New Name	Old Name	CPT Code	۷	Service
ABLATION, VEIN, SAPHENOUS, USING STAB PHLEBECTOMY, BILATERAL	ABLATION RADIOFREQUENCY SAPHENOUS W PHLEBECTOMY BILATERAL	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Vascular
		36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	
		36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	
		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	
		37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
		37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
		37799	Unlisted procedure, vascular surgery	
ABLATION, VEIN, SAPHENOUS, USING STAB PHLEBECTOMY, UNILATERAL	ABLATION RADIOFREQUENCY SAPHENOUS W PHLEBECTOMY UNILATERAL	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Vascular
		36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	
		36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	
		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	
		37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
		37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
		37799	Unlisted procedure, vascular surgery	
MPUTATION, ABOVE KNEE	AMPUTATION LEG ABOVE KNEE	27590	Amputation, thigh, through femur, any level;	Orthopedics, Vascular
		27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	
		27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	
AMPUTATION, BELOW KNEE	AMPUTATION LEG BELOW KNEE	27880	Amputation, leg, through tibia and fibula;	Orthopedics, Vascular
		27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	
		27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	

New Name	Old Name	CPT Code	Service
AMPUTATION, FINGER	AMPUTATION FINGER	26951 Amputation, finger or thumb, primary or secondary, any join or phalanx, single, including neurectomies; with direct closure	
		26952 Amputation, finger or thumb, primary or secondary, any joir or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	t
AMPUTATION, FOOT, AT ANKLE	AMPUTATION FOOT/ANKLE	27888 Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	Orthopedics, Podiatry, Vascular
AMPUTATION, FOOT, TRANSMETATARSAL	AMPUTATION TRANSMETATARSAL	28805 Amputation, foot; transmetatarsal	General, Orthopedics, Podiatry, Vascular
AMPUTATION, TOE, 2 OR MORE TOES	AMPUTATION TOES MULTIPLE	28810 Amputation, metatarsal, with toe, single	Orthopedics, Podiatry, Vascular
		28820 Amputation, toe; metatarsophalangeal joint	
		28825 Amputation, toe; interphalangeal joint	
AMPUTATION, TOE	AMPUTATION TOE	28820 Amputation, toe; metatarsophalangeal joint	Orthopedics, Podiatry, Vascular
		28825 Amputation, toe; interphalangeal joint	
ANGIOGRAM, WITH ANGIOPLASTY AND STENT INSERTION IF INDICATED	ANGIOPLASTY W POSSIBLE STENT	37223 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with translumin stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code to prima	al
		37226 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal ste placement(s), includes angioplasty within the same vessel, when performed	nt
		37230 Revascularization, endovascular, open or percutaneous, tibia peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Ι,
		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 p	
		37236 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical caro extracranial vertebral or intrathoracic carotid, intracranial, o coronary), open or percutaneous, including radiological supe	id,
		37237 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical caro extracranial vertebral or intrathoracic carotid, intracranial, o coronary), open or percutaneous, including radiological supe	id,
		37238 Transcatheter placement of an intravascular stent(s), open of percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	r

	SJH Procedures - Vasc		
New Name	Old Name	CPT Code	Service
ANGIOGRAM, WITH ANGIOPLASTY AND STENT INSERTION IF INDICATED	ANGIOPLASTY W POSSIBLE STENT	37239 Transcatheter placement of an intravascular stent(s), or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (list sep addition to code f	ne
ANGIOGRAM, WITH COIL EMBOLIZATION IF INDICATED	ANGIOGRAM W POSSIBLE COIL EMBOLIZATION	37241 Vascular embolization or occlusion, inclusive of all rad supervision and interpretation, intraprocedural roadm and imaging guidance necessary to complete the inter venous, other than hemorrhage (eg, congenital or acq venous ma	apping, vention;
		37242 Vascular embolization or occlusion, inclusive of all rad supervision and interpretation, intraprocedural roadm and imaging guidance necessary to complete the inter arterial, other than hemorrhage or tumor (eg, congen acquire	apping, vention;
		37243 Vascular embolization or occlusion, inclusive of all rad supervision and interpretation, intraprocedural roadm and imaging guidance necessary to complete the inter for tumors, organ ischemia, or infarction	apping,
		37244 Vascular embolization or occlusion, inclusive of all rad supervision and interpretation, intraprocedural roadm and imaging guidance necessary to complete the inter for arterial or venous hemorrhage or lymphatic extrav	apping, vention;
		61624 Transcatheter permanent occlusion or embolization (e tumor destruction, to achieve hemostasis, to occlude vascular malformation), percutaneous, any method; c nervous system (intracranial, spinal cord)	
		61626 Transcatheter permanent occlusion or embolization (e tumor destruction, to achieve hemostasis, to occlude vascular malformation), percutaneous, any method; n central nervous system, head or neck (extracranial, brachiocephalic branch)	
ANGIOGRAM, WITH STENT INSERTION IF INDICATED	ANGIOGRAM POSSIBLE STENT INSERTION	*0075T Transcatheter placement of extracranial vertebral arte stent(s), including radiologic supervision and interpret open or percutaneous; initial vessel	•
		*0076T Transcatheter placement of extracranial vertebral arte stent(s), including radiologic supervision and interpret open or percutaneous; each additional vessel (list sep addition to code for primary procedure)	ition,
		*37215 Transcatheter placement of intravascular stent(s), cer carotid artery, open or percutaneous, including angiog when performed, and radiological supervision and interpretation; with distal embolic protection	
		37216 Transcatheter placement of intravascular stent(s), cer carotid artery, open or percutaneous, including angion when performed, and radiological supervision and interpretation; without distal embolic protection	

	SJE Procedures - Vas		
New Name	Old Name	CPT Code	
ANGIOGRAM, WITH STENT INSERTION IF INDICATED	ANGIOGRAM POSSIBLE STENT INSERTION	intra retro expo	nscatheter placement of int athoracic common carotid a ograde treatment, open ips osure, including angioplasty ological supervision and
		intra oper angio	nscatheter placement of int athoracic common carotid a n or percutaneous antegrad ioplasty, when performed, rpretation
		arter place	ascularization, endovascula ry, unilateral, initial vessel; ement(s), includes angiopla en performed
		arter	ascularization, endovascula ry, each additional ipsilater at placement(s), includes an sel, when performed (List se na
		femo place	ascularization, endovascula oral, popliteal artery(s), uni ement(s), includes angiopla en performed
		pero sten	ascularization, endovascula oneal artery, unilateral, initi at placement(s), includes an sel, when performed
		tibia trans the s	ascularization, endovascula al/peroneal artery, unilatera sluminal stent placement(s same vessel, when perform ode for p
		37236 Tran lowe extra	nscatheter placement of an er extremity artery(s) for oc acranial vertebral or intrath onary), open or percutaneo
		lowe	nscatheter placement of an er extremity artery(s) for oc acranial vertebral or intrath onary), open or percutaneo
		(eg, 5	nscatheter placement of int atherosclerotic stenosis), in formed
		sten	cutaneous transcatheter pla it(s), with coronary angiopla or coronary artery or branc

