

LOWER EXTREMITY REVASCULARIZATION (LER)

Physician Coding Resource

LOWER EXTREMITY IS SEGMENTED INTO 4 DISTINCT TERRITORIES¹

Iliac territory

- Divided into **3 vessels**: common iliac, internal iliac, and external iliac arteries

Femoral/popliteal territory

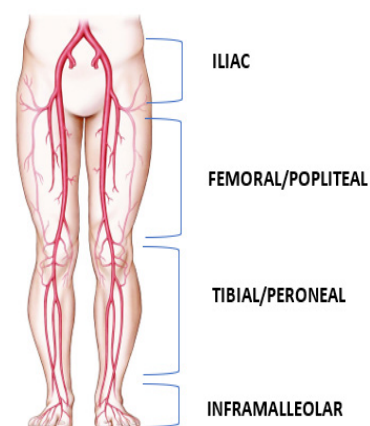
- Divided into **2 vessels**: common femoral/profunda femoris, superficial femoral/popliteal arteries

Tibial/peroneal territory

- Divided into **3 vessels**: anterior tibial, posterior tibial, and peroneal arteries

Inframalleolar territory

- Divided into **2 vessels**: dorsalis pedis and plantar arteries



CPT[®] CODES 37254 – 37299 and 0238T

These codes describe lower extremity revascularization procedures performed either percutaneously and/or through open surgery.¹ The CPT[®] codes are distinguished between straightforward lesion (stenosis) and complex lesion (occlusion).

The following services are bundled into CPT[®] codes 37254 - 37299:

- Accessing and selectively catheterizing the vessels
- Crossing the lesions
- Radiological supervision and interpretation
- Embolic protection if used
- Closure of arterial puncture site (either by pressure, closure device, or by suture)

Intravascular lithotripsy (IVL) CPT[®] codes (+37262 and +37279) are separately billable as add-on codes:

- Add-on codes must be billed with primary procedure codes (angioplasty, stenting, atherectomy)
- Up to 3 IVL add-on codes can be reported in the iliac territory since there are 3 vessels that can be treated
- Up to 2 IVL add-on codes can be reported in the femoral/popliteal territory since there are 2 vessels that can be treated
- There are no IVL CPT[®] codes in the tibial/peroneal and inframalleolar territories

The following services in the table below are separately reportable in addition to CPT[®] codes 37254 – 37299. This list of codes is not all-inclusive. Please refer to the CPT[®] coding guideline for a complete list of separately reportable procedures.

CPT [®] CODES	DESCRIPTION
37211	Thrombolysis
37184, +37185, +37186	Arterial thrombectomy
37242, 37244	Embolization
35226, 35286	Extensive repair or replacement of the artery
+37252, +37253	Intravascular ultrasound, non-coronary vessels
75710, 75716	Diagnostic angiography
76937	Ultrasound guidance for vascular access

The following CPT[®] codes are applicable to lower extremity revascularization procedures effective January 1, 2026¹

LER CPT [®] CODE STRUCTURE	STRAIGHTFORWARD LESION INITIAL VESSEL	STRAIGHTFORWARD LESION ADDITIONAL VESSEL	COMPLEX LESION INITIAL VESSEL	COMPLEX LESION ADDITIONAL VESSEL	INTRAVASCULAR LIITHOTRIPTY (IVL)
ILIAC TERRITORY: Divided into 3 Vessels: common iliac, internal iliac, external iliac arteries. Maximum of one initial and two additional codes in iliac territory. Up to 3 IVL add-on codes are reportable.					
Angioplasty	37254	+37255	37256	+37257	
Stent	37258	+37259	37260	+37261	
Atherectomy (orbital)	0238T	0238T	0238T	0238T	
IVL					+37262
FEMORAL/POPLITEAL TERRITORY: Divided into 2 Vessels: common femoral/profunda femoris and superficial femoral/popliteal arteries. Maximum of one initial and one additional code in femoral/popliteal territory. Up to 2 IVL add-on codes are reportable.					
Angioplasty	37263	+37264	37265	+37266	
Stent	37267	+37268	37269	+37270	
Atherectomy	37271	+37272	37273	+37274	
Stent + atherectomy	37275	+37276	37277	+37278	
IVL					+37279
TIBIAL/PERONEAL TERRITORY: Divided into 3 Vessels: anterior tibial, posterior tibial, and peroneal arteries. Maximum of one initial and two additional codes in tibial/peroneal territory. No IVL add-on code in this territory.					
Angioplasty	37280	+37281	37282	+37283	
Stent	37284	+37285	37286	+37287	
Atherectomy	37288	+37289	37290	+37291	
Stent + atherectomy	37292	+37293	37294	+37295	
INFRAMALLEOLAR TERRITORY: Divided into 2 Vessels: dorsalis pedis and the plantar (medial plantar, lateral plantar) arteries. Maximum of one initial and one additional code in inframalleolar territory. No IVL add-on code in this territory.					
Angioplasty	37296	+37297	37298	+37299	

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure

Reference

¹2025 American Medical Association. <https://www.ama-assn.org/>

Disclaimer

This material and the information contained herein is for general information purposes only and is not intended, and does not constitute, legal, reimbursement, business, clinical, or other advice. Furthermore, it is not intended to and does not constitute a representation or guarantee of reimbursement, payment, or charge, or that reimbursement or other payment will be received. It is not intended to increase or maximize payment by any payer. Abbott makes no express or implied warranty or guarantee that the list of codes and narratives in this document is complete or error-free. Similarly, nothing in this document should be viewed as instructions for selecting any particular code, and Abbott does not advocate or warrant the appropriateness of the use of any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial, coding, or reimbursement specialist for any questions related to coding, billing, reimbursement, or any related issues. This material reproduces information for reference purposes only. It is not provided or authorized for marketing use.

CAUTION: This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at manuals.eifu.abbott for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events. This material is intended for use with healthcare professionals only

Information contained herein for **DISTRIBUTION** in the U.S. ONLY.

Abbott

3200 Lakeside Dr., Santa Clara, CA 95054 USA Tel: 1.800.227.9902

www.cardiovascular.abbott

TM Indicates a trademark of the Abbott group of companies

* Indicates third party trademark, which is the property of its respective owner.

©2025 Abbott. All rights reserved. MAT-2514405 v1.0

HE&R approved for non-promotional use only.

