

Network Health Plan WI
Prior Authorization Procedure List: Vascular Intervention Codes

| Product | Category | Grouping | CPT® Code | CPT® Code Description | Commercial Requires Prior Authorization | Medicare Requires Prior Authorization | Allowed Billing Groupings | Commercial Effective Date | Medicare Effective Date | Commercial Termed Date |
|---------------------------------|-----------------------------------|---------------------------------------|-----------|---|---|---------------------------------------|---|---------------------------|-------------------------|------------------------|
| | | | | Intracranial interventions | | | | | | |
| Vascular Arterial Interventions | Cerebrovascular Interventions | Intracranial interventions | 61624 | Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord) | Yes | Yes | 61635 | 6/1/2024 | 6/1/2024 | Active |
| Vascular Arterial Interventions | Cerebrovascular Interventions | Intracranial interventions | 61630 | Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous | Yes | Yes | 61630 | 6/1/2024 | 6/1/2024 | Active |
| Vascular Arterial Interventions | Cerebrovascular Interventions | Intracranial interventions | 61635 | Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed | Yes | Yes | 61624 | 6/1/2024 | 6/1/2024 | Active |
| | | | | Open Carotid Surgery | | | | | | |
| Vascular Arterial Interventions | Cerebrovascular Interventions | Open Carotid Surgery | 35301 | Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision | Yes | Yes | 35390 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Cerebrovascular Interventions | Open Carotid Surgery | 35390 | Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately to code for primary procedure) | Yes | Yes | 35301 | 1/1/2024 | 1/1/2024 | Active |
| | | | | Carotid Stent | | | | | | |
| Vascular Arterial Interventions | Cerebrovascular Interventions | Carotid Stent | 37215 | Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection | Yes | Yes | 37215 OR 37216 in addition to 37217 and 37218 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Cerebrovascular Interventions | Carotid Stent | 37216 | Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection | Yes | Yes | 37215 OR 37216 in addition to 37217 and 37218 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Cerebrovascular Interventions | Carotid Stent | 37217 | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation | Yes | Yes | 37215 OR 37216 in addition to 37217 and 37218 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Cerebrovascular Interventions | Carotid Stent | 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 | Yes | Yes | 37215 OR 37216 in addition to 37217 and 37218 | 1/1/2024 | 1/1/2024 | Active |
| | | | | Vertebral Stent | | | | | | |
| Vascular Arterial Interventions | Cerebrovascular Interventions | Vertebral Stent | 0075T | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel | Yes | Yes | 0075T +/- 0076T | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Cerebrovascular Interventions | Vertebral Stent | 0076T | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure) | Yes | Yes | 0075T +/- 0076T | 1/1/2024 | 1/1/2024 | Active |
| | | | | Open Thoracic Aortic Surgery | | | | | | |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Open Thoracic Aortic Surgery | 33875 | Descending thoracic aorta graft, with or without bypass | Yes | Yes | 33875 | 1/1/2024 | 1/1/2024 | Active |
| | | | | Open Thoracoabdominal aneurysm repair | | | | | | |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Open Thoracoabdominal aneurysm repair | 33877 | Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass | Yes | Yes | 33877 | 1/1/2024 | 1/1/2024 | Active |
| | | | | Thoracic Endovascular Aneurysm Repair | | | | | | |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Thoracic Endovascular Aneurysm Repair | 33880 | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating 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 | Yes | Yes | 33880 or 33881 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Thoracic Endovascular Aneurysm Repair | 33881 | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin | Yes | Yes | 33880 OR 33881 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Thoracic Endovascular Aneurysm Repair | 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 | Yes | Yes | Can be billed in addition to 33880, 33881, 33884, 33886 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Thoracic Endovascular Aneurysm Repair | 33884 | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure) | Yes | Yes | Can be billed in addition to 33880, 33881, 33883, 33886 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Thoracic Endovascular Aneurysm Repair | 33886 | Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta | Yes | Yes | Can be billed in additoin to 33881, 33883, 33884 | 1/1/2024 | 1/1/2024 | Active |

