Reimbursement Hotline
Email: reimbursement@angiosafe.com
Phone: 888-909-0817

2026 Lower Extremity Revascularization
Coding Tips for Femoral/Popliteal Revascularization
Santreva™- ATK Endovascular Revascularization Catheter

Effective January 1, 2026, 46 new lower extremity revascularization codes have been grouped into four "territories" and type of treatment. A vascular territory is a collection of anatomically related arteries considered together for coding purposes. Codes 37254-37298 are divided into four vascular territories: 1) iliac; 2) femoral and popliteal; 3) tibial and peroneal; and 4) inframalleolar. Each territory is further divided into vessels for which a primary intervention code may only be reported once.

Santreva™-ATK Endovascular Revascularization Catheter

This document focuses on Santreva™-ATK Endovascular Revascularization Catheter with the following guidelines specific to the Femoral/Popliteal Territory (37263-37278).

Primary Procedure	Straightforward Lesion (initial vessel)	Straightforward Lesion (addl vessel)	Complex Lesion (initial vessel)	Complex Lesion (addl vessel)
Femoral/Popliteal Territory - 2 Vessels: common femoral/profunda femoris and superficial femoral/popliteal arteries. Max of one initial and one add-on code in femoral/popliteal territory.				
Angioplasty	**37263**	**+37264**	**37265**	**+37266**
Stent	**37267**	**+37268**	**37269**	**+37270**
Atherectomy	**37271**	**+37272**	**37273**	**+37274**
Stent + Atherectomy	**37275**	**+37276**	**37277**	**+37278**

- For coding purposes, the common femoral and profunda femoris arteries are considered a single vessel, and the superficial femoral and popliteal arteries are considered a single vessel.
  - Common femoral and profunda femoris treated as a single vessel.
  - Superficial femoral and popliteal treated as a single vessel.
    - Use only 37263, 37265, 37267, 37269, 37271, 37273, 37275, 37277 for initial artery treated.
  - Use code for the most complex service performed when more than one lesion is treated. Report the most comprehensive treatment in a given vessel according to following hierarchy:
    1. Stent and Atherectomy
    2. Atherectomy
    3. Stent
    4. PTA
  - If a lesion crosses from one vessel to another vessel, report only a single treatment code.
- Lesion Classification
  - A straightforward lesion is defined as a stenosis.
  - A complex lesion is defined as an occlusion.

- The revascularization codes bundle the following services (not separately reportable):
  - Accessing and selectively catheterizing the artery;
  - Crossing the lesion;
  - Performing the endovascular intervention through a percutaneous and/or open surgical exposure;
  - All imaging for intraprocedural guidance including radiological supervision and interpretation directly related to the intervention performed;
  - Imaging to document completion of the intervention and completion of the procedure; and
  - Closure of the arteriotomy by pressure and application of an arterial closure device or standard closure of the puncture by suture.
- Add-on codes
  - One add-on code (37264, 37266, 37268, 37270, 37272, 37274, 37276, 37278) may be reported for additional vessels per extremity.
    - Add-on codes may be reported with either straightforward or complex primary codes.
    - Add-on codes represent distinct arteries, not multiple lesions in the same artery (e.g., they are never used for contiguous lesions).
    - A maximum of one angioplasty, stent, atherectomy, or stent/atherectomy add-on code may be reported in a unilateral femoral and popliteal vascular territory because there are only two vessels for coding purposes (the common femoral/profunda femoris and the superficial femoral and popliteal arteries).
- All codes are designated as unilateral
  - When a bilateral primary procedure is performed, append modifier 50. This modifier should not be appended to add-on codes with a ZZZ global assignment. Instead, the add-on codes should be reported twice.
  - Use Modifier 59 if same territory(ies) both legs are treated during same surgical session.
- Reporting a Failed Lesion Crossing
  - If a lesion cannot be successfully crossed, do not report a revascularization code.
  - Report diagnostic angiography and catheterization only.
- Diagnostic Angiography
  - May be reported only when:
    - No prior adequate study exists and the decision to intervene is based on the current study or the patient's condition has changed.
    - Prior imaging was inadequate.
    - New findings outside the target area emerge intra-procedurally.
- Clinical & Documentation Readiness
  - Operative note clearly identifies each artery treated.
  - Vascular territory is explicitly stated.
  - Lesion type documented as stenosis vs 100% occlusion.
  - Medical necessity supports the intervention.
  - Failed crossing attempts clearly documented when applicable.