Service Vascular

intravascular stent(s), id artery or innominate artery by ipsilateral cervical carotid artery asty, when performed, and

intravascular stent(s), id artery or innominate artery, grade approach, including ed, and radiological supervision and

ular, open or percutaneous, iliac el; with transluminal stent plasty within the same vessel,

ular, open or percutaneous, iliac teral iliac vessel; with transluminal angioplasty within the same t separately in addition to code for

ular, open or percutaneous, unilateral; with transluminal stent plasty within the same vessel,

ular, open or percutaneous, tibial, nitial vessel; with transluminal angioplasty within the same

ular, open or percutaneous, eral, each additional vessel; with it(s), includes angioplasty within prmed (List separately in addition

an intravascular stent(s) (except r occlusive disease, cervical carotid, rathoracic carotid, intracranial, or eous, including radiological super an intravascular stent(s) (except r occlusive disease, cervical carotid, rathoracic carotid, intracranial, or eous, including radiological super intravascular stent(s), intracranial), including balloon angioplasty, if

placement of intracoronary oplasty when performed; single anch

New Name	Old Name	CPT Code	Service
ANGIOGRAM, WITH STENT INSERTION IF INDICATED	ANGIOGRAM POSSIBLE STENT INSERTION	92937 Percutaneous transluminal revascularization of or thr coronary artery bypass graft (internal mammary, free venous), any combination of intracoronary stent, ath and angioplasty, including distal protection when per- single vesse	arterial, erectomy
		*92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infan coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration th	rction,
		92943 Percutaneous transluminal revascularization of chron occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intra stent, atherectomy and angioplasty; single vessel	-
		92944 Percutaneous transluminal revascularization of chron occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intra stent, atherectomy and angioplasty; each additional o artery, coronar	acoronary
ANGIOGRAM	ANGIOGRAPHY		Vascular
ANGIOPLASTY, ARTERY, BRACHIOCEPHALIC, WITH STENT INSERTION	ANGIOPLASTY WITH STENT INNOMINATE ARTERY	37236 Transcatheter placement of an intravascular stent(s) lower extremity artery(s) for occlusive disease, cervic extracranial vertebral or intrathoracic carotid, intracr coronary), open or percutaneous, including radiologic	al carotid, anial, or
ANGIOPLASTY, WITH STENT INSERTION	ANGIOPLASTY WITH STENT	*0075T Transcatheter placement of extracranial vertebral art stent(s), including radiologic supervision and interpre open or percutaneous; initial vessel	
		*37215 Transcatheter placement of intravascular stent(s), cen carotid artery, open or percutaneous, including angio when performed, and radiological supervision and interpretation; with distal embolic protection	
		37216 Transcatheter placement of intravascular stent(s), cen carotid artery, open or percutaneous, including angio when performed, and radiological supervision and interpretation; without distal embolic protection	
		*37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate a retrograde treatment, open ipsilateral cervical carotic exposure, including angioplasty, when performed, an radiological supervision and	dartery
		*37218 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate a open or percutaneous antegrade approach, including angioplasty, when performed, and radiological superv interpretation	
		37221 Revascularization, endovascular, open or percutaneo artery, unilateral, initial vessel; with transluminal ster placement(s), includes angioplasty within the same ve when performed	nt

New Name	Old Name	CPT Code	
ANGIOPLASTY, WITH STENT INSERTION	ANGIOPLASTY WITH STENT	37223 Revascularization, endovascular, open or percutaneou artery, each additional ipsilateral iliac vessel; with tran stent placement(s), includes angioplasty within the sa vessel, when performed (List separately in addition to prima	nsluminal me
		37226 Revascularization, endovascular, open or percutaneou femoral, popliteal artery(s), unilateral; with translumin placement(s), includes angioplasty within the same ve when performed	nal stent
		37227 Revascularization, endovascular, open or percutaneou femoral, popliteal artery(s), unilateral; with translumin placement(s) and atherectomy, includes angioplasty v same vessel, when performed	nal stent
		37230 Revascularization, endovascular, open or percutaneou peroneal artery, unilateral, initial vessel; with translun stent placement(s), includes angioplasty within the sa vessel, when performed	minal
		37231 Revascularization, endovascular, open or percutaneou peroneal artery, unilateral, initial vessel; with translun stent placement(s) and atherectomy, includes angiopl within the same vessel, when performed	minal
		37234 Revascularization, endovascular, open or percutaneou tibial/peroneal artery, unilateral, each additional vess transluminal stent placement(s), includes angioplasty the same vessel, when performed (List separately in a to code for p	sel; with within
		37235 Revascularization, endovascular, open or percutaneou tibial/peroneal artery, unilateral, each additional vess transluminal stent placement(s) and atherectomy, inc angioplasty within the same vessel, when performed separately in additi	sel; with cludes
		37236 Transcatheter placement of an intravascular stent(s) (lower extremity artery(s) for occlusive disease, cervica extracranial vertebral or intrathoracic carotid, intracra coronary), open or percutaneous, including radiologic	al carotid anial, or
		37238 Transcatheter placement of an intravascular stent(s), percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	
		*61635 Transcatheter placement of intravascular stent(s), intr (eg, atherosclerotic stenosis), including balloon angiop performed	
		92928 Percutaneous transcatheter placement of intracorona stent(s), with coronary angioplasty when performed; major coronary artery or branch	
		92933 Percutaneous transluminal coronary atherectomy, wit intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	th