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| Endovascular Aorto Iliac Aneurysm repair | | | | | | | | | | |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Endovascular Aorto Iliac Aneurysm repair | 34701 | Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) | Yes | Yes | 34701 OR 34702 OR 34703 OR 34704 OR 34705 OR 34706 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Endovascular Aorto Iliac Aneurysm repair | 34702 | Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) | Yes | Yes | 34701 OR 34702 OR 34703 OR 34704 OR 34705 OR 34706 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Endovascular Aorto Iliac Aneurysm repair | 34703 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) | Yes | Yes | 34701 OR 34702 OR 34703 OR 34704 OR 34705 OR 34706 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Endovascular Aorto Iliac Aneurysm repair | 34704 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) | Yes | Yes | 34701 OR 34702 OR 34703 OR 34704 OR 34705 OR 34706 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Endovascular Aorto Iliac Aneurysm repair | 34705 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) | Yes | Yes | 34701 OR 34702 OR 34703 OR 34704 OR 34705 OR 34706 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Endovascular Aorto Iliac Aneurysm repair | 34706 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) | Yes | Yes | 34701 OR 34702 OR 34703 OR 34704 OR 34705 OR 34706 | 1/1/2024 | 1/1/2024 | Active |
| Iliac aneurysm repair | | | | | | | | | | |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Iliac aneurysm repair | 34707 | Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation) | Yes | Yes | 34708, 34717 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Iliac aneurysm repair | 34708 | Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption) | Yes | Yes | 34707, 34717 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Iliac aneurysm repair | 34717 | Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure) | Yes | Yes | 34707, 34708 | 1/1/2024 | 1/1/2024 | Active |

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| Fenestrated Endovascular Aortic Aneurysm Repair | | | | | | | | | | |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Fenestrated Endovascular Aortic Aneurysm 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 mesenteric, celiac or renal artery) | Yes | Yes | 34842, 34843, 34844, 34845, 34846, 34847, 34848 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Fenestrated Endovascular Aortic Aneurysm Repair | 34842 | 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 two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) | Yes | Yes | 34841, 34843, 34844, 34845, 34846, 34847, 34848 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Fenestrated Endovascular Aortic Aneurysm Repair | 34843 | 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 three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) | Yes | Yes | 34841, 34842, 34844, 34845, 34846, 34847, 34848 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Fenestrated Endovascular Aortic Aneurysm Repair | 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 (superior mesenteric, celiac and/or renal artery[s]) | Yes | Yes | 34841, 34842, 34843, 34845, 34846, 34847, 34848 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Fenestrated Endovascular Aortic Aneurysm Repair | 34845 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery) | Yes | Yes | 34841, 34842, 34843, 34844, 34846, 34847, 34848 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Fenestrated Endovascular Aortic Aneurysm Repair | 34846 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) | Yes | Yes | 34841, 34842, 34843, 34844, 34845, 34847, 34848 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Fenestrated Endovascular Aortic Aneurysm Repair | 34847 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) | Yes | Yes | 34841, 34842, 34843, 34844, 34845, 34846, 34848 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Fenestrated Endovascular Aortic Aneurysm Repair | 34848 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) | Yes | Yes | 34841, 34842, 34843, 34844, 34845, 34846, 34847 | 1/1/2024 | 1/1/2024 | Active |
| Iliac artery angioplasty/stent | | | | | | | | | | |
| Vascular Arterial Interventions | Lower Extremity Interventions | Iliac artery angioplasty/stent | 37220 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty | Yes | Yes | 37220 OR 37221, 37222 can be billed in addition to either code, 37223 can be billed in conjunction with 37221 ONLY | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Iliac artery angioplasty/stent | 37221 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | Yes | Yes | 37220 OR 37221, 37222 can be billed in addition to either code, 37223 can be billed in conjunction with 37221 ONLY | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Iliac artery angioplasty/stent | 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) | Yes | Yes | 37220 OR 37221, 37222 can be billed in addition to either code, 37223 can be billed in conjunction with 37221 ONLY | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Iliac artery angioplasty/stent | 37223 | Revascularization, endovascular, open or percutaneous, iliac artery, 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) | Yes | Yes | 37220 OR 37221, 37222 can be billed in addition to either code, 37223 can be billed in conjunction with 37221 ONLY | 1/1/2024 | 1/1/2024 | Active |

