fem/pop/tibial/peroneal (supra-inguinal) vessels are treated with atherectomy, use the same atherectomy T-codes multiple times as needed for the additional vessels treated (e.g., use 0238T up to 3 times in unilateral iliac territory, use 0236T once for the aorta)

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# Complex Therapeutic Radiology Coding

**Stent Placement** 



# Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules

- There is one S&I code
  - 75960 Transcatheter introduction of stent percutaneous or open, <u>not coronary, vertebral,</u> <u>carotid, cerebral or lower extremity artery,</u> S&I
- The procedure codes are more specific
  - Percutaneous
    - 37205 stent placement initial vessel (<u>not coronary</u>, <u>vertebral, carotid, cerebral or lower extremity artery</u>)
    - 37206 stent placement each additional vessel (<u>not coronary, vertebral, carotid, cerebral or lower extremity</u> artery)

# Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules

- Procedure codes
  - Open
    - 37207 stent placement initial vessel
    - 37208 stent placement each additional vessel
- Codes are for placement in the vascular system only
- Use these codes when procedures are done by "cut-down" technique

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# Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules

- Bill per vessel treated (not per lesion).
- Use 75960 multiple times on multiple vessel stent procedures .
- Bill separately for
  - catheter placement
  - diagnostic angiography (must meet medical necessity)
- Do not bill separately for a "guiding" or followup angiogram.

# Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules

- Angioplasty is not billed separately when
  - Performed as pre-dilation of a lesion to assist in placement of the stent
  - Performed as part of the stent deployment
  - Performed to model, completely expand or increase the size of the stent

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# Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules

- Angioplasty is billable when:
  - Performed initially as a primary angioplasty, but with a sub-optimal result (i.e., elastic recoil with 30% residual stenosis, flow-limiting dissection, 5mm residual gradient or acute occlusion)
  - Performed to treat an area of the vessel <u>not</u> treated with the stent
  - Performed to treat a dissection or stent-induced stenosis (i.e., plaque movement)
  - Only applies to renal, visceral and brachiocephalic arteries

# Carotid Angioplasty (Concurrent with Carotid Stent Placement)

- Must be performed in facilities that have been determined to be competent in performing:
  - the evaluation
  - the procedure
  - the follow-up necessary to ensure optimal patient outcomes

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# Carotid Angioplasty (Concurrent with Carotid Stent Placement)

- The facility must have:
  - Advanced physiologic monitoring
  - Readily available emergency management equipment and systems
  - A clearly delineated program for granting CAS privileges and for monitoring the quality of the individual interventionists and the program as a whole
  - A data collection system maintained by the facility or its contractor on all CAS procedures done

### **Carotid Stent Placement**

- 37215 Carotid cervical stent placement with embolic protection
- 37216 Carotid cervical stent placement without embolic protection
  - 37215 & 37216 include:
    - Ipsilateral selective catheterization
    - · Ipsilateral carotid cervical and cerebral artery S&I
    - All other related S&I during stent placement procedure
    - All road-mapping, guiding shots and follow-up images
    - · All angioplasties within the region of stent deployment
    - 37215 remains an inpatient C-status indicator procedure (1/2011)
  - Medicare considers procedure 37216 to be a non-covered service
  - Code 75962 not appropriate as the carotid artery is not a peripheral artery

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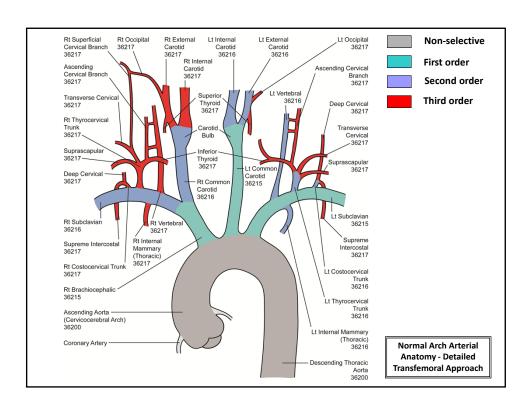
# Common Carotid and Vertebral Stent Placement

- 0075T Percutaneous placement extracranial <u>vertebral</u> or <u>common carotid</u> stent, <u>initial vessel</u>
  - Includes radiological S&I, imaging and catheter placement
- 0076T Percutaneous placement of <u>vertebral</u> or <u>common carotid</u> stent, each additional vessel
  - -Includes radiological S&I, imaging and catheter placement
  - -This is an add-on code to 0075T

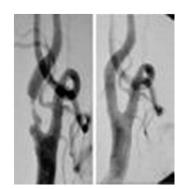
Codes 0075T and 0076T expire January 2015.

