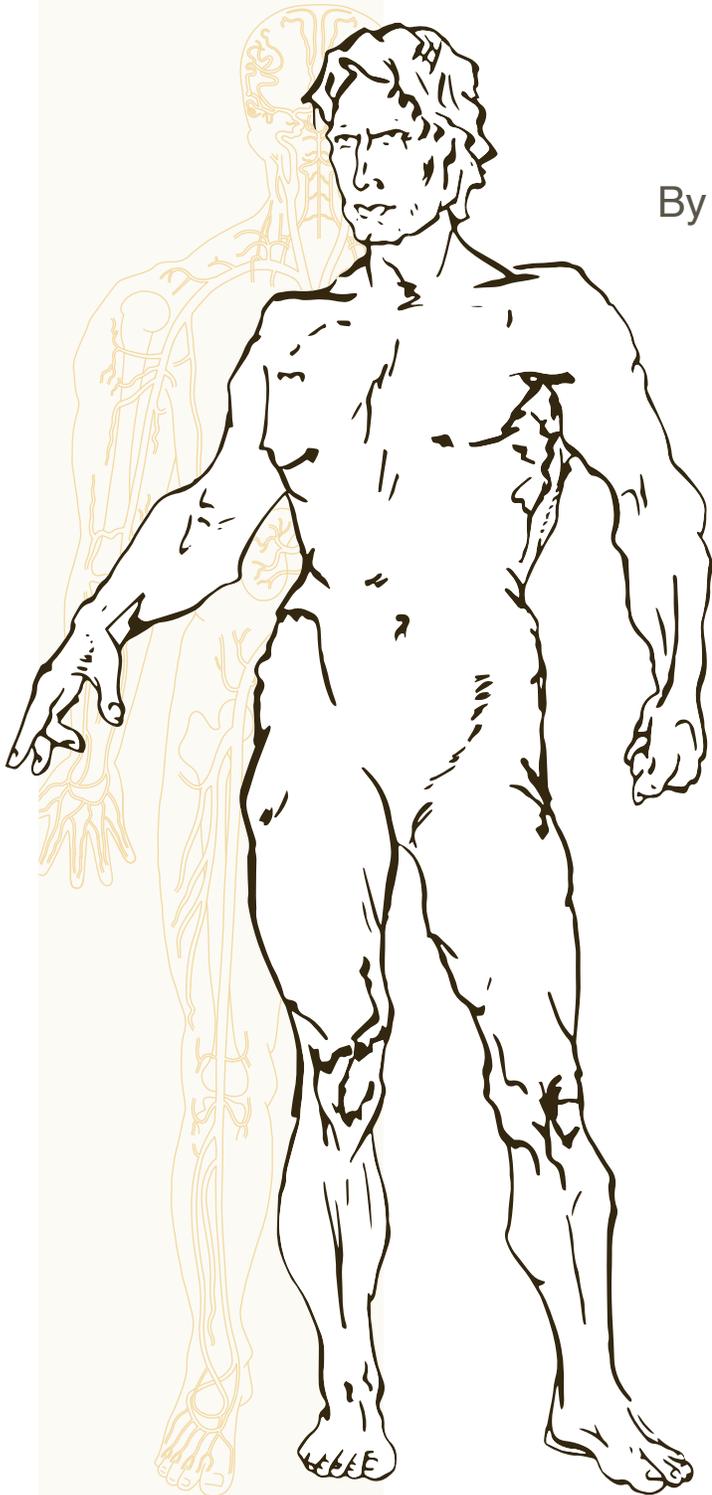


Dr. Z's Medical Coding Series

# Vascular & Endovascular Surgery Coding Reference



By David B. Dunn, MD, FACS, CIRCC,  
CCVTC, COC, CCC, CCS, RCC  
& David R. Zielske, MD, CIRCC,  
CCVTC, COC, CCC, CCS, RCC