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| Femoral-popliteal artery angioplasty/stent | | | | | | | | | | |
| Vascular Arterial Interventions | Lower Extremity Interventions | Femoral-popliteal artery angioplasty/stent | 37224 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty | Yes | Yes | 37226 or 37274 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Femoral-popliteal artery angioplasty/stent | 37226 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | Yes | Yes | 37224 or 37226 | 1/1/2024 | 1/1/2024 | Active |
| Femoral Popliteal Atherectomy | | | | | | | | | | |
| Vascular Arterial Interventions | Lower Extremity Interventions | Femoral Popliteal Atherectomy | 37225 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed | Yes | Yes | 37225 or 37227 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Femoral Popliteal Atherectomy | 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 | Yes | Yes | 37225 or 37227 | 1/1/2024 | 1/1/2024 | Active |
| Iliac Artery Atherectomy | | | | | | | | | | |
| Vascular Arterial Interventions | Lower Extremity Interventions | Iliac Artery Atherectomy | 0238T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel | Yes | Yes | | 1/1/2024 | 1/1/2024 | Active |
| Tibial Arterial Interventions (LE) | | | | | | | | | | |
| Vascular Arterial Interventions | Lower Extremity Interventions | Tibial Arterial Interventions (LE) | 37228 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty | Yes | Yes | 37228 OR 37229 OR 37230 OR 37231 can be billed as a primary code. Up to two additional add on codes 37232, 37233, 37234, or 37235 can be billed along with the primary code. | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Tibial Arterial Interventions (LE) | 37229 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed | Yes | Yes | 37228 OR 37229 OR 37230 OR 37231 can be billed as a primary code. Up to two additional add on codes 37232, 37233, 37234, or 37235 can be billed along with the primary code. | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Tibial Arterial Interventions (LE) | 37230 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | Yes | Yes | 37228 OR 37229 OR 37230 OR 37231 can be billed as a primary code. Up to two additional add on codes 37232, 37233, 37234, or 37235 can be billed along with the primary code. | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Tibial Arterial Interventions (LE) | 37231 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed | Yes | Yes | 37228 OR 37229 OR 37230 OR 37231 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Tibial Arterial Interventions (LE) | 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) | Yes | Yes | 37228 OR 37229 OR 37230 OR 37231 can be billed as a primary code. Up to two additional add on codes 37232, 37233, 37234, or 37235 can be billed along with the primary code. | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Tibial Arterial Interventions (LE) | 37233 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) | Yes | Yes | 37228 OR 37229 OR 37230 OR 37231 can be billed as a primary code. Up to two additional add on codes 37232, 37233, 37234, or 37235 can be billed along with the primary code. | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Tibial Arterial Interventions (LE) | 37234 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, 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) | Yes | Yes | 37228 OR 37229 OR 37230 OR 37231 can be billed as a primary code. Up to two additional add on codes 37232, 37233, 37234, or 37235 can be billed along with the primary code. | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Tibial Arterial Interventions (LE) | 37235 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) | Yes | Yes | 37228 OR 37229 OR 37230 OR 37231 can be billed as a primary code. Up to two additional add on codes 37232, 37233, 37234, or 37235 can be billed along with the primary code. | 1/1/2024 | 1/1/2024 | Active |

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| | Endovenous Ablation | | | | | | | | | |
| Vascular Venous Interventions | Venous Interventions | Endovenous Ablation | 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated | Yes | Yes | 36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Endovenous Ablation | 36474 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Yes | Yes | 36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Endovenous Ablation | 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated | Yes | Yes | 36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Endovenous Ablation | 36476 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Yes | Yes | 36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Endovenous Ablation | 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated | Yes | Yes | 36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Endovenous Ablation | 36479 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Yes | Yes | 36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Endovenous Ablation | 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated | Yes | Yes | 36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Endovenous Ablation | 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Yes | Yes | 36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one | 1/1/2024 | 1/1/2024 | Active |