Service Vascular

New Name	Old Name	CPT Code	Service
ANGIOPLASTY, WITH STENT INSERTION	ANGIOPLASTY WITH STENT	92937 Percutaneous transluminal revascularization of or thr coronary artery bypass graft (internal mammary, free venous), any combination of intracoronary stent, athe and angioplasty, including distal protection when perf single vesse	arterial, erectomy
		*92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infar coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration th	
		92943 Percutaneous transluminal revascularization of chron occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intra stent, atherectomy and angioplasty; single vessel	
AORTOGRAM, THORACIC, WITH COMMON CAROTID STENT INSERTION	AORTOGRAM THORACIC W COMMON CAROTID STENTING	*37215 Transcatheter placement of intravascular stent(s), cer carotid artery, open or percutaneous, including angio when performed, and radiological supervision and interpretation; with distal embolic protection	
		*37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate an retrograde treatment, open ipsilateral cervical carotic exposure, including angioplasty, when performed, and radiological supervision and	artery
		*37218 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate an open or percutaneous antegrade approach, including angioplasty, when performed, and radiological superv interpretation	
AORTOGRAM, USING CUTDOWN TECHNIQUE, WITH BILATERAL RUNOFF	AORTOGRAM W BILATERAL RUN OFF CUTDOWN	36245 Selective catheter placement, arterial system; each fin abdominal, pelvic, or lower extremity artery branch, w vascular family	
		75630 Aortography, abdominal plus bilateral iliofemoral low extremity, catheter, by serialography, radiological sup and interpretation	
APPLICATION, GRAFT, SKIN, SPLIT-THICKNESS	GRAFT SKIN SPLIT THICKNESS	15100 Split-thickness autograft, trunk, arms, legs; first 100 s less, or 1% of body area of infants and children (except	
		15120 Split-thickness autograft, face, scalp, eyelids, mouth, r ears, orbits, genitalia, hands, feet, and/or multiple dig 100 sq cm or less, or 1% of body area of infants and c (except 15050)	its; first
BIOPSY OR EXCISION, LESION, FACE AND NECK, 2 OR MORE	EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE FACE/NECK	11102 Tangential biopsy of skin (eg, shave, scoop, saucerize, single lesion	curette); Aesthetics, Cardiovascular, ENT, General, Gynecology, Maxillofacial, Orthopedics, Plastics, Thoracic, Urology, Vascular
		11103 Tangential biopsy of skin (eg, shave, scoop, saucerize, each separate/additional lesion (list separately in add	

code for primary procedure)

New Name	Old Name	CPT Code	e	Service
BIOPSY OR EXCISION, LESION, FACE AND NECK, 2 OR MORE	EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE FACE/NECK	11104	Punch biopsy of skin (including simple closure, when performed); single lesion	Aesthetics, Cardiovascular, ENT, General, Gynecology, Maxillofacial, Orthopedics, Plastics, Thoracic, Urology, Vascular
		11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	
		11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
BIOPSY OR EXCISION, LESION, FACE AND NECK, USING CO2 LASER	EXCISE/BIOPSY(MASS/LESION/LIPOMA/CYST) FACE/NECK W CO2 LASER	11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	Aesthetics, Cardiovascular, Colorectal, ENT, General, Maxillofacial, Orthopedics, Plastics, Spine, Thoracic, Urology, Vascular
		11104	Punch biopsy of skin (including simple closure, when performed); single lesion	
		11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	
		17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	
BIOPSY OR EXCISION, LESION, LOWER BODY, 2 OR MORE	EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE LOWER BODY	11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	Aesthetics, Cardiovascular, Colorectal, ENT, General, Gynecology, Maxillofacial, Orthopedics, Plastics, Podiatry, Thoracic, Urology, Vascular
		11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	
		11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	
		11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	
		11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	
		11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	
		11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	

New Name	Old Name	CPT Cod	de	Service
BIOPSY OR EXCISION, LESION, LOWER BODY, 2 OR MORE	EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE LOWER BODY	1160	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	Aesthetics, Cardiovascular, Colorectal, ENT, General, Gynecology, Maxillofacial, Orthopedics, Plastics, Podiatry, Thoracic, Urology, Vascular
		11602	2 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	
		11603	3 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	
		11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	
		11600	5 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	
		27040	D Biopsy, soft tissue of pelvis and hip area; superficial	
		2704:	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	
		27323	Biopsy, soft tissue of thigh or knee area; superficial	
		27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	
		27613	Biopsy, soft tissue of leg or ankle area; superficial	
		27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	
BIOPSY OR EXCISION, LESION, LOWER BODY	EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) LOWER BODY	11400	 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less 	Aesthetics, Colorectal, General, Gynecology, Neurosurgery, Orthopedics, Plastics, Podiatry, Spine, Urology, Vascular
		11403	 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm 	
		11402	2 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	
		11403	3 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	
		11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	
		11400	5 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	
		11600	D Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	
		11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	

Old Name EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) LOWER BODY	CPT Code 11602		Service Aesthetics, Colorectal,
EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) LOWER BODY	11602	Excision, malignant lesion including margins, trunk, arms, or	Aesthetics, Colorectal,
		legs; excised diameter 1.1 to 2.0 cm	General, Gynecology, Neurosurgery, Orthopedic Plastics, Podiatry, Spine, Urology, Vascular
	11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	
	11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	
	11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	
	27040	Biopsy, soft tissue of pelvis and hip area; superficial	
	27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	
	27323	Biopsy, soft tissue of thigh or knee area; superficial	
	27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	
	27613	Biopsy, soft tissue of leg or ankle area; superficial	
	27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	
ODU BIOPSY TEMPORAL ARTERY	37609	Ligation or biopsy, temporal artery	General, Vascular
BIOPSY TEMPORAL ARTERY	37609	Ligation or biopsy, temporal artery	General, Maxillofacial, Vascular
INSERT ARTERIAL VENOUS FISTULA/ACCESS GRAFT LOWER EXTREMIT	Y 36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	Vascular
	36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	
INSERT ARTERIAL VENOUS FISTULA/ACCESS GRAFT UPPER EXTREMITY	36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	Vascular
	36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	
BYPASS AORTO BIFEMORAL W REPAIR ILIAC ARTERY BILATERAL	35226	Repair blood vessel, direct; lower extremity	Vascular
	35256		
BYPASS AORTO BIFEMORAL			Vascular
	*35646	Bypass graft, with other than vein; aortobifemoral	
BYPASS AORTO FEMORAL	*35539 *35540		Vascular
	BIOPSY TEMPORAL ARTERY INSERT ARTERIAL VENOUS FISTULA/ACCESS GRAFT LOWER EXTREMIT INSERT ARTERIAL VENOUS FISTULA/ACCESS GRAFT UPPER EXTREMITY BYPASS AORTO BIFEMORAL W REPAIR ILIAC ARTERY BILATERAL	11604 11606 11607 11608 11609	11604Excision, malignant lesion including margins, trunk, arms, or legs; excised dineter 3.1 to 4.0 cm11605Excision, malignant lesion including margins, trunk, arms, or legs; excised dineter over 4.0 cm11606Excision, malignant lesion including margins, trunk, arms, or legs; excised dineter over 4.0 cm11607Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular11608Excision, soft tissue of helvis and hip area; deep, subfascial or intramuscular11609Excision of tigs or this or knee area; deep (subfascial or intramuscular)11609Biopsy, soft tissue of leg or ankle area; superficial11609Biopsy, soft tissue of leg or ankle area; superficial11609Igation or biopsy, temporal artery11609Igation or biopsy, temporal artery11609Igation or biopsy, temporal artery11609Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft11609Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft11609Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft11609Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); ano nonautogenous graft (eg, biological collagen, thermoplastic graft11609Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); ano nonautogenous graft (eg, biological collagen, thermoplastic arteriovenous anastomosis (separate procedur

