



Cohere Medicare Advantage Policy – Lower Extremity Arterial Revascularization

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Policy Information:

Specialty Area: Cardiovascular Disease

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Medical Necessity Criteria

Service: Lower Extremity Arterial Revascularization

Related CMS Documents

Please refer to the [CMS Medicare Coverage Database](#) for the most current applicable CMS National Coverage.

- There are no applicable NCDs and/or LCDs for Lower Extremity Arterial Revascularization.

Description

Lower extremity peripheral artery disease (PAD) is a condition where blood flow is restricted in the arteries of the legs due to narrowing or blockage caused by plaque build-up. Pain, numbness, and tissue damage to the legs and feet may result from a lack of blood flow, and surgical intervention may be required. Lower extremity arterial revascularization is a surgical procedure that can be performed in patients to restore blood flow to the legs and feet, improving pain and quality of life.¹⁻²

Medical Necessity Criteria

Indications

Lower extremity arterial revascularization (percutaneous) is considered appropriate if **ANY** of the following is **TRUE**¹⁻⁹:

- The patient has chronic limb-threatening arterial occlusive disease (CLTI), and **ALL** of the following are **TRUE**:
 - The disease is classified as Rutherford stage 4-6 or Fontaine stage III to I (see Table 1)⁹⁻¹¹; **AND**
 - The clinician determines that the patient is an appropriate candidate for intervention and provides appropriate clinical documentation supporting the clinical decision-making process, including **ANY** of the following:
 - Angiographic (CTA, MRA, invasive angiogram) lesion greater than or equal to 75%⁷; **OR**
 - A stenosis of 50% to 75% by angiography may not be hemodynamically significant (i.e., the cause of limited perfusion).

- Resting (greater than 10 mmHg) or provoked (greater than or equal to 10 mmHg) intravascular pressure measurements may be needed to determine whether lesions are hemodynamically significant⁷; **OR**
- Lower extremity duplex Doppler with peak systolic velocity (PSV) greater than 3 m/s or velocity ratio 4:1⁷; **AND**
- **ANY** of the following:
 - Percutaneous transluminal angioplasty (PTA) and/or stent for aortoiliac disease arterial occlusive disease¹; **OR**
 - PTA and/or stent for femoral–popliteal arterial occlusive disease¹; **OR**
 - Atherectomy for femoral–popliteal arterial occlusive disease with documentation of **ANY** of the following⁹:
 - In-stent restenosis (ISR)(only laser atherectomy is Class IIa and should documented in the medical record); **OR**
 - Documented moderate to severe calcification (arc of calcification extends circumferentially to greater than or equal to 180 degrees in a vessel that has failed PTA or, in the opinion of the provider, is not dilatable¹²); **OR**
 - PTA in an infrapopliteal (tibial or peroneal) vessel⁹; **OR**
 - Atherectomy and/or stent for infrapopliteal occlusive disease with documentation of **ANY** of the following*⁹:
 - Documented moderate to severe calcification (arc of calcification extends circumferentially to greater than or equal to 180 degrees in a vessel that has failed PTA or, in the opinion of the provider, is not dilatable¹²); **OR**
 - Aneurysm (stent); **OR**
 - Flow-limiting dissection after intervention (stent); **OR**
 - The patient has non-limb threatening/intermittent claudication arterial occlusive disease, and **ALL** of the following are **TRUE**¹⁻⁴:
 - The disease is classified as Rutherford stage 0–3 or Fontaine stage I to IIb (see Table 1)⁹⁻¹¹; **AND**
 - The patient fails to show significant clinical improvement despite documented compliance with optimal medical care (OMC)(smoking cessation, weight management, glycemic control, statin therapy, blood pressure management, supervised exercise program, pharmacotherapy [e.g., anti-platelet, cilostazol]); **AND**
 - The patient reports their symptoms to be negatively affecting activities of daily living (ADLs); **AND**

