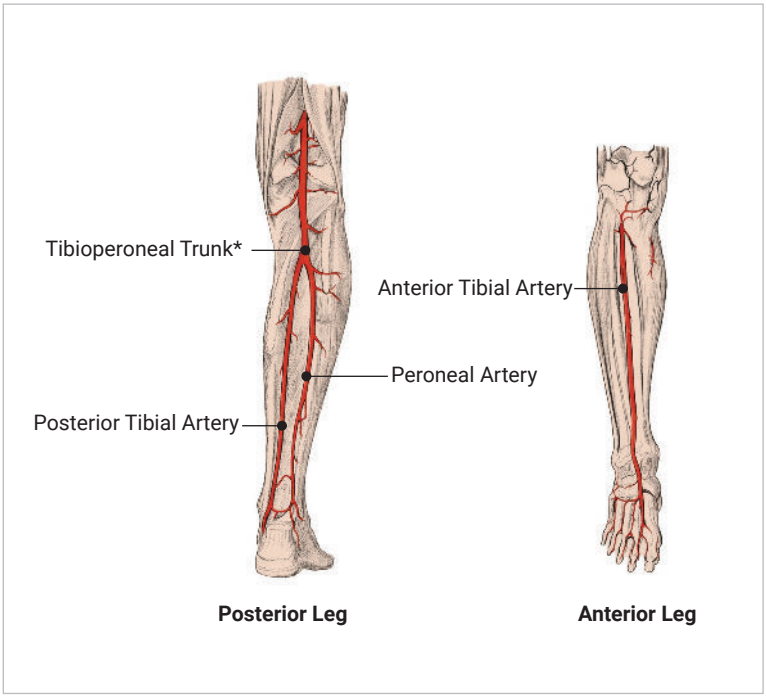
CLINICAL DOCUMENTATION GUIDE

Spur® Stent Procedures



*The tibioperoneal trunk is a vessel in the tibial/peroneal territory but is not separately billable if another intervention is performed in the peroneal or the posterior tibial artery.

Stenting Procedures: Endovascular Revascularization: Tibial Peroneal Territory

CPT	Short Description
37284	w/transluminal stent placement, +/- angioplasty, straightforward, initial vessel
+37285	each additional vessel
37286	w/transluminal stent placement, +/- angioplasty, complex, initial vessel
+37287	each additional vessel
37292	w/transluminal stent placement and atherectomy, +/- angioplasty, straightforward, initial vessel
+37293	each additional vessel
37294	w/transluminal stent placement and atherectomy, +/- angioplasty, complex, initial vessel
+37295	each additional vessel

Full Current Procedural Terminology (CPT) descriptions: AMA *CPT® 2026 Professional Edition.* American Medical Association.

Documentation Tips:

- Patient's medical history, indications for medical necessity
- Detailed description of interpretation of findings for diagnostic angiography and IVUS
- Specify intervention(s): angioplasty, stent, atherectomy or stent with atherectomy
- Laterality
- Specific devices used
- Territory treated
- If lesion is straightforward (50–99% stenosis) or complex (100% occlusion)
- Documentation should clarify distinct, separate lesion versus contiguous lesion.

Bundled Services:

- Vascular access
- Catheter placement(s) in the same vascular family
- Clinical work involved with crossing the lesion (e.g. specialty guidewires, etc.)
- Radiological Supervision & Interpretation (RS&I)
- Use of an embolic protection device
- Closure of access site, device angiography

Separately Reportable Services:

- IVUS
- Diagnostic Radiological Supervision & Interpretation (RS&I)
- Catheter placement(s) via separate access
- Mechanical thrombectomy and thrombolysis
- Moderate sedation
- Extensive arterial repair

*For a complete overview, please refer to: CPT 2026 Section Guidelines: Endovascular Revascularization of Lower Extremities for Arterial Occlusive Disease. AMA *2026 CPT® Professional Edition.* American Medical Association

Clinical Vignette and Description of Procedure (DOP)

Typical Patient: Spur® Stent System

A 70-year-old male presented to the clinic with a history of coronary artery disease (CAD), Type II diabetes, and hypertension. Rutherford Class 5, Ankle Brachial Index (ABI) 0.82, Toe Brachial Index (TBI) 0.58, and a non-healing amputation of the right fifth digit with gangrene.