with Jeffery S. Majchrzak,  
BA, CIRCC, RCC

*2025  
Nineteenth Edition*

 **ZHealth**  
PUBLISHING

# Table of Contents

<b>HOW TO USE THIS BOOK .....</b>	<b>1</b>
<b>CHAPTER 1: INTRODUCTION.....</b>	<b>3</b>
<b>CHAPTER 2: CODING BASICS.....</b>	<b>7</b>
<b>CHAPTER 3: PHYSICIAN PAYMENT BASICS .....</b>	<b>49</b>
<b>CHAPTER 4: HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM .....</b>	<b>61</b>
<b>CHAPTER 5: BASIC ENDOVASCULAR SURGERY CODING RULES .....</b>	<b>69</b>
<b>CHAPTER 6: DIAGNOSTIC ANGIOGRAPHY CODING .....</b>	<b>81</b>
CERVICOCEREBRAL ANGIOGRAPHY .....	81
<i>Cervicocerebral Arch Angiography.....</i>	<i>88</i>
<i>Carotid Cervical Angiography .....</i>	<i>94</i>
<i>Carotid Cerebral Angiography.....</i>	<i>97</i>
<i>Vertebral Angiography .....</i>	<i>102</i>
<i>External Carotid Angiography .....</i>	<i>107</i>
<i>Cervicocerebral Variations.....</i>	<i>111</i>
<i>Anatomic Variations .....</i>	<i>112</i>
DESCENDING THORACIC AORTA ANGIOGRAPHY .....	116
<i>Spinal Angiography.....</i>	<i>119</i>
<i>Internal Mammary Angiography.....</i>	<i>123</i>
<i>Bronchial Angiography .....</i>	<i>125</i>
VISCERAL ANGIOGRAPHY .....	128
<i>Celiac Artery Angiography.....</i>	<i>133</i>
<i>Superior Mesenteric Artery Angiography .....</i>	<i>137</i>
<i>Inferior Mesenteric Artery Angiography .....</i>	<i>140</i>
<i>Renal Angiography.....</i>	<i>143</i>
<i>Other Visceral Vasculature.....</i>	<i>148</i>
UPPER EXTREMITY ANGIOGRAPHY .....	152
ABDOMINAL AORTOGRAPHY AND LOWER EXTREMITY ANGIOGRAPHY .....	158
<i>Abdominal Aortography and Run-off.....</i>	<i>158</i>
<i>Pelvic Vasculature .....</i>	<i>168</i>
DIAGNOSTIC DIALYSIS CIRCUIT IMAGING .....	173
VENOGRAPHY .....	181
<i>Central Venous Coding – Vena Cava.....</i>	<i>182</i>
<i>Extremity Venous Coding.....</i>	<i>185</i>
<i>Visceral Venous Coding.....</i>	<i>189</i>
<i>Head and Neck Venous Coding .....</i>	<i>193</i>
PULMONARY ANGIOGRAPHY .....	196
THE PORTAL SYSTEM.....	200
<b>CHAPTER 7: VASCULAR INTERVENTIONAL CODING .....</b>	<b>205</b>
VASCULAR ACCESS DEVICE PLACEMENT .....	205
<i>Non-Tunneled/Temporary Central Venous Access.....</i>	<i>211</i>
<i>Tunneled/Permanent Central Venous Access .....</i>	<i>216</i>
<i>Catheter Check.....</i>	<i>220</i>
<i>Catheter Maintenance .....</i>	<i>222</i>

THROMBOLYSIS AND OTHER INFUSION THERAPY .....	227
PERCUTANEOUS THROMBECTOMY .....	238
TRANSCATHETER EMBOLIZATION .....	246
VASCULAR FILTER PLACEMENT .....	264
VENOUS SAMPLING .....	269
PERCUTANEOUS TRANSCATHETER RENAL SYMPATHETIC DENERVATION .....	271
BALLOON ANGIOPLASTY, NON-LOWER EXTREMITY .....	273
ATHERECTOMY, SUPRAINGUINAL .....	283
VASCULAR STENT PLACEMENT, NON-LOWER EXTREMITY .....	288
LOWER EXTREMITY ENDOVASCULAR REVASCLARIZATION .....	301
NEUROVASCULAR INTERVENTIONAL PROCEDURES .....	317
TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS) .....	338
DIALYSIS CIRCUIT INTERVENTIONS .....	346
INTRAVASCULAR ULTRASOUND .....	360
ENDOVASCULAR THORACIC AND ABDOMINAL AORTIC ENDOGRAFTS .....	363
ENDOVASCULAR ILIAC ENDOGRAFTS .....	386
<b>CHAPTER 8: OPEN VASCULAR SURGERY CODING .....</b>	<b>397</b>
THORACIC AORTIC ANEURYSM/DISSECTION .....	397
GREAT VESSELS AND HEART PROCEDURES .....	404
AORTIC ANOMALIES .....	408
PROCEDURES OF THE SOFT TISSUES OF THE NECK AND THORAX .....	413
EMBOLECTOMY/THROMBECTOMY .....	421
VENOUS RECONSTRUCTION .....	425
DIRECT REPAIR OR EXCISION OF ANEURYSM OR PSEUDOANEURYSM .....	428
REPAIR OF ARTERIOVENOUS FISTULA .....	437
REPAIR OF BLOOD VESSELS .....	440
THROMBOENDARTERECTOMY .....	444
ANGIOSCOPY .....	449
BYPASS GRAFTS, GRAFT HARVESTING, COMPOSITE GRAFTS, AND ADJUVANT TECHNIQUES .....	451
ARTERIAL TRANSPOSITION .....	464
EXPLORATION/REVISION/EXCISION .....	468
SAPHENOUS VEIN ABLATION AND OTHER TREATMENT OF LOWER EXTREMITY VARICOSE VEINS .....	475
PORTAL DECOMPRESSION PROCEDURES .....	484
ENDOSCOPY .....	488
DECOMPRESSIVE FASCIOTOMY .....	490
LOWER EXTREMITY AMPUTATIONS .....	494
HEMODIALYSIS ACCESS .....	499
EXTRACORPOREAL MEMBRANE OXYGENATION .....	507
LIGATION .....	514
<b>CHAPTER 9: ELECTROPHYSIOLOGY .....</b>	<b>519</b>
TRANSVENOUS PACEMAKERS .....	519
LEADLESS PACEMAKERS .....	530
IMPLANTABLE CARDIAC RHYTHM MONITORS .....	535
PERMANENT IMPLANTABLE DEFIBRILLATORS .....	538
SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR AND IMPLANTABLE DEFIBRILLATOR WITH SUBSTERNAL LEAD .....	551
INTRACARDIAC ISCHEMIA MONITOR .....	555
WIRELESS CARDIAC STIMULATION SYSTEM FOR LEFT VENTRICULAR PACING .....	557
CARDIAC CONTRACTILITY MODULATION AND CARDIAC CONTRACTILITY MODULATION DEFIBRILLATOR SYSTEMS .....	560
PERMANENT AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE .....	565
TRANSCUTANEOUS PACING AND CARDIOVERSION .....	567
OTHER ELECTROPHYSIOLOGY PROCEDURES .....	569