* Indicates Inpatient only CPT Code/Procedure

New Name	Old Name	CPT Code	2
CREATION, BYPASS, ARTERIAL, AORTA TO FEMORAL	BYPASS AORTO FEMORAL	*35646	Bypass graft, with other than ve
		*35647	Bypass graft, with other than ve
CREATION, BYPASS, ARTERIAL, AXILLARY TO BILATERAL FEMORAL, USING GRAFT	BYPASS AXILLO BIFEMORAL	*35533	Bypass graft, with vein; axillary-
		*35654	Bypass graft, with other than ve
CREATION, BYPASS, ARTERIAL, AXILLARY TO FEMORAL, USING GRAFT	BYPASS AXILLO-FEMORAL	*35521	Bypass graft, with vein; axillary-
		*35533	Bypass graft, with vein; axillary-
		*35621	Bypass graft, with other than ve
		*35654	Bypass graft, with other than ve
CREATION, BYPASS, ARTERIAL, AXILLARY	BYPASS AXILLARY - AXILLARY	*35518	Bypass graft, with vein; axillary-
		*35650	Bypass graft, with other than ve
CREATION, BYPASS, ARTERIAL, BRACHIAL	BYPASS BRACHIAL ARTERY	*35510	Bypass graft, with vein; carotid-
		*35512	Bypass graft, with vein; subclavi
		*35522	Bypass graft, with vein; axillary-
		*35523	Bypass graft, with vein; brachial
		*35525	Bypass graft, with vein; brachial
CREATION, BYPASS, ARTERIAL, CAROTID	BYPASS CAROTID CAROTID	*35501	Bypass graft, with vein; common carotid
		*35506	Bypass graft, with vein; carotid-
		*35508	Bypass graft, with vein; carotid-
		*35509	Bypass graft, with vein; carotid-
		*35510	Bypass graft, with vein; carotid-
		*35601	Bypass graft, with other than ve internal carotid
		*35606	Bypass graft, with other than ve
		*35642	Bypass graft, with other than ve
CREATION, BYPASS, ARTERIAL, FEMORAL TO CONTRALATERAL FEMORAL, USING GRAFT, WITH FEMOROPOPLITEAL ARTERIAL BYPASS CREATION USING GRAFT	BYPASS CROSS FEMORAL & FEMORAL POPLITEAL	*35556	Bypass graft, with vein; femoral
		*35558	Bypass graft, with vein; femoral
		*35656	Bypass graft, with other than ve
		*35661	Bypass graft, with other than ve
CREATION, BYPASS, ARTERIAL, FEMORAL TO CONTRALATERAL FEMORAL	BYPASS CROSS FEMORAL (FEMORAL TO FEMORAL BYPASS)	*35661	Bypass graft, with other than ve
CREATION, BYPASS, ARTERIAL, FEMORAL TO POPLITEAL, USING GRAFT	BYPASS FEMORAL POPLITEAL/BYPASS FEMORAL PERONEAL	*35556	Bypass graft, with vein; femoral
		*35656	Bypass graft, with other than ve
CREATION, BYPASS, ARTERIAL, FEMORAL TO TIBIAL	BYPASS FEMORAL TIBIAL	*35566	Bypass graft, with vein; femoral
			peroneal artery or other distal v
		*35585	In-situ vein bypass; femoral-anto peroneal artery
		*35666	Bypass graft, with other than ve posterior tibial, or peroneal arte
CREATION, BYPASS, ARTERIAL, ILIAC TO FEMORAL, BILATERAL	BYPASS ILIO BIFEMORAL	*35565	Bypass graft, with vein; iliofemo
		*35665	Bypass graft, with other than ve
CREATION, BYPASS, ARTERIAL, ILIAC TO FEMORAL	BYPASS ILIO FEMORAL	*35565	Bypass graft, with vein; iliofemo

	Service
vein; aortobifemoral	Vascular
vein; aortofemoral	
y-femoral-femoral	Vascular
vein; axillary-femoral-femoral	
y-femoral	Vascular
y-femoral-femoral	
vein; axillary-femoral	
vein; axillary-femoral-femoral	
y-axillary	Vascular
vein; axillary-axillary	
d-brachial	Vascular
vian-brachial	
y-brachial	
al-ulnar or -radial	
al-brachial	
on carotid-ipsilateral internal	Vascular
d-subclavian or subclavian-carotid	
d-vertebral	
d-contralateral carotid	
d-brachial	
vein; common carotid-ipsilateral	
vein; carotid-subclavian	
vein; carotid-vertebral	
al-popliteal	Vascular
al-femoral	
vein; femoral-popliteal	
vein; femoral-femoral	
vein; femoral-femoral	Vascular
al-popliteal	Vascular
vein; femoral-popliteal	
al-anterior tibial, posterior tibial, I vessels	Vascular
nterior tibial, posterior tibial, or	
vein; femoral-anterior tibial,	
tery	
noral	Vascular
vein; iliofemoral	
noral	Vascular