- The clinician determines that the patient is an appropriate candidate for intervention and provides appropriate clinical documentation supporting the clinical decision-making process, including **ANY** of the following:
 - Angiographic (computed tomography angiography [CTA], magnetic resonance angiography [MRA], invasive angiogram lesion greater than or equal to 75%)⁷; **OR**
 - A stenosis of 50% to 75% by angiography with documented resting (greater than 10 mmHg) or provoked (greater than or equal to 10 mmHg) intravascular pressure measurements⁷; **OR**
 - Lower extremity duplex Doppler with peak systolic velocity (PSV) greater than 3 m/sec or a velocity ratio greater than 4:1⁷; **AND**
- **ANY** of the following^{**}:
 - PTA and/or stent for aortoiliac disease arterial occlusive disease⁹; **OR**
 - PTA and/or stent for femoral-popliteal arterial occlusive disease⁹; **OR**
 - Atherectomy for femoral-popliteal arterial occlusive disease with documentation of **ANY** of the following⁹:
 - In-stent restenosis (ISR)(only laser atherectomy is Class IIa and should documented in the medical record); **OR**
 - Documented moderate to severe calcification (arc of calcification extends circumferentially to greater than or equal to 180 degrees in a vessel that has failed PTA or, in the opinion of the provider, is not dilatable¹²); **OR**
- The procedure is considered appropriate in the presence or absence of symptoms, and **ANY** of the following is **TRUE**:
 - Bail-out stenting for flow-limiting dissection after procedure¹; **OR**
 - Stenting for aneurysm or pseudoaneurysm¹; **OR**
 - Threatened bypass graft for PTA/stenting and **ANY** of the following:
 - Drop in ABI of 0.15 or greater⁷; **OR**
 - Stenosis in graft/inflow or outflow of greater than 50% by lower extremity arterial Doppler (LEAD) or CTA/MRA.⁷

*NOTE: Infrapopliteal interventions besides a balloon angioplasty (PTA) in the setting of limb-threatening arterial occlusive disease of the extremities may be subject to prospective and/or retrospective review. Inframalleolar revascularization should be extremely rare. Multilevel arterial revascularization procedures may be indicated in the setting of

limb-threatening ischemia (e.g., suprainguinal, infrainguinal, and/or infrapopliteal) with appropriate documentation.

****NOTE:** Infrapopliteal interventions (endovascular or surgical) are rarely indicated in the treatment of non-limb-threatening arterial occlusive disease of the extremities. All infrapopliteal interventions in the setting of non-limb-threatening arterial occlusive disease of the extremities will be subject to review.

Non-Indications

Lower extremity arterial revascularization is not considered appropriate if **ANY** of the following is **TRUE**^{1-3,7-9}:

- Revascularization performed in a patient with peripheral artery disease solely to prevent progression to CLTI; **OR**
- **ANY** of the following conditions¹³⁻¹⁵:
 - Pure venous ulcers; **OR**
 - Pure traumatic wounds; **OR**
 - Embolic disease; **OR**
 - Nonatherosclerotic chronic vascular conditions of the lower extremity (e.g., vasculitis, Buerger disease, radiation arteritis); **OR**
- A successful arterial intervention could increase the risk of the patient developing a limb-threatening condition or would not extend the quality or length of life, such as **ANY** of the following:
 - The patient's age or existing co-morbid conditions indicate the risk of a complication; **OR**
 - The patient is permanently non-ambulatory or the patient's activity level is severely limited; **OR**
- Evidence of occlusion without accompanying clinical symptoms (i.e., claudication); **OR**
- Isolated tibial artery occlusive disease for claudication; **OR**
- The patient is not considered a suitable candidate for percutaneous intervention based on documentation from the most recent physician encounter and TASC criteria (i.e., TASC D; see Tables 3 and 4).¹⁶⁻¹⁸

Tables

Table 1.

Rutherford/Fontaine Peripheral Arterial Disease Classification System^{a-b}		
Rutherford Stage	Fontaine Stage	Description/Definition
0	I	Asymptomatic
1	IIa	Mild claudication
2	IIb	Moderate claudication
3	IIb	Severe claudication
4	III	Rest pain
5	IV	Ischemic ulcers of the digits of the foot (minor tissue loss)
6	IV	Severe ischemic ulcers or gangrene (major tissue loss)

Table 2.