EXTERNAL CARDIOVASCULAR MONITORS .....	571
IMPLANTABLE HEMODYNAMIC MONITORS.....	577
CARDIAC DEVICE EVALUATIONS .....	580
<i>Evaluation of Pacemaker</i> .....	580
<i>Evaluation of ICD</i> .....	585
<i>Other Device Evaluations</i> .....	589
<b>CHAPTER 10: OTHER INTERVENTIONAL PROCEDURAL CODING .....</b>	<b>591</b>
NON-TUNNELED PERITONEAL CATHETER PLACEMENT .....	591
TUNNELED PERITONEAL CATHETER PLACEMENT.....	593
SUBCUTANEOUS PERITONEAL ASCITES PUMP.....	596
INJECTION/FIBRIN SHEATH DISRUPTION OF PERITONEAL DIALYSIS CATHETER .....	598
THORACENTESIS .....	600
INDWELLING CHEST TUBE PLACEMENT .....	603
TUNNELED CHEST TUBE FOR EFFUSION.....	606
<b>CHAPTER 11: NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES .....</b>	<b>609</b>
OVERVIEW .....	609
ARTERIAL STUDIES.....	614
<i>Transcranial Doppler/Quantitative Carotid Intima Media</i> .....	614
<i>Extracranial Cerebrovascular Duplex</i> .....	617
NON-INVASIVE VASCULAR STUDIES OF THE UPPER EXTREMITY ARTERIES.....	619
<i>Upper Extremity Arterial Segmental Physiologic Evaluation</i> .....	619
<i>Upper Extremity Arterial Duplex</i> .....	622
NON-INVASIVE VASCULAR STUDIES OF THE LOWER EXTREMITY ARTERIES.....	624
<i>Lower Extremity Arterial Segmental Physiologic Evaluation</i> .....	624
<i>Lower Extremity Arterial Duplex</i> .....	628
NON-INVASIVE VASCULAR STUDIES OF THE AORTA .....	630
NON-INVASIVE VASCULAR STUDIES OF THE RENAL AND OTHER VISCERAL VESSELS.....	633
PENILE VESSEL ASSESSMENT.....	635
VENOUS SYSTEM.....	637
EXTREMITY VENOUS DUPLEX.....	637
VEIN MAPPING .....	640
NON-INVASIVE VASCULAR STUDIES OF ARTERIAL VENOUS HEMODIALYSIS ACCESS SITES .....	642
<b>CHAPTER 12: COMPUTED TOMOGRAPHIC ANGIOGRAPHY .....</b>	<b>645</b>
CTA OF THE CHEST .....	647
CTA OF THE ABDOMEN .....	649
CTA OF THE PELVIS .....	651
CTA OF THE ABDOMEN AND PELVIS .....	653
CTA OF THE UPPER AND LOWER EXTREMITIES.....	655
CTA OF ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUN-OFF.....	657
CTA OF THE CEREBROVASCULAR SYSTEM.....	659
CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY.....	661
HYBRID CT .....	666
<b>CHAPTER 13: MAGNETIC RESONANCE ANGIOGRAPHY.....</b>	<b>669</b>
MRA OF THE CHEST .....	671
MRA OF THE ABDOMEN .....	673
MRA OF THE PELVIS.....	675
MRA OF THE SPINE .....	676
MRA OF THE UPPER AND LOWER EXTREMITIES .....	677
MRA OF THE CEREBROVASCULAR SYSTEM.....	679
CARDIAC MAGNETIC RESONANCE IMAGING.....	681

