

Arterial mechanical Thrombectomy Guidelines

CPT® Assistant.

September 2019; Volume 29: Issue 9

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Current Procedural Terminology (CPT®) codes for arterial mechanical thrombectomy (37184-37186) are in the Surgery/Cardiovascular System subsection of the CPT code set. Mechanical thrombectomy involves the removal of a thrombus (blood clot) from a vessel (eg, thrombotic occlusion of an extremity artery) to help restore circulation. The CPT code set includes guidelines that distinguish between arterial or venous transcatheter therapies. This article focuses on arterial mechanical thrombectomy codes and the related revisions made to the guidelines and parentheticals in the 2019 code set.

Arterial Mechanical Thrombectomy Codes

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

▶(Do not report 37184 in conjunction with 61645, 76000, 96374)◀

+ 37185

second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)

▶(Do not report 37184 in conjunction with 61645, 76000, 96374)◀

(Do not report 37185 in conjunction with 61645 for treatment of the same vascular territory. See Nervous System Endovascular Therapy)

+ 37186

Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), non-coronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)

▶(Do not report 37186 in conjunction with 76000, 96375)◀

(Do not report 37186 in conjunction with 61645 for treatment of the same vascular territory. See Nervous System Endovascular Therapy)

Arterial mechanical thrombectomy procedures can be performed either as a primary or secondary transcatheter procedure. A diagnosis of 'thrombotic occlusion' is usually followed by subsequent therapeutic management, which includes mechanical thrombectomy. Most often, the diagnosis is made with imaging modalities obviating the need for conventional diagnostic angiography to make the diagnosis. In limited circumstances, conventional diagnostic angiography is performed to establish the diagnosis and subsequent therapeutic mechanical thrombectomy is performed. In all cases, the thrombectomy service focuses on pre-treatment planning, performance of the procedure, and post-procedure evaluation. Code 37184 is reported for endovascular mechanical thrombectomy in the initial arterial vessel. Add-on code 37185 is reported for any and all subsequent vessel(s) within the same vascular family. Therefore, the phrase 'second and all subsequent vessel(s)' in the code descriptor means that code [37185](#) is reported only once, no matter how many subsequent vessels are treated in a given vascular family. Note should be made that other interventions (eg percutaneous transluminal angioplasty) may be performed in conjunction with the thrombectomy to treat a previously unidentified (revealed only after clearing the thrombus) underlying pathology (eg, stenosis), and may be separately reported. See Appendix L of the CPT code set for definitions and descriptions of vascular families.

Coding Tip

Mechanical thrombectomy procedures include radiological supervision and interpretation services, which are, therefore, not reported separately. Arteriography services related to guidance and monitoring of thrombectomy procedures and completion study(ies) that are performed on the same day are also included in codes 37184-37186.

A 'secondary' transcatheter thrombectomy procedure is performed for the removal or retrieval of segment(s) of a thrombus or embolus, typically after another percutaneous intervention that was complicated by a thrombotic event. Alternatively, when arterial pathology is known prior to an endovascular intervention and pre-procedure planning is focused on correction of the pathology (eg angioplasty or stenting), secondary thrombectomy may be performed to remove short segments of thrombus also known to be present to prevent complications (distal clot embolization) or to enhance the correction of the pathology. Secondary arterial mechanical thrombectomy is always performed in conjunction with another primary intervention (eg, transluminal balloon angioplasty, stent placement), which is reported separately. This type of thrombectomy is reported with add-on code 37186, which may not be reported with codes 37184 and 37185.

Coding Tip

Catheter placement(s), diagnostic studies, and other percutaneous interventions (eg, transluminal balloon angioplasty, stent placement) provided when arterial mechanical thrombectomy is performed are separately reportable.

Occasionally, it is necessary to treat additional arterial vascular families with a thrombectomy in the same session. When treating these additional families through a separate access site than was used for the initial thrombectomy, modifier 59, Distinct Procedural Service, should be appended to code 37184 to indicate the additional service. Prior to 2019, introductory language stated that modifier 51, Multiple Procedures, should be used to report the additional service; however, since code 37185 is an add-on code specifically intended to be used with code 37184, it was recognized that this instruction conflicts with the coding conventions for other add-on codes. Hence, the instruction has since been replaced with instructions to report modifier 59 instead of modifier 51. Parenthetical notes following codes 37184-37186 were also revised to accommodate the deletion of radiological code 76001. ♦