* Indicates Inpatient only CPT Code/Procedure

New Name	Old Name	CPT Code	Service
CREATION, BYPASS, ARTERIAL, ILIAC TO FEMORAL	BYPASS ILIO FEMORAL	*35665 Bypass graft, with other than vein; iliofemoral	Vascular
CREATION, BYPASS, ARTERIAL, MESENTERIC	BYPASS MESENTERIC ARTERY	 *35531 Bypass graft, with vein; aortoceliac or aortomesenteric *35631 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal *35633 Bypass graft, with other than vein; ilio-mesenteric 	Vascular
CREATION, BYPASS, ARTERIAL, RENAL	BYPASS RENAL ARTERY	 *35535 Bypass graft, with other than veni, no mescheric *35535 Bypass graft, with vein; hepatorenal *35536 Bypass graft, with vein; splenorenal *35560 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal *35634 Bypass graft, with other than vein; iliorenal *35636 Bypass graft, with other than vein; splenorenal (splenic to rena arterial anastomosis) 	Vascular
CREATION, BYPASS, ARTERIAL, SUBCLAVIAN TO CAROTID OR AXILLARY TO SUBCLAVIAN, USING GRAFT	BYPASS CAROTID SUBCLAVIAN/AXILLARY	 *35506 Bypass graft, with vein; carotid-subclavian or subclavian-carotic *35516 Bypass graft, with vein; subclavian-axillary *35606 Bypass graft, with other than vein; carotid-subclavian *35616 Bypass graft, with other than vein; subclavian-axillary 	l Vascular
CREATION, BYPASS, ARTERIAL, SUBCLAVIAN TO SUBCLAVIAN		*35511 Bypass graft, with vein; subclavian-subclavian*35612 Bypass graft, with other than vein; subclavian-subclavian	Vascular
DEBRIDEMENT, WOUND (LOCAL OR CASE)	ODU DEBRIDEMENT WOUND	 11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less 11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less 11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less 97597 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps) open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound 	
DEBRIDEMENT, WOUND	DEBRIDEMENT WOUND	 11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less 11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less 11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or 	Cardiac/Open Heart, Colorectal, General, Gynecology, Neurosurgery, Orthopedics, Pacemakers, Plastics, Podiatry, Thoracic, Urology, Vascular

sue, muscle and/or fascia, if performed); first 20 sq c less

New Name	Old Name	CPT Code		Service
EBRIDEMENT, WOUND	DEBRIDEMENT WOUND	97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps),	Cardiac/Open Heart, Colorectal, General,
			open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	Gynecology, Neurosurgery Orthopedics, Pacemakers, Plastics, Podiatry, Thoracio Urology, Vascular
MBOLECTOMY OR THROMBECTOMY, BLOOD VESSEL, LOWER EXTREMITY	THROMBECTOMY/EMBOLECTOMY LOWER EXTREMITY	34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	Vascular
		34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	
		34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	
		*34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	
		37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	
		37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s)	
		37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolyt	
		37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	
		37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	
MBOLECTOMY OR THROMBECTOMY, BLOOD VESSEL, UPPER EXTREMITY	THROMBECTOMY/EMBOLECTOMY UPPER EXTREMITY	34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	Vascular
IDARTERECTOMY, AXILLARY	AXILLARY ENDARTERECTOMY	34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	Vascular
		35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	
NDARTERECTOMY, BRACHIAL ARTERY	BRACHIAL ENDARTERECTOMY	35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	Vascular
NDARTERECTOMY, CAROTID, WITH DIGITAL FLOW VISUALIZATION	CAROTID ENDARTERECTOMY WITH DVF	*35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	Vascular
NDARTERECTOMY, CAROTID	CAROTID ENDARTERECTOMY	*35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	Vascular

New Name	Old Name	CPT Code		Service
ENDARTERECTOMY, FEMORAL	FEMORAL ENDARTERECTOMY	*35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	Vascular
		*35371	Thromboendarterectomy, including patch graft, if performed; common femoral	
		35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	
ENDARTERECTOMY, ILIAC	ILIAC ENDARTERECTOMY	*35351	Thromboendarterectomy, including patch graft, if performed; iliac	Vascular
ENDARTERECTOMY, POPLITEAL	POPLITEAL ENDARTERECTOMY	*35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	Vascular
ENDARTERECTOMY, RADIAL	RADIAL ENDARTERECTOMY	35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	Vascular
ENDARTERECTOMY, SUBCLAVIAN	SUBCLAVIAN ENDARTERECTOMY	0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	Vascular
		*35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	
		*35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	
ENDARTERECTOMY, TIBIAL	TIBIAL ENDARTERECTOMY	*35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	Vascular
EVACUATION, HEMATOMA	EVACUATION OF HEMATOMA	10140	Incision and drainage of hematoma, seroma or fluid collection	Bariatric, Cardiac/Open Heart, General, General Robotics, Gynecology, Gynecology Robotics, Neurosurgery, Plastics, Spine, Thoracic, Urology, Urology Robotics, Vascular
		10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	
EXCISION, MASS, FOREARM	EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE UPPER BODY	11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	Aesthetics, Cardiac/Thoracic Robotics, Cardiovascular, Colorectal, ENT, General, Gynecology, Maxillofacial, Orthopedics, Plastics, Spine, Thoracic, Vascular
		11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	
		11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	
		11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	
		11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	

		10160	Puncture aspiration of abscess,
EXCISION, MASS, FOREARM	EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE UPPER BODY	11400	Excision, benign lesion including (unless listed elsewhere), trunk, 0.5 cm or less
		11401	Excision, benign lesion including (unless listed elsewhere), trunk, 0.6 to 1.0 cm
		11402	Excision, benign lesion including (unless listed elsewhere), trunk, 1.1 to 2.0 cm
		11403	Excision, benign lesion including (unless listed elsewhere), trunk, 2.1 to 3.0 cm
		11404	Excision, benign lesion including (unless listed elsewhere), trunk, 3.1 to 4.0 cm

	SJH Procedures - Vascular Service			
New Name	Old Name	CPT Code		Service
EXCISION, MASS, FOREARM	EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE UPPER BODY	11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	Aesthetics, Cardiac/Thoracic Robotics, Cardiovascular, Colorectal, ENT, General, Gynecology, Maxillofacial, Orthopedics, Plastics, Spine, Thoracic, Vascular
		11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	
		11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	
		11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	
		11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	
		11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	
		11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	
		25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	
		25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	
		25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	
		25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	
EXCISION, RIB	RESECTION RIB	21600	Excision of rib, partial	Cardiac/Open Heart, Thoracic, Vascular
			Excision first and/or cervical rib;	
			Excision first and/or cervical rib; with sympathectomy	
EXCISION, VARICOSE VEIN, LOWER EXTREMITY, BILATERAL		37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Vascular
			Ligation, division, and stripping, short saphenous vein	
		37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	
		37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	
			Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
		37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
			Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	
		37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	
EXCISION, VARICOSE VEIN, LOWER EXTREMITY, UNILATERAL		37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Vascular