**APPENDIX A - PROCEDURES THAT MUST BE PERFORMED SELECTIVELY ..... 685**

**APPENDIX B - ADD-ON PROCEDURE CODES ..... 686**

**APPENDIX C - INPATIENT-ONLY PROCEDURE CODES (STATUS INDICATOR C) ..... 687**

**APPENDIX D - UNLISTED PROCEDURE CODES ..... 688**

**APPENDIX E - DEVICE CODES..... 691**

**APPENDIX F - IMPORTANT LINKS ..... 693**

**APPENDIX G - MEDICARE COMBINATION HCPCS LEVEL II CODES FOR ASC  
BILLING ONLY..... 695**

**APPENDIX H - EXCERPTS - NCCI POLICY MANUAL ..... 700**

**APPENDIX I - CHARGE SHEETS ..... 729**

**APPENDIX J - ANATOMICAL CHARTS..... 743**

**SUBJECT INDEX..... 773**

**CODE INDEX ..... 781**

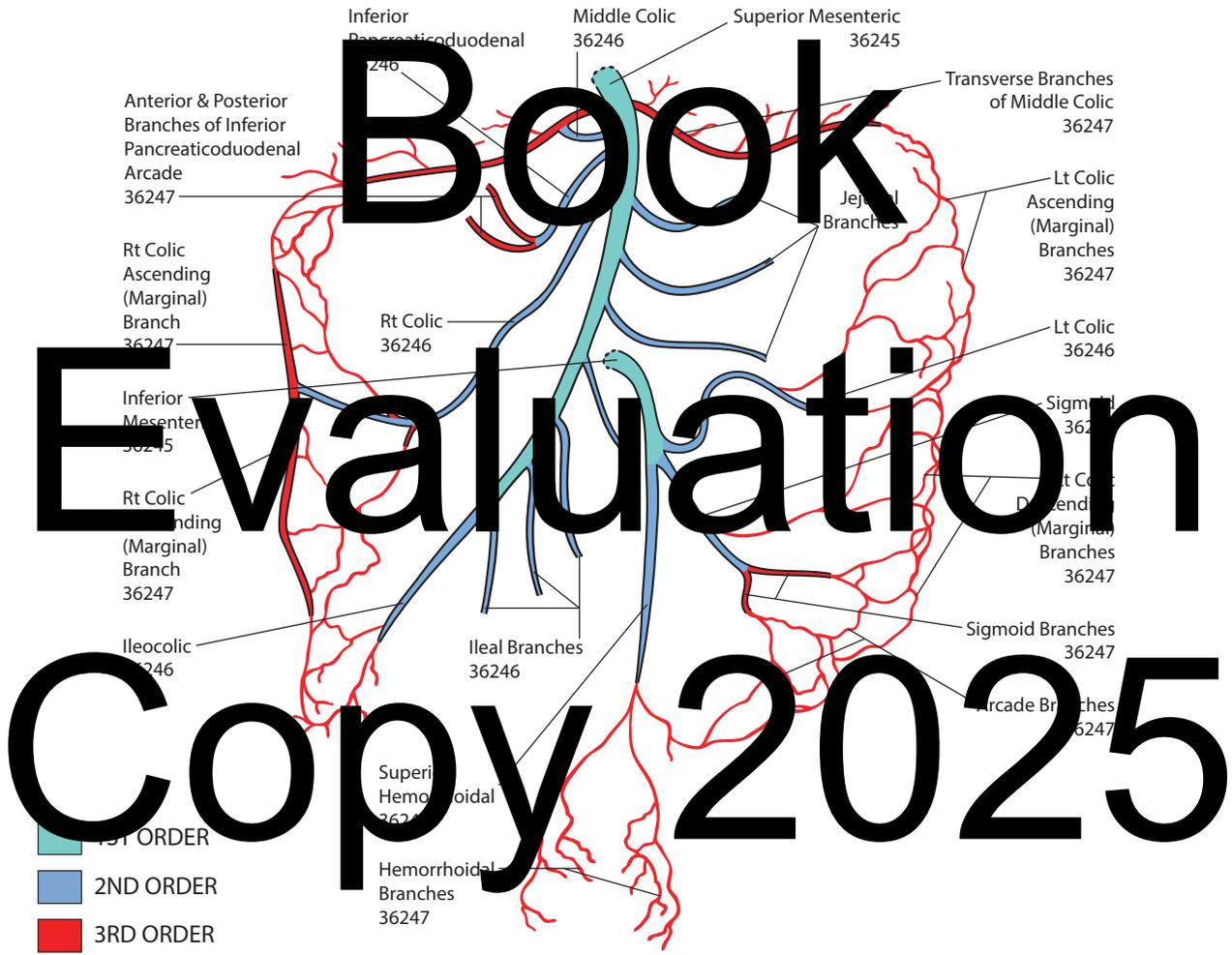
# Inferior Mesenteric Artery Angiography

