



Lower Extremity Revascularization

SCAI Inframalleolar Territory

37296 Revascularization, endovascular, open or percutaneous, inframalleolar 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

37297+ straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

37298 Revascularization, endovascular, open or percutaneous, inframalleolar 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

37299+ complex lesion, each additional vessel (List separately in addition to code for primary procedure)

+ Denotes Add-on Code

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One primary code is used for each territory treated

Pedal arch is not reported as a separate vessel unless it is the only vessel treated

Additional vessels may be billed with the appropriate add on code

A maximum of one add on code may be reported per leg in the tibial peroneal territory

Report stent code once when more than one stent is placed in the same vessel

Lesions crossing territories treated with a single therapy should be reported with one code

Discrete lesions treated in separate territories may be separately reported with the appropriate primary codes

Interventions on each leg are reported separately. Use modifier 59 to denote separate, distinct procedures

Interventions are reported per vessel, not per lesion. Code to the most extensive service performed

For bilateral procedures, use modifier 50 on base codes. Report add-on codes twice.

Procedure that does not cross the lesion should be billed with the appropriate diagnostic angiography code

Lower Extremity Revascularization Inframalleolar Territory

Lower Extremity Revascularization includes:

- Access and selective catheterization
- Crossing the lesion
- Radiologic supervision and interpretation directly related to intervention
- Embolic protection
- Closure of arteriotomy
- Imaging to document completion
- 36140, 36200, 36245, 36246, 36247, 36248. 76000, 75960, 75962, 75964 through the same access site performed on the treated vessel

Straightforward = Stenosis

Complex = Occlusion

For bilateral procedures, use modifier 50 on base codes. Report add on codes twice.

Procedure that does not cross the lesion should be billed with the appropriate diagnostic angiography code

References

American Medical Association (2025). CPT 2026 Professional Edition.

American Medical Association (2025). CPT Changes 2026.

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