New Name	Old Name	CPT Code		Service
EXCISION, VARICOSE VEIN	PHLEBECTOMY VARICOSE VEIN UNILATERAL	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Vascular
		37718	Ligation, division, and stripping, short saphenous vein	
		37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	
		37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	
		37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
		37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
		37780		
		37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	
EXCISIONAL BIOPSY, LESION, LOWER BODY (LOCAL OR CASE)	ODU EXCISION/BIOPSY (MASS/LESION/LIPOMA/CYST) LOWER BODY	11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	General, Orthopedics, Plastics, Podiatry, Vascular
		11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11104		
		11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	
		11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
FASCIOTOMY, LOWER EXTREMITY	FASCIOTOMY/FASCIECTOMY LEG	27025	Fasciotomy, hip or thigh, any type	Orthopedics, Vascular
		27305	Fasciotomy, iliotibial (tenotomy), open	
		27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);	
		27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	
		27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	
		27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	
		27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	
		27601	Decompression fasciotomy, leg; posterior compartment(s) only	
		27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	

New Name	Old Name	CPT Code		Service
FASCIOTOMY, LOWER EXTREMITY	FASCIOTOMY/FASCIECTOMY LEG	27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	Orthopedics, Vascular
		27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	
		27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	
		28008	Fasciotomy, foot and/or toe	
		29893	Endoscopic plantar fasciotomy	
ASCIOTOMY, UPPER EXTREMITY	FASCIOTOMY/FASCIECTOMY ARM	24495	Decompression fasciotomy, forearm, with brachial artery exploration	Orthopedics, Vascular
		25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	
		25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	
		25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	
		25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	
		26037	Decompressive fasciotomy, hand (excludes 26035)	
		26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	
		26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	
NCISION AND DRAINAGE	INCISION AND DRAINAGE			Cardiac/Open Heart, Colorectal, General, Gynecology, Orthopedic Vascular
INJECTION, THERAPEUTIC AGENT	INJECTION THERAPEUTIC			Dental Surgery, General Gynecology, Orthopedic Pacemakers, Plastics, Podiatry, Vascular
INSERTION OR REMOVAL, CATHETER, DIALYSIS, PERITONEAL, LAPAROSCOPIC	INSERT/REMOVE PERITONEAL DIALYSIS CATH LAPAROSCOPY(TENCHOFF)	49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	General, Vascular
		49422	Removal of tunneled intraperitoneal catheter	
INSERTION, CATHETER, TENCKHOFF	INSERTION PERITONEAL DIALYSIS CATHETER (TENCHOFF)	49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological superv	General, Vascular
		49419	Insertion of tunneled intraperitoneal catheter, with	
			subcutaneous port (ie, totally implantable)	
		49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	

	Sitt Toccoures - Vascular Ser		
New Name	Old Name	CPT Code	Service
INSERTION, FILTER, INFERIOR VENA CAVA, FEMORAL VEIN APPROACH	INSERTION GREENFIELD FILTER FEMORAL	37191 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Vascular
INSERTION, FILTER, VENA CAVA, BY JUGULAR VEIN	INSERTION GREENFIELD FILTER JUGULAR	37191 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Vascular
INSERTION, GREENFIELD FILTER, VENA CAVA, PERCUTANEOUS	INSERTION GREENFIELD FILTER PERCUTANEOUS	37191 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Vascular
INSERTION, STENT, ARTERY, CAROTID, CAROTID ARTERY APPROACH	INSERTION CAROTID ARTERY STENT CAROTID APPROACH	*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	Vascular
		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	
		*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	
		*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	
INSERTION, STENT, ARTERY, CAROTID, FEMORAL ARTERY APPROACH	INSERTION CAROTID ARTERY STENT FEMORAL APPROACH	*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	Vascular
		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	
		*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	

New Name	Old Name	CPT Code	Ĵ
INSERTION, STENT, ARTERY, CAROTID, FEMORAL ARTERY APPROACH	INSERTION CAROTID ARTERY STENT FEMORAL APPROACH	*37218	Transcatheter placement of intra intrathoracic common carotid ar open or percutaneous antegrade angioplasty, when performed, ar interpretation
LIGATION, ARTERIOVENOS (AV) FISTULA OR ACCESS GRAFT, UPPER EXTREMITY	LIGATION AV FISTULA/ACCESS GRAFT UPPER EXTREMITY	37607	Ligation or banding of angioacce
LIGATION, VARICOSE VEIN, LOWER EXTREMITY, BILATERAL	LIGATION VARICOSE VEIN BILATERAL	37785	Ligation, division, and/or excision leg
LIGATION, VARICOSE VEIN	LIGATION VARICOSE VEIN UNILATERAL	37785	Ligation, division, and/or excision leg

New Name	Old Name	CPT Code		Service
NSERTION, STENT, ARTERY, CAROTID, FEMORAL ARTERY APPROACH	INSERTION CAROTID ARTERY STENT FEMORAL APPROACH	*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	Vascular
IGATION, ARTERIOVENOS (AV) FISTULA OR ACCESS GRAFT, UPPER XTREMITY	LIGATION AV FISTULA/ACCESS GRAFT UPPER EXTREMITY	37607	Ligation or banding of angioaccess arteriovenous fistula	Vascular
IGATION, VARICOSE VEIN, LOWER EXTREMITY, BILATERAL	LIGATION VARICOSE VEIN BILATERAL	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Vascular
IGATION, VARICOSE VEIN	LIGATION VARICOSE VEIN UNILATERAL	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Vascular
PACU MISCELLANEOUS PROCEDURE				Bariatric, Cardiac, Cardiac/Open Heart, Colorectal, ENT, Gastroenterology, General, Gynecology, Neurosurgery, Orthopedics, Pacemakers, Plastics, Spine, Thoracic, Urology, Vascular
PHLEBECTOMY, VARICOSE VEIN, BILATERAL	PHLEBECTOMY VARICOSE VEIN BILATERAL	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Vascular
		37718	Ligation, division, and stripping, short saphenous vein	
		37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	
		37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	
		37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
		37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
		37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	
		37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	
HLEBECTOMY, VARICOSE VEIN, STRIPPING, BILATERAL		37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Vascular
		37718	Ligation, division, and stripping, short saphenous vein	
		37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	
		37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	
		37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
		37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
		37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	