Upon diagnostic angiography, disease noted in tibial arteries with a lesion of approximately 100 mm and severe >90% stenosis in the proximal anterior tibial (AT) artery, with reconstitution at the mid-segment and in-line flow to the foot via the dorsalis pedis.

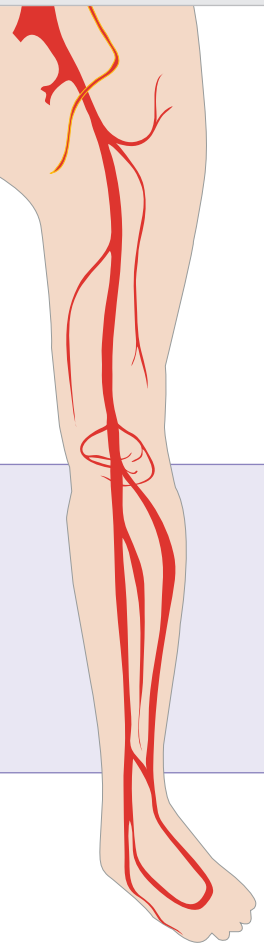
The decision was made to treat the vessel with the Spur Stent System.

Procedure

After angiographic confirmation of the lesion in the proximal AT, a 0.014 wire was used to successfully cross the lesion. The lesion was then pre-dilated with a 3.0 × 100 balloon. A 3.0 × 65 mm Spur stent delivery catheter was advanced over the wire across the distal segment. The Spur stent was placed and deployed at the lesion site, and the integrated balloon inflated for 2 minutes. After balloon deflation, the stent is maintained in the expanded state in the vessel for 3 minutes, allowing for perfusion, after which the balloon was reinflated for an additional 1 minute. The Spur stent was retrieved and repositioned for placement in the proximal lesion segment, and the steps were repeated. The Spur stent system is then removed. Final angiography demonstrated <30% residual stenosis throughout the treated segment, with brisk flow to the foot, and no evidence of dissection or perforation. Hemostasis was obtained with manual compression without complications.

Multiple territories and vessels may be treated in the same operative session as the Spur Stent System. Below is a general overview of each coding territory and the number of vessels that can be reported. Treatment options are based on medical necessity and a physician's independent medical decision making, not reimbursement amounts.

- One base code is reported for each territory, each leg (may repeat base code for bilateral with -50 modifier).
- Physician work related to the treatment of additional vessels within a vascular territory may be reported with add-on codes as appropriate.
- One lesion crossing two vessels is considered one vessel.
- One treatment crossing two vessels is considered one treatment.



Territory	Percent Stenosis	Technology Used
Iliac (3 vessels)		
Common Iliac Artery Internal Iliac Artery External Iliac Artery	❑ Straightforward: 50%–99% ❑ Complex: 100%	❑ PTA ❑ Stent ❑ Atherectomy ❑ Stent + Atherectomy
Femoral Popliteal (2 vessels)		
Deep Femoral Artery Common Femoral Artery (1) Superficial Femoral Artery Popliteal Artery (2)	❑ Straightforward: 50%–99% ❑ Complex: 100%	❑ PTA ❑ Stent ❑ Atherectomy ❑ Stent + Atherectomy
Tibial and Peroneal (3 vessels)		
Anterior Tibial Artery Peroneal Artery Posterior Tibial Artery	❑ Straightforward: 50%–99% ❑ Complex: 100%	❑ PTA ❑ Stent ❑ Atherectomy ❑ Stent + Atherectomy
Inframalleolar (2 vessels)		
Dorsalis Pedis (includes Pedal Arch) Plantar Arteries	❑ Straightforward: 50%–99% ❑ Complex: 100%	❑ PTA