#### **Stent Placement Case 12:**

Patient with Doppler stenoses of the left carotid and left vertebral arteries. Via femoral approach, arch exam followed by selective catheter placements with injection of contrast, imaging and findings via the right and left common carotid arteries and left vertebral arteries with imaging of the head and neck is performed. Arch, right cervical and cerebral arteries and basilar arteries are normal. The left proximal internal carotid and left vertebral origin are 90% stenosed. Using distal embolic protection, stents were placed in both vessels. Follow-up imaging is normal.







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### **Stent Placement Case 12 Codes:**

37215 – Cervical carotid stent placement

0075T – Vertebral artery stent placement

36216 – Right common carotid cath placement

75650 – Cervicocerebral arch S&I

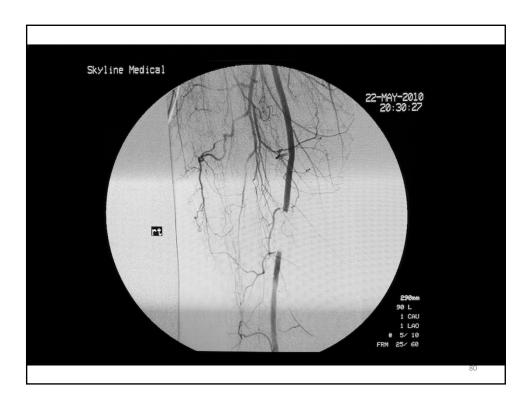
75676 – Right cervical carotid S&I

75665 – Right cerebral carotid S&I

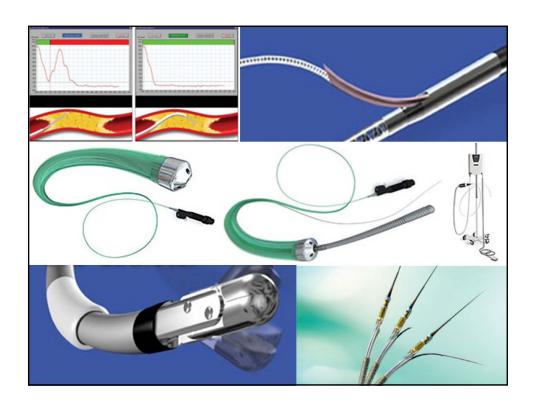
\*This is an inpatient only procedure

#### **Stent Placement Case 13:**

50 yo smoker with recent angio showing 16cm occlusion of the mid to distal SFA (TASC 4 lesion), here for therapy. Via an antegrade approach, a 6FR sheath was placed and angio was obtained confirming mid SFA occlusion. 90% PFA and 70% popliteal artery stenoses also present. Initial 4mm angioplasty of the profunda femoral artery is performed. The catheter is redirected into the SFA. Probing with a Bentson wire was unsuccessful. A Lumend catheter was advanced to the occlusion, but due to calcification we were unable to advance this catheter. The site was then probed with a stiff glidewire, however a subintimal channel was created. An Outback catheter was then advanced over an .018 wire to a level of patent popliteal artery. We were unable to access the lumen so a Pioneer catheter was utilized. Under ultrasound guidance, we entered the popliteal artery. The entire length of subintimal passage, re-entry site and distal separate popliteal arteries were dilated with a 4mm balloon. Three nitinol covered stents were placed along the recannalization region and post dilated to 5mm. Follow-up angio showed patency and good distal runoff.







### **Stent Placement Case 13 Codes:**

37226 – Femoral/popliteal stent placement, includes catheter placement, recanalization, access across the occlusion, angioplasty, closure device placement and imaging related to the intervention along with all angioplasties and stent placements in the femoral/popliteal territory.