New Name	Old Name	CPT Code	Service
PHLEBECTOMY, VARICOSE VEIN, STRIPPING, BILATERAL		37785 Ligation, division, and/or excision of varicose vein clu leg	ster(s), 1 Vascular
PHLEBECTOMY, VARICOSE VEIN, STRIPPING, UNILATERAL		37700 Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Vascular
		37718 Ligation, division, and stripping, short saphenous vei	1
		37722 Ligation, division, and stripping, long (greater) saphe from saphenofemoral junction to knee or below	nous veins
		37761 Ligation of perforator vein(s), subfascial, open, inclue ultrasound guidance, when performed, 1 leg	ling
		37765 Stab phlebectomy of varicose veins, 1 extremity; 10- incisions	20 stab
		37766 Stab phlebectomy of varicose veins, 1 extremity; mo incisions	re than 20
		37780 Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	
		37785 Ligation, division, and/or excision of varicose vein clu leg	ster(s), 1
RADIOFREQUENCY ABLATION, VEIN, SAPHENOUS, BILATERAL	ABLATION RADIOFREQUENCY SAPHENOUS BILATERAL	36475 Endovenous ablation therapy of incompetent vein, e inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	xtremity, Vascular
RADIOFREQUENCY ABLATION, VEIN, SAPHENOUS, UNILATERAL	ABLATION RADIOFREQUENCY SAPHENOUS UNILATERAL	36475 Endovenous ablation therapy of incompetent vein, e inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	xtremity, Vascular
RECONSTRUCTION, ARTERY, LOWER EXTREMITY	RECONSTRUCTION ARTERIAL LEG	35879 Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	Vascular
		35881 Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposi	ion
		37224 Revascularization, endovascular, open or percutaneo femoral, popliteal artery(s), unilateral; with translum angioplasty	-
RECONSTRUCTION, ARTERY, VERTEBRAL	RECONSTRUCTION VERTEBRAL ARTERY	*35005 Direct repair of aneurysm, pseudoaneurysm, or excis (partial or total) and graft insertion, with or without graft; for aneurysm, pseudoaneurysm, and associate occlusive disease, vertebral artery	patch
REMOVAL, CATHETER, DIALYSIS, PERITONEAL	REMOVAL PERITONEAL DIALYSIS CATHETER	49422 Removal of tunneled intraperitoneal catheter	General, Vascular
REPAIR OR EMBOLECTOMY, ARTERY, BRACHIAL	REPAIR BRACHIAL ARTERY/EMBOLECTOMY BRACHIAL ARTERY	34101 Embolectomy or thrombectomy, with or without cat axillary, brachial, innominate, subclavian artery, by a	-
		35011 Direct repair of aneurysm, pseudoaneurysm, or excis (partial or total) and graft insertion, with or without graft; for aneurysm and associated occlusive disease brachial artery, by arm incision	patch
		*35013 Direct repair of aneurysm, pseudoaneurysm, or excise (partial or total) and graft insertion, with or without graft; for ruptured aneurysm, axillary-brachial artery incision	patch
		35206 Repair blood vessel, direct; upper extremity	
		35200 Repair blood vessel, direct, upper extremity	

New Name	Old Name	CPT Code	
REPAIR OR EMBOLECTOMY, ARTERY, BRACHIAL	REPAIR BRACHIAL ARTERY/EMBOLECTOMY BRACHIAL ARTERY	*35525	Bypass graft, with vein; brachia
REPAIR, ABDOMINAL AORTIC ANEURYSM (AAA)	REPAIR ANEURYSM ABDOMINAL AORTA	*34701	Endovascular repair of infrarer aorto-aortic tube endograft ind device selection, all nonselecti associated radiological supervi endograft ext
		*34702	Endovascular repair of infrarer aorto-aortic tube endograft ind device selection, all nonselecti associated radiological supervi endograft ext
		*34703	Endovascular repair of infrarer by deployment of an aorto-uni procedure sizing and device se catheterization(s), all associate interpreta
		*34704	Endovascular repair of infrarer by deployment of an aorto-uni procedure sizing and device se catheterization(s), all associate interpreta
		*34705	Endovascular repair of infrarer by deployment of an aorto-bi- procedure sizing and device se catheterization(s), all associate interpretat
		*34706	Endovascular repair of infrarer by deployment of an aorto-bi- procedure sizing and device se catheterization(s), all associate interpretat
		*34830	Open repair of infrarenal aorti repair of associated arterial tra endovascular repair; tube pros
		*34831	Open repair of infrarenal aorti repair of associated arterial tra endovascular repair; aorto-bi-i
		*34832	Open repair of infrarenal aorti repair of associated arterial tra endovascular repair; aorto-bife
		*34841	Endovascular repair of visceral pseudoaneurysm, dissection, p hematoma, or traumatic disru fenestrated visceral aortic end radiological supervision and in

	Service
nial-brachial	Vascular
enal aorta by deployment of an ncluding pre-procedure sizing and ctive catheterization(s), all vision and interpretation, all	Vascular
enal aorta by deployment of an ncluding pre-procedure sizing and tive catheterization(s), all vision and interpretation, all	
enal aorta and/or iliac artery(ies) ni-iliac endograft including pre- selection, all nonselective ted radiological supervision and	
enal aorta and/or iliac artery(ies) ni-iliac endograft including pre- selection, all nonselective ted radiological supervision and	
enal aorta and/or iliac artery(ies) i-iliac endograft including pre- selection, all nonselective ted radiological supervision and	
enal aorta and/or iliac artery(ies) i-iliac endograft including pre- selection, all nonselective ted radiological supervision and	
tic aneurysm or dissection, plus rauma, following unsuccessful osthesis	
tic aneurysm or dissection, plus rauma, following unsuccessful i-iliac prosthesis	
tic aneurysm or dissection, plus rauma, following unsuccessful ifemoral prosthesis	
al aorta (eg, aneurysm, , penetrating ulcer, intramural uption) by deployment of a ndograft and all associated	

New Name	Old Name	CPT Code
REPAIR, ABDOMINAL AORTIC ANEURYSM (AAA)	REPAIR ANEURYSM ABDOMINAL AORTA	*34842 Endovascular repair of visceral pseudoaneurysm, dissection, p hematoma, or traumatic disru fenestrated visceral aortic end radiological supervision and in
		*34843 Endovascular repair of visceral pseudoaneurysm, dissection, p hematoma, or traumatic disru fenestrated visceral aortic end radiological supervision and in
		*34844 Endovascular repair of visceral pseudoaneurysm, dissection, p hematoma, or traumatic disru fenestrated visceral aortic end radiological supervision and in
		*34845 Endovascular repair of visceral aorta (eg, aneurysm, pseudoar ulcer, intramural hematoma, o fenestrated visceral aortic end or modula
		*34846 Endovascular repair of visceral aorta (eg, aneurysm, pseudoar ulcer, intramural hematoma, o fenestrated visceral aortic end or modula
		*34847 Endovascular repair of visceral aorta (eg, aneurysm, pseudoan ulcer, intramural hematoma, o fenestrated visceral aortic end or modula
		*34848 Endovascular repair of visceral aorta (eg, aneurysm, pseudoar ulcer, intramural hematoma, c fenestrated visceral aortic end or modula
		*35081 Direct repair of aneurysm, pse (partial or total) and graft inse graft; for aneurysm, pseudoan occlusive disease, abdominal a
		*35082 Direct repair of aneurysm, pse (partial or total) and graft inse graft; for ruptured aneurysm, a
		*35091 Direct repair of aneurysm, pse (partial or total) and graft inse graft; for aneurysm, pseudoan occlusive disease, abdominal a (mesenteric, celiac, ren