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| Sclerotherapy of Truncal Veins | | | | | | | | | | |
| Vascular Venous Interventions | Venous Interventions | Sclerotherapy of Truncal Veins | 36465 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein) | Yes | Yes | 36465 OR 36466 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Sclerotherapy of Truncal Veins | 36466 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg | Yes | Yes | 36465 OR 36466 | 1/1/2024 | 1/1/2024 | Active |
| Sclerotherapy of Veins | | | | | | | | | | |
| Vascular Venous Interventions | Venous Interventions | Sclerotherapy of Veins | 36468 | Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk | Yes | Yes | 36468 OR 36470 OR 36471 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Sclerotherapy of Veins | 36470 | Injection(s) of sclerosant; single incompetent vein (other than telangiectasia) | Yes | Yes | 36468 OR 36470 OR 36471 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Sclerotherapy of Veins | 36471 | Injection(s) of sclerosant; multiple incompetent veins (other than telangiectasia), same leg | Yes | Yes | 36468 OR 36470 OR 36471 | 1/1/2024 | 1/1/2024 | Active |
| Open Treatment of Perforator Veins | | | | | | | | | | |
| Vascular Venous Interventions | Venous Interventions | Open Treatment of Perforator Veins | 37500 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS) | Yes | Yes | 37700 OR 37760 OR 37761 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Open Treatment of Perforator Veins | 37760 | Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg | Yes | Yes | 37700 OR 37760 OR 37761 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Open Treatment of Perforator Veins | 37761 | Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg | Yes | Yes | 37700 OR 37760 OR 37761 | 1/1/2024 | 1/1/2024 | Active |
| High Ligation and Stripping of Saphenous veins | | | | | | | | | | |
| Vascular Venous Interventions | Venous Interventions | High Ligation and Stripping of Saphenous veins | 37700 | Ligation and division long saphenous vein at saphenofemoral junction, or distal interruptions | Yes | Yes | 37700 OR 37718 OR 37722 OR 37735 OR 37780 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | High Ligation and Stripping of Saphenous veins | 37718 | Ligation, division, and stripping, short saphenous vein | Yes | Yes | 37700 OR 37718 OR 37722 OR 37735 OR 37780 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | High Ligation and Stripping of Saphenous veins | 37722 | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below | Yes | Yes | 37700 OR 37718 OR 37722 OR 37735 OR 37780 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | High Ligation and Stripping of Saphenous veins | 37735 | Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia | Yes | Yes | 37700 OR 37718 OR 37722 OR 37735 OR 37780 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | High Ligation and Stripping of Saphenous veins | 37780 | Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure) | Yes | Yes | 37700 OR 37718 OR 37722 OR 37735 OR 37780 | 1/1/2024 | 1/1/2024 | Active |
| Phlebectomy | | | | | | | | | | |
| Vascular Venous Interventions | Venous Interventions | Phlebectomy | 37765 | Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions | Yes | Yes | 37765 OR 37766 OR 37799 OR 33785 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Phlebectomy | 37766 | Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions | Yes | Yes | 37765 OR 37766 OR 37799 OR 33785 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Phlebectomy | 33779 | Unlisted code, arteries and veins (Typically used for stab phlebectomy, <10 incisions) | Yes | Yes | 37765 OR 37766 OR 37799 OR 33785 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Phlebectomy | 37785 | Ligation, division, and/or excision of varicose vein cluster(s), 1 leg | Yes | Yes | 37765 OR 37766 OR 37799 OR 33785 | 1/1/2024 | 1/1/2024 | Active |
| Venous - General | | | | | | | | | | |
| Vascular Arterial Interventions | Venous Interventions | Venous stenting | 37238 | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein | Yes | Yes | 37236 OR 37246, 37239 and 37249 are add-on codes which must be billed with a primary code. | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Venous Interventions | Venous stenting | 37239 | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure) | Yes | Yes | 37238 OR 37248, 37239 and 37249 are add-on codes which must be billed with a primary code. | 1/1/2024 | 1/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Venous stenting | 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 | Yes | Yes | 37238 OR 37248, 37239 and 37249 are add-on codes which must be billed with a primary code. | 6/1/2024 | 6/1/2024 | Active |
| Vascular Venous Interventions | Venous Interventions | Venous stenting | 37249 | 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; each additional vein (List separately in addition to code for primary procedure) | Yes | Yes | 37238 OR 37248, 37239 and 37249 are add-on codes which must be billed with a primary code. | 6/1/2024 | 6/1/2024 | Active |
| Arterial - General | | | | | | | | | | |
| Vascular Arterial Interventions | Non-Lower Extremity | Visceral Artery Interventions | 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 | Yes | Yes | 37236 OR 37246, 37237 and 37247 are add-on codes which must be billed with a primary code. | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Non-Lower Extremity | Visceral Artery Interventions | 37237 | 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; each additional artery (List separately in addition to code for primary procedure) | Yes | Yes | 37236, 37246, 37247 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Non-Lower Extremity | Visceral Artery Interventions | 37246 | Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery | Yes | Yes | 37236, 37237, 37247 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Non-Lower Extremity | Visceral Artery Interventions | 37247 | Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure) | Yes | Yes | 37236, 37237, 37246 | 1/1/2024 | 1/1/2024 | Active |
| Intravascular Ultrasound | | | | | | | | | | |
| Vascular Arterial Interventions | Intravascular Ultrasound (IVUS) | Intravascular Ultrasound | 37252 | Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure) | Yes | Yes | 37252 +/- 37253 | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Intravascular Ultrasound (IVUS) | Intravascular Ultrasound | 37253 | Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure) | Yes | Yes | 37252 +/- 37253 | 1/1/2024 | 1/1/2024 | Active |