WiFi Classification System: Risk stratification based on wound, ischemia, and foot infection¹²		
Wound (W)	Grade	Description
	0	No ulcer or gangrene (ischemic pain at rest)
	1	Small or superficial ulcer on leg or foot, without gangrene (SDA or SC)
	2	Deep ulcer with exposed bone, joint or tendon with or without gangrene limited to digits
	3	Deep, extensive ulcer involving forefoot and/or midfoot with or without calcaneal involvement with or without extensive gangrene (CR of the foot or nontraditional TMA)
Ischemia (I)	Grade	ABI/SBP of the ankle/TP, TcPO₂
	0	Greater than or equal to 0.80/Greater than 100 mmHg/Greater than or equal to 60 mmHg
	1	0.6–0.79/70–100 mmHg/40–59 mmHg
	2	0.4–0.59/50–70 mmHg/30–39 mmHg
	3	Less than or equal to 0.39/Less than or equal to 50 mm/Hg/Less than 30 mmHg
Foot Infection (fi)	Grade	Description
	0	Uninfected
	1	Mild local infection, involving only the skin and subcutaneous tissue, erythema greater than 0.5 to less than or equal to 2 cm
	2	Moderate local infection, with erythema greater than 2 cm or involving deeper structures
	3	Severe local infection with signs of SIRS

Wifi = Wound, Ischemia, and foot Infection; SDA = simple digital amputation; SC = skin coverage; MDA = multiple digital amputations; TMA = transmetatarsal amputation; CR = complex reconstruction; ABI = ankle-brachial index; SBP = systolic blood pressure; TP = toe pressure (SBP of toe); TCPO₂ = transcutaneous oxygen pressure; SIRS = systemic inflammatory response syndrome.

Table 3.

TASC Classification of Femoral Popliteal Lesions¹⁸	
TASC A Lesions	Single stenosis ≤ 10 cm in length Single occlusions less than ≤ 5 cm in length
TASC B Lesions	Multiple stenoses or occlusions each ≤ 5 cm Single stenosis ≤ 15 cm Heavily calcified occlusions ≤ 5 cm Single popliteal stenosis
TASC C Lesions	Multiple stenoses or occlusions totaling ≥ 15 cm Recurrent stenoses or occlusions after failing treatment (Two endovascular interventions).
TASC D Lesions	Chronic total occlusion of common femoral artery or superficial femoral artery (> 20 cm) Chronic total occlusion of popliteal artery and proximal trifurcation vessels.

Table 4.

TASC Classification of Aortoiliac Lesions¹⁸	
TASC A Lesions	Unilateral or bilateral common iliac artery stenoses Unilateral or bilateral short (≤ 3 cm) external iliac artery stenosis
TASC B Lesions	Short (3 cm) stenosis of infrarenal aorta Unilateral common iliac artery occlusion External iliac artery stenosis/stenoses totaling 3-10 cm Unilateral external iliac artery occlusion
TASC C Lesions	Bilateral common iliac artery (CIA) occlusions Bilateral external iliac artery (EIA) stenoses 3-10cm long not extending into the common femoral artery (CFA) Unilateral external iliac artery (EIA) stenosis extending into the common femoral artery (CFA) Heavily calcified unilateral external iliac artery (EIA) occlusion
TASC D Lesions	Diffuse disease involving the aorta and both iliac arteries Diffuse multiple stenoses Unilateral occlusion of both external iliac artery (EIA) and common iliac artery (CIA) Bilateral occlusion of external iliac artery (EIA)

Level of Care Criteria

Inpatient or Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with

	transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)
37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including

	all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary

	to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37282	Revascularization, endovascular, open or

	percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and

	radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent

	placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion

Disclaimer: S Codes are non-covered per CMS guidelines due to their experimental or investigational nature.

Evaluation of Clinical Harms and Benefits

Cohere Health uses the criteria below to ensure consistency in reviewing the conditions to be met for coverage of lower extremity arterial revascularization. This process helps to prevent both incorrect denials and inappropriate approvals of medically necessary services. Specifically, limiting incorrect approvals reduces the risks associated with unnecessary procedures, such as complications from surgery, infections, and prolonged recovery times.