Service

Vascular

ral aorta (eg, aneurysm, , penetrating ulcer, intramural ruption) by deployment of a ndograft and all associated inte

ral aorta (eg, aneurysm, n, penetrating ulcer, intramural ruption) by deployment of a ndograft and all associated inte

ral aorta (eg, aneurysm, n, penetrating ulcer, intramural ruption) by deployment of a ndograft and all associated inte

ral aorta and infrarenal abdominal paneurysm, dissection, penetrating , or traumatic disruption) with a ndograft and concomitant unibody

ral aorta and infrarenal abdominal paneurysm, dissection, penetrating , or traumatic disruption) with a ndograft and concomitant unibody

ral aorta and infrarenal abdominal paneurysm, dissection, penetrating , or traumatic disruption) with a ndograft and concomitant unibody

ral aorta and infrarenal abdominal baneurysm, dissection, penetrating , or traumatic disruption) with a ndograft and concomitant unibody

seudoaneurysm, or excision sertion, with or without patch aneurysm, and associated I aorta

seudoaneurysm, or excision sertion, with or without patch n, abdominal aorta

seudoaneurysm, or excision sertion, with or without patch aneurysm, and associated

aorta involving visceral vessels

New Name	Old Name	CPT Code		Service
REPAIR, ABDOMINAL AORTIC ANEURYSM (AAA)	REPAIR ANEURYSM ABDOMINAL AORTA		(partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	Vascular
		*35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, exter	
		*35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	
REPAIR, ANEURYSM, AORTA, DESCENDING THORACIC, ENDOVASCULAR	REPAIR ANEURYSM ENDOVASCULAR DESCENDING THORACIC AORTA	*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 thora	Vascular
		*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 t	
REPAIR, ANEURYSM, AORTOILIAC, ENDOVASCULAR	REPAIR ANEURYSM ENDOVASCULAR ABDOMINAL AORTA/ILIAC ARTERY	*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 thora	Vascular
		*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 t	
		*33883		
		*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 separatel	
		*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 ext	

New Name	Old Name	CPT Code	2	Service
REPAIR, ANEURYSM, AORTOILIAC, ENDOVASCULAR	REPAIR ANEURYSM ENDOVASCULAR ABDOMINAL AORTA/ILIAC ARTERY	*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 ext	Vascular
		*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 interpreta	
		*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 interpreta	
		*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 interpretat	
		*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 interpretat	
		*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 inte	
		*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 inte	
		*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 inte	
		*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 inte	
		*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 modula	
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Service

	SJH Procedures - Vascular Service			
New Name	Old Name	CPT Code		Service
REPAIR, ANEURYSM, AORTOILIAC, ENDOVASCULAR	REPAIR ANEURYSM ENDOVASCULAR ABDOMINAL AORTA/ILIAC ARTERY	*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 modula	Vascular
		*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 modula	
		*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 modula	
REPAIR, ANEURYSM, ARTERY, FEMORAL	REPAIR FEMORAL ANEURYSM/ANGIOPLASTY FEMORAL	*35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	Vascular
		*35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	
REPAIR, ARTERY, PROFUNDA FEMORIS, PROXIMAL	PROFUNDOPLASTY	35226	Repair blood vessel, direct; lower extremity	Vascular
		35256	Repair blood vessel with vein graft; lower extremity	
		35286	Repair blood vessel with graft other than vein; lower extremity	
REPLACEMENT, DRESSING	PACU DRESSING CHANGE W ANESTHESIA IP	15852	Dressing change (for other than burns) under anesthesia (other than local)	Bariatric, Cardiac/Open Heart, Cardiovascular, Colorectal, ENT, General, Gynecology, Orthopedics, Pacemakers, Plastics, Spine, Thoracic, Urology, Vascular
REVISION OR REMOVAL, DIALYSIS ARTERIOVENOS (AV) FISTULA OR GRAFT, LOWER EXTREMITY	REVISION/EXCISION FISTULA/ACCESS GRAFT LOWER EXTREMITY	36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	Vascular
REVISION OR REMOVAL, DIALYSIS ARTERIOVENOS (AV) FISTULA OR GRAFT, UPPER EXTREMITY	REVISION/EXCISION FISTULA/ACCESS GRAFT UPPER EXTREMITY	35903	Excision of infected graft; extremity	Vascular
		36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	
REVISION, AMPUTATION, LOWER EXTREMITY	AMPUTATION REVISION LEG	27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	Vascular
			Amputation, thigh, through femur, any level; re-amputation	
			Amputation, leg, through tibia and fibula; secondary closure or scar revision	
			Amputation, leg, through tibia and fibula; re-amputation Amputation, metatarsal, with toe, single	

New Name	Old Name	CPT Code	Service
REVISION, BYPASS, ARTERIAL, FEMORAL TO FEMORAL		35879 Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	Vascular
		35881 Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interpositior	1
		35883 Revision, femoral anastomosis of synthetic arterial bypa in groin, open; with nonautogenous patch graft (eg, Dac ePTFE, bovine pericardium)	0
		35884 Revision, femoral anastomosis of synthetic arterial bypa in groin, open; with autogenous vein patch graft	ss graft
REVISION, CATHETER, DIALYSIS, PERITONEAL	REVISION PERITONEAL DIALYSIS CATHETER	49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	Vascular
STAB PHLEBECTOMY, VARICOSE VEIN	PHLEBECTOMY STAB	37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 incisions	stab Vascular
		37766 Stab phlebectomy of varicose veins, 1 extremity; more t incisions	han 20
SURGICAL PROCUREMENT, VEIN, ENDOSCOPIC	ENDOSCOPIC VEIN HARVESTING	33508 Endoscopy, surgical, including video-assisted harvest of for coronary artery bypass procedure (List separately in addition to code for primary procedure)	
TRANSPOSITION, VEIN, BASILIC	BASILIC VEIN TRANSPOSITION	36819 Arteriovenous anastomosis, open; by upper arm basilic transposition	vein Vascular