**PROCEDURE:**

The inferior mesenteric artery (IMA) arises anterolaterally towards the left at the level of the third lumbar vertebra just above the level where the aorta bifurcates into the iliac arteries.

**CLINICAL INDICATIONS:**

The inferior mesenteric artery is often evaluated in cases of GI bleeding or visceral ischemia. The inferior mesenteric artery collateralizes to the median sacral artery (recto-sigmoid region) and the superior mesenteric artery in the splenic flexure region of the colon. The inferior mesenteric artery has a small lumen that may dramatically enlarge in cases of superior mesenteric artery occlusion, supplying collateral flow to the SMA and iliac distribution. The proximal inferior mesenteric artery may be embolized prior to or after aortic aneurysm endovascular therapy to prevent backflow into the residual aneurysm sac.



**SUPERIOR AND INFERIOR MESENTERIC ARTERIES  
 DETAILED ANATOMY**

**CODES:**

PROCEDURE DESCRIPTION	PROC CODE	APC	WORK RVU	S&I CODE	APC	WORK RVU
Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	36245	N/A	4.65	75726	5184	2.05
Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	36246	N/A	5.02	75726 vs. ☆75774	5184 N/A	2.05 1.01
Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	36247	N/A	6.04	75726 vs. ☆75774	5184 N/A	2.05 1.01

☆Add-on Code

**CODING INSTRUCTIONS:**



- Inferior mesenteric artery angiography is often performed at the same time as evaluation of the celiac and superior mesenteric arteries.
- Report code 75774 if additional selective catheter placement and imaging is performed after a basic inferior mesenteric angiogram has been performed.
- Always consider the numerous anatomic variations that exist when coding the visceral vasculature, as well as the extensive collateral network between the celiac, SMA, and IMA vessels.

4. **Do not** code the non-selective aortogram (75625) when performed in conjunction with a selective visceral angiogram (75726). This is a bundled component of the visceral angiography.

**Do not** report code 75726 unless the catheter has been selectively placed in the inferior mesenteric artery or in one of its branches. This is a selective code.

The IMA is quite often visualized from a non-selective aortic injection with a pigtail catheter. This is not selective and is coded as an aortogram (75625). The aortogram (75625) cannot be coded if another visceral or renal artery is selectively injected, as codes 75726 and 36251-36254 include aortography (75625).

7. The IMA is often embolized prior to or during an EVAR (endovascular aortic repair) as a “non-target vessel” embolization. Report code 37242 for this type of arterial embolization along with the selective catheter placement. Imaging of the aorta and its branches (including the IMA) is bundled with EVAR cases.

- Code 75726 has an MPE of three.
- Do not** confuse “IMA”, as it can refer to either internal mammary angiography or inferior mesenteric angiography.

**EXAMPLE(S):**

1) 79-year-old female with lower GI bleed. Both superior mesenteric and inferior mesenteric arteries are selected and imaged (36245, 36245-59, 75726, 75726-59) after an initial aortogram [no codes, as the aortogram imaging (75625) and catheter placement (36200) are included in the selective procedure]. Diverticular bleeding in the left colon is seen. An infusion catheter is placed into the IMA and continuous infusion of vasopressin started (no existing CPT code for catheter-directed infusion of a non-thrombolytic agent; consider unlisted code 37799). One hour follow-up angiography shows continued bleeding, so superselective embolization with a microcoil is done (37244) with occlusion of the bleeding branch of the IMA.

Note: Vasopressin infusion therapy is rarely performed, with embolization more likely to be used as a definitive treatment for arterial bleeding in the gastrointestinal tract.