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| | | | | Iliac aneurysm repair | | | | | | |
| Vascular Arterial Interventions | Aortic Dissection/Aneurysm Repair | Iliac aneurysm repair | 34718 | Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral | Yes | Yes | 34718 | 1/1/2024 | 1/1/2024 | Active |
| | | | | Investigational/Experimental | | | | | | |
| Vascular Arterial Interventions | Non-Lower Extremity | Investigational / Experimental | 0234T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery | Yes | Yes | 0234T | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Non-Lower Extremity | Investigational / Experimental | 0235T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel | Yes | Yes | 0235T | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Non-Lower Extremity | Investigational / Experimental | 0236T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta | Yes | Yes | 0236T | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Non-Lower Extremity | Investigational / Experimental | 0237T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel | Yes | Yes | 0237T | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Investigational / Experimental | 0505T | Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion | Yes | Yes | 0505T | 1/1/2024 | 1/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Investigational / Experimental | C9764 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed | Yes | Yes | C9765, C9766, C9767 | 6/1/2024 | 6/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Investigational / Experimental | C9765 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed | Yes | Yes | C9764, C9766, C9767 | 6/1/2024 | 6/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Investigational / Experimental | C9766 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed | Yes | Yes | C9764, C9765, C9767 | 6/1/2024 | 6/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Investigational / Experimental | C9767 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed | Yes | Yes | C9764, C9765, C9766 | 6/1/2024 | 6/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Investigational / Experimental | C9772 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vesse(s), when performed | Yes | Yes | C9773, C9774 | 6/1/2024 | 6/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Investigational / Experimental | C9773 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed | Yes | Yes | C9772, C9774 | 6/1/2024 | 6/1/2024 | Active |
| Vascular Arterial Interventions | Lower Extremity Interventions | Investigational / Experimental | C9774 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed | Yes | Yes | C9772, C9773 | 6/1/2024 | 6/1/2024 | Active |
| | | | | Venous Embolization | | | | | | |
| Vascular Venous Interventions | Vascular Embolization | Venous Embolization | 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) | Yes | Yes | 37241 | 8/1/2024 | 8/1/2024 | Active |
| | | | | Arterial Embolization | | | | | | |
| Vascular Venous Interventions | Vascular Embolization | Arterial Embolization | 37242 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms) | Yes | Yes | 37242 | 8/1/2024 | 8/1/2024 | Active |
| | | | | Tumor Embolization | | | | | | |
| Vascular Venous Interventions | Vascular Embolization | Arterial Embolization | 37243 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction. | Yes | Yes | 37243 | 8/1/2024 | 8/1/2024 | Active |
| | | | | Extravasation Embolization | | | | | | |
| Vascular Venous Interventions | Vascular Embolization | Extravasation Embolization | 37244 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation | Yes | Yes | 37244 | 8/1/2024 | 8/1/2024 | Active |

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