

**Cigna Commercial & Medicare Advantage
Prior Authorization Procedure List: Vascular Interventions**

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Intracranial Interventions							
Vascular Interventions	Cerebrovascular 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)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Cerebrovascular Interventions	61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Cerebrovascular Interventions	61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Out Of Scope	Out Of Scope	Yes	CareCore National
Carotid Stent							
Vascular Interventions	Cerebrovascular Interventions	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	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Cerebrovascular Interventions	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	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Cerebrovascular Interventions	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	Out Of Scope	Out Of Scope	Yes	CareCore National
Vertebral Stent							
Vascular Interventions	Cerebrovascular Interventions	0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Sclerotherapy of Truncal Veins							
Vascular Interventions	Venous Interventions	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)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	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	Out Of Scope	Out Of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
			Sclerotherapy of Veins				
Vascular Interventions	Venous Interventions	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	36471	Injection(s) of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Out Of Scope	Out Of Scope	Yes	CareCore National
			Endovenous Ablation				
Vascular Interventions	Venous Interventions	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	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)	Out Of Scope	Out Of Scope	Add-On Code	CareCore National
Vascular Interventions	Venous Interventions	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	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)	Out Of Scope	Out Of Scope	Add-On Code	CareCore National
Vascular Interventions	Venous Interventions	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	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)	Out Of Scope	Out Of Scope	Add-On Code	CareCore National
Vascular Interventions	Venous Interventions	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	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	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)	Out Of Scope	Out Of Scope	Add-On Code	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
			Venous Stenting				
Vascular Interventions	Venous Interventions	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	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	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)	Out Of Scope	Out Of Scope	Add-On Code	CareCore National
Vascular Interventions	Venous Interventions	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	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	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)	Out Of Scope	Out Of Scope	Add-On Code	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
			Iliac artery angioplasty/stent				
Vascular Interventions	Iliac artery angioplasty/stent	37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Iliac artery angioplasty/stent	37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Iliac artery angioplasty/stent	37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Iliac artery angioplasty/stent	37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Iliac artery angioplasty/stent	37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National

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Vascular Interventions	Iliac artery angioplasty/stent	37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Iliac artery angioplasty/stent	37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Iliac artery angioplasty/stent	37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
			Femoral-popliteal artery angioplasty/stent				
Vascular Interventions	Femoral-popliteal artery angioplasty/stent	37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Femoral-popliteal artery angioplasty/stent	37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Femoral-popliteal artery angioplasty/stent	37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Femoral-popliteal artery angioplasty/stent	37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Femoral-popliteal artery angioplasty/stent	37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Femoral-popliteal artery angioplasty/stent	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National

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Vascular Interventions	Femoral-popliteal artery angioplasty/stent	37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Femoral-popliteal artery angioplasty/stent	37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
			Atherectomy				
Vascular Interventions	Atherectomy	37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Atherectomy	37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Atherectomy	37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Atherectomy	37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National

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Vascular Interventions	Atherectomy	37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Atherectomy	37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Atherectomy	37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Atherectomy	37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
			Tibial Arterial Interventions (LE)				
Vascular Interventions	Tibial Arterial Interventions (LE)	37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
Vascular Interventions	Tibial Arterial Interventions (LE)	37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National

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Vascular Interventions	Tibial Arterial Interventions (LE)	37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Tibial Arterial Interventions (LE)	37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National

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			Intravascular Lithotripsy - Iliac				
Vascular Interventions	Intravascular Lithotripsy - Iliac	37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
			Intravascular Lithotripsy - Femoral and Popliteal				
Vascular Interventions	Intravascular Lithotripsy - Femoral and Popliteal	37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
			High Ligation and Stripping of Saphenous veins				
Vascular Interventions	Venous Interventions	37700	Ligation and division long saphenous vein at saphenofemoral junction, or distal interruptions	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	37718	Ligation, division, and stripping, short saphenous vein	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	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	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Out Of Scope	Out Of Scope	Yes	CareCore National
			Phlebectomy				
Vascular Interventions	Venous Interventions	37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Out Of Scope	Out Of Scope	Yes	CareCore National
Vascular Interventions	Venous Interventions	37799	Unlisted procedure, vascular surgery	Out Of Scope	Out Of Scope	Yes	CareCore National

Product	Category	CPT® Code	CPT® Code Description	Medicare Prior Authorization Required?	Medicare Case Build Platform	Commercial Prior Authorization Required?	Commercial Case Build Platform
			Venous Embolization				
Vascular Interventions	Vascular 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)	Out Of Scope	Out Of Scope	Yes	CareCore National
			Arterial Embolization				
Vascular Interventions	Vascular 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)	Out Of Scope	Out Of Scope	Yes	CareCore National
			Tumor Embolization				
Vascular Interventions	Vascular 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	Out Of Scope	Out Of Scope	Yes	CareCore National
			Extravasation Embolization				
Vascular Interventions	Vascular 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	Out Of Scope	Out Of Scope	Yes	CareCore National
			Investigational/Experimental				
Vascular Interventions	Lower Extremity Interventions	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	Out Of Scope	Out Of Scope	Investigational / Experimental	CareCore National
Vascular Interventions	Lower Extremity Interventions	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	Out Of Scope	Out Of Scope	Investigational / Experimental	CareCore National
Vascular Interventions	Lower Extremity Interventions	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Out Of Scope	Out Of Scope	Investigational / Experimental	CareCore National
			Iliac aneurysm repair				
Vascular Interventions	Aortic Dissection/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	Out Of Scope	Out Of Scope	Investigational / Experimental	CareCore National

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