2) Trauma patient. Abdominal aortogram (bun-  
dled) was initially performed with normal findings. Selective SMA (36245-59, 75726), celiac (36245-59, 75726-59), and selective right and left main renal arteriograms (36252) are performed with normal findings. No active hemorrhage. Due to an infrarenal abdominal aortic aneurysm, the IMA cannot be selected, so a pigtail catheter is placed near the IMA origin with contrast injections and imaging performed [no codes, as aortogram (75625) is bundled into 75726; the IMA imaging was not performed selectively]. The IMA and its distal distribution are normal without extravasation of contrast.

3) 70-year-old female with ongoing bleeding clinically. She has had three visceral angiograms in the past 48 hours that failed to show bleeding; however, a nuclear medicine study appeared to localize bleeding to the RUQ of the abdomen. She agrees to provocative testing, so she is brought back to the angio suite. Via right femoral access, selective SMA angiography (36245, 75726) fails to show a bleeding site, so a catheter is advanced into the middle colic (add 36246, delete 36245), and 1 mg tPA is infused over 20 minutes to induce bleeding (no code for this provocative test). Repeat angiography shows active extravasation from the transverse colic artery. This is selected (add 36247, delete 36246) and is successfully treated by deployment of coils distal to and proximal to the bleeding site (37244). Follow-up imaging shows cessation of bleeding.

Note: Do not report code 37211 (arterial thrombolysis) for tPA of this type during provocative testing.

ACR, *Clinical Examples in Radiology*, Jan/Feb 03:2-4, Summer 08:1-3, Spring 19:2, Fall 21:16, Winter 23:8

AMA, *CPT Assistant*, Fall 93:11, Aug 96:1, Sep 98:3, Oct 00:1, Jan 01:14, Nov 03:14, Sep 07:14, Sep 22:17, May 03:1

AMA, *CPT Changes: An Insider's View*, 2012, 2014, 2015, 2017, 2025

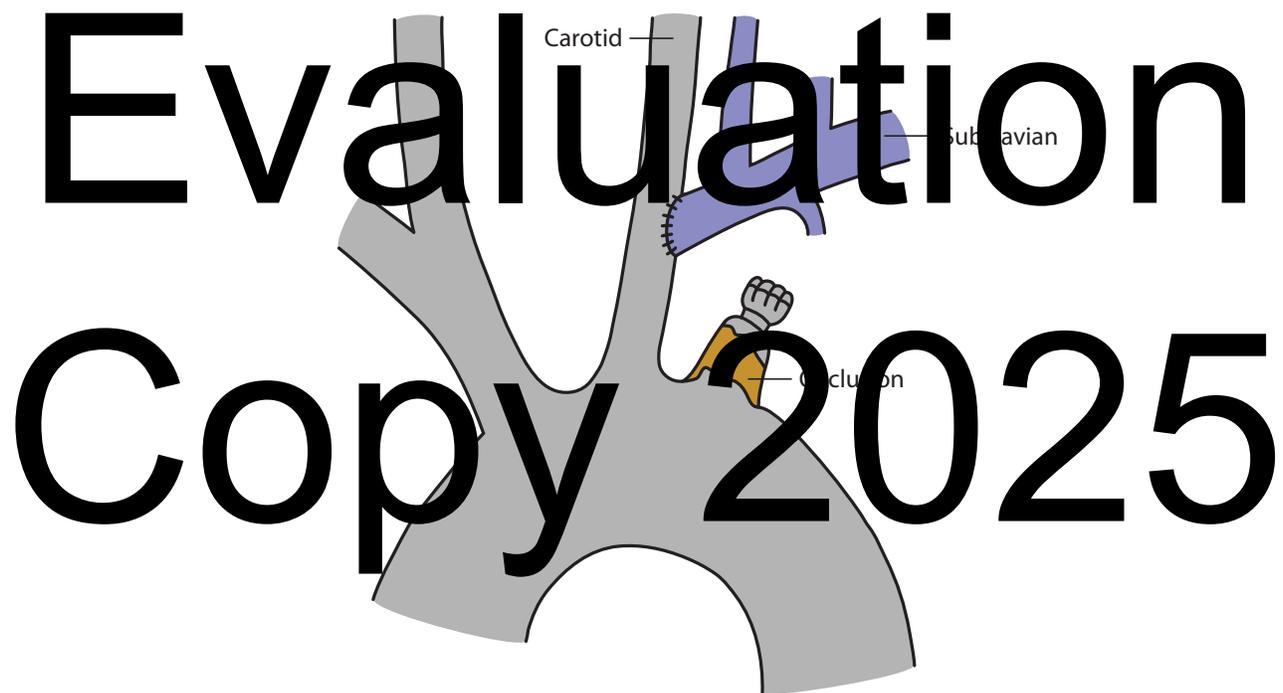
SIR, *Interventional Radiology Coding Users' Guide*, 2009, pages 48-52, 194, 248:A9