The potential clinical harms of using these criteria may include:

- Complications associated with lower extremity arterial revascularization include arterial perforation, distal embolism, or myocardial infarction.¹
- Although rare, adverse reactions to anesthesia or contrast agents used during the procedure may occur. As with any surgical procedure, there is a risk of infection at the surgical site.¹
- Restenosis, or re-narrowing of the artery, can occur and may require additional procedures.¹
- Increased healthcare costs and complications from the inappropriate use of emergency services and additional treatments.

The clinical benefits of using these criteria include:

- This procedure improves blood flow and restores adequate blood circulation to the affected limb.¹
- Restoring blood flow can reduce or eliminate pain and cramping.¹
- Improved limb function can allow patients to resume activities of daily living (ADLs).¹
- Reduction in complications and adverse effects from unnecessary procedures.²
- Improved patient outcomes through timely and appropriate access to the procedure. In patients with critical limb ischemia, this procedure decreases the likelihood of amputation.²
- Enhanced overall patient satisfaction and healthcare experience.

This policy includes provisions for expedited reviews and flexibility in urgent cases to mitigate risks of delayed access. Evidence-based criteria are

employed to prevent inappropriate denials, ensuring that patients receive medically necessary care. The criteria aim to balance the need for effective treatment with the minimization of potential harms, providing numerous clinical benefits in helping avoid unnecessary complications from inappropriate care.

In addition, the use of these criteria is likely to decrease inappropriate denials by creating a consistent set of review criteria, thereby supporting optimal patient outcomes and efficient healthcare utilization.

Medical Evidence

Conte et al (2019) developed global vascular guidelines for the management of chronic limb-threatening ischemia. The group proposed a new anatomic scheme for threatened limbs, the Global Limb Anatomic Staging System (GLASS). This integrated, limb-based approach is based on a set of clinical assumptions and simplified approaches to stratification. They make a strong recommendation for revascularization to all average-risk patients with advanced limb-threatening conditions and significant perfusion deficits. There was a weak recommendation for revascularization in average-risk patients with intermediate limb threat (based on a scoring tool such as Wlfi). It is stated that a more in-depth study is required regarding the relationship between regional ischemia and patterns of infrapopliteal and pedal disease.²

Woo et al (2022) published the Society of Vascular Surgery appropriate use criteria for the management of intermittent claudication. Twenty-two hundred and eighty unique intermittent claudication treatment scenarios were rated. Invasive treatment recommendations were made for patients who have completed exercise therapy, are nonsmokers, and are on optimal medical therapy with severe lifestyle limitations. The group stated that there is an unclear benefit and possible harm related to invasive intervention in the infrapopliteal segment for intermittent claudication.⁴

Gerhard-Herman et al (2017) developed the 2016 AHA/ACC guideline for the management of patients with lower extremity peripheral artery disease. Strong evidence-based recommendations were made for revascularization in the setting of CLTI to minimize tissue loss. Interdisciplinary team evaluation is strongly recommended prior to intervention. The BASIL (bypass versus angioplasty in severe ischemia of the leg) randomized controlled trial (RCT) revealed that endovascular revascularization is an effective option for those patients with chronic limb-threatening ischemia as compared with open surgery. The group stated that multiple RCTs are ongoing that compare surgical and endovascular treatment.⁷

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Policy Revision History/Information

Original Date: March 27, 2025		
Review History		
Version 1.1	12/18/2025	<p>Revision.</p> <p>Updated bullet shapes (no content changes).</p> <p>Codes deleted per AMA code update effective 01/01/26: 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231.</p> <p>Codes added per AMA code update effective 01/01/26: 37254, 37256, 37258, 37260, 37263, 37265, 37267, 37269, 37271, 37273, 37275, 37277, 37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294.</p>
Version 1.2	01/29/2026	<p>Revision.</p> <p>Codes added as a policy scope expansion: 37262, 37296, 37298.</p>