SIR, *IR Quarterly*, Fall 18:33

## Arterial Transposition

### PROCEDURE:

These procedures are most commonly performed for reconstruction of the supra-aortic trunks, and the vertebrobasilar system, which carry blood to the head and upper extremities. Stenosis of one of these vessels may result in symptoms in the hemispheric (carotid) distribution, vertebrobasilar ischemia (e.g., alternating hemiparesis, drop attacks, loss of vision, etc.), or upper extremity ischemia. The symptoms may be from obstruction of flow, plaque embolization, or both. Benefits of transpositions include only one anastomosis versus two with a typical bypass procedure, excellent long-term patency rate, avoidance of prosthetic grafts, and exclusion of the diseased segment. The approach is usually via a supra-auricular incision or an anterior neck incision for distal vertebral artery transposition to the distal carotid artery. The vessel is exposed and mobilized to ensure enough length, without tension or kinking, to reach the transposition vessel, which is also isolated. An appropriate sized arteriotomy is made in the transposition site, and an end-to-side anastomosis is created after application of clamps. Clamping of the carotid artery, if the contralateral carotid is occluded, increases risks of brain ischemia and may prompt transposition to the subclavian artery instead. New endovascular treatments of thoracic aneurysms may involve coverage of the left subclavian artery origin, which may be addressed by an open subclavian to carotid transposition or with thoracic branched endografts (BEBE). Lastly, vein implantation of visceral vessels to an infrarenal aortic prosthetic graft is performed to maintain flow to these critical vascular distributions and to treat ischemia. This is accomplished with the Carotid patch technique where the vessel origin is dissected and a button of surrounding aortic tissue is also cut. A side biting clamp is applied to the prosthesis, an aortotomy matching the size of the button is made, and the vessel is attached with an end-to-side anastomosis.



### SUBCLAVIAN TO CAROTID TRANSPOSITION

**CLINICAL INDICATIONS:**

Symptomatic vertebral artery stenosis/occlusion treated with vertebral to carotid or subclavian transposition. Symptomatic common carotid stenosis/occlusion at the origin with the normal distal carotid artery treated with common carotid to subclavian transposition. Symptomatic proximal subclavian artery stenosis/occlusion treated with prevertebral subclavian artery to common carotid artery transposition. Other indications include coverage of the left subclavian artery origin with an endograft and reimplantation of visceral vessels to an infrarenal aortic prosthesis for maintenance of flow to viscera or to alleviate ischemia.

**CODES:**

PROCEDURE DESCRIPTION	CPT CODE	ASSISTANT AT SURGERY	GLOBAL SURGERY	CO-URSIONS	APPLICABLE	WORK RVU
Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	♦33889	Allowed	000	Paid	N/A	15.92
Transposition and/or reimplantation; vertebral to carotid artery	♦35691	Allowed	90 days	Paid with Documentation	N/A	18.41
Transposition and/or reimplantation; vertebral to subclavian artery	♦35693	Allowed	90 days	Paid with Documentation	N/A	15.73
Transposition and/or reimplantation; subclavian to carotid artery	♦35694	Allowed	90 days	Paid with Documentation	N/A	19.28
Transposition and/or reimplantation; carotid to subclavian artery	♦35695	Allowed	90 days	Paid with Documentation	N/A	20.06
Transposition, visceral artery to infrarenal aortic prosthesis, each artery list separately in addition to code for primary procedure	☆♦33197	Allowed	ZZZ	Paid	N/A	3.00

♦ Inpatient-Only Procedure

ZZZ = The code is related to another service and is always included in the global period of the other service.

**CODING INSTRUCTIONS:**

- Report code 33889 for subclavian to carotid artery transposition during endovascular repair of descending thoracic aortic aneurysm.
- Do not** report code 35694 for subclavian to carotid artery transposition during endovascular repair of descending thoracic aneurysm. Report code 33889 instead. **Do not** report codes 33889 and 35694 together.
- Report code 35691 for vertebral to carotid artery transposition.
- Report code 35693 vertebral to subclavian artery transposition.

5. Report code 35694 for subclavian to carotid artery transposition.
6. Report code 35695 for carotid to subclavian artery transposition.
7. Add-on code 35697 is only reported for implantation of vessels into an infarenal aortic prosthetic graft.
8. **Do not** report code 35697 with 33877 (repair of thoracoabdominal aortic aneurysm with graft), as it is included.
9. Reports for congenital transposition of the great vessels are in the code range 33770-33781.
10. **Do not** report code for completion angiography.
11. Procedure for establishing local inflow/outflow is included.

**EXAMPLE(S):**

1) A patient with a descending thoracic aortic aneurysm presents for endovascular repair. A right femoral cutdown (34812) is performed with access achieved (36200). The endograft is deployed, excluding the aneurysm, which is immediately adjacent to the origin of the left subclavian artery. This requires the endograft to cover the subclavian origin to ensure a good seal (33889, 75950). A supraclavicular incision is made, and the common carotid and proximal left subclavian arteries are exposed and controlled. The proximal left subclavian artery is transected, and the remaining stump doubly ligated after heparinization. The subclavian is mobilized and is able to reach the common carotid without undue tension. The common carotid is clamped, an arteriotomy is made, and an end-to-side anastomosis is performed. The clamps are released, reestablishing flow to the left upper extremity (33889).

Note: The same transposition during an open (not endovascular) repair is reported with code 35694.

An elective repair of a 6 cm infrarenal abdominal aortic aneurysm is performed with a prosthetic tube graft (5081). Upon entering the aneurysm, the inferior mesenteric artery (IMA) is noted to have sparse back bleeding. Upon release of the aortic clamps, the descending and sigmoid colon do not reperfuse as expected, with a resulting "dusky" appearance. A sterile intraoperative Doppler reveals decreased pulsations of the bowel. It is decided to reattach the IMA to prevent colonic ischemia. A button of aortic tissue is cut around the origin of the IMA, the prosthetic graft is again clamped, and a punch is used to create an aortic graftotomy matching the IMA cuff. This is sewn in place, and, after release of all clamps, the colonic appearance improves dramatically (35697).

3) A 75-year-old female presents with vertebral basilar symptoms. A workup includes an angiogram, which reveals occlusion of the proximal left vertebral artery and a normal left common carotid artery at its origin from the aorta, as well as the remainder of the carotid artery. At surgery, a supraclavicular incision is made, and the proximal vertebral artery is exposed between the sternocleidomastoid muscle bellies. The sympathetic ganglion is carefully preserved. Heparinization is performed, and the vertebral artery is mobilized and then transected with double ligation of the remaining proximal stump. The common carotid artery transposition site is exposed and clamped. A punch arteriotomy is made in the common carotid artery, and the vertebral artery is transposed to the carotid artery for creation of an end-to-side anastomosis. The clamps are released, and a

*drain is left exiting the incision (35691).*

**REFERENCES:**

---

AMA, *CPT Assistant*, Jul 06:7

AMA, *CPT Changes: An Insider's View*, 2004, 2006

# Vascular Book Evaluation Copy 2025

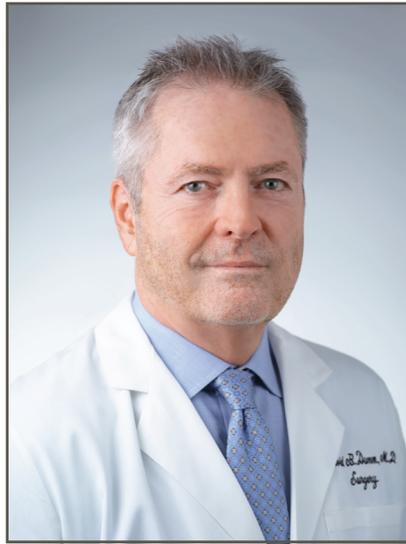
## Appendix B - Add-On Procedure Codes

33225	34812	35686	37185	49435	93585
33277	34813	35697	37186	61641	93586
33866	34820	35700	37222	61642	93587
33884	34833	36218	37223	61651	93588
33904	34834	36227	37232	75774	99153
33987	35288	36228	37233	76937	99157
34710	35300	36248	37234	77001	076T
34711	35400	36274	37235	78835	399T
34713	35500	36476	37237	92998	0900T
34714	35572	36479	37239	93569	0914T
34715	35601	36483	37247	93573	G0278
34716	35602	36487	37248	93574	
34717	35603	36498	37252	93575	
34808	35685	36909	37253	93584	

# Vascular Book Evaluation Copy 2025

# Dr. Z's Medical Coding Series Vascular & Endovascular Surgery Coding Reference

---



David B. Dunn, MD

Code more accurately  
Avoid coding compliance problems  
Ensure proper reimbursement

An illustrated, easy-to-use, and practical reference for  
medical coders, billers, and clinicians  
involved with vascular and endovascular surgery

Read about other ZHealth Publishing medical coding reference materials at [www.zhealthpublishing.com](http://www.zhealthpublishing.com)