

# Bridging Lesions

What they are and how to document them in **VASCUNOTE™**

DISCLAIMER: As a reminder, per the licensing agreement with VMA for VASCUNOTE™, you and your practice are responsible for the billing of CPT codes on a case. Someone from your practice or billing company, with knowledge of the billing standards, payer requirements, and the procedures in a case should review the CPT codes produced by VASCUNOTE™ before billing.

# What is a “bridging lesion”?

- A **bridging lesion** is a single, continuous stenosis or occlusion that extends across the boundary between two adjacent vessels or vascular territories and is treated as one continuous lesion during the same intervention.
- Guidelines require that you report the intervention on EITHER the most distal vessel treated OR
- The vessel with the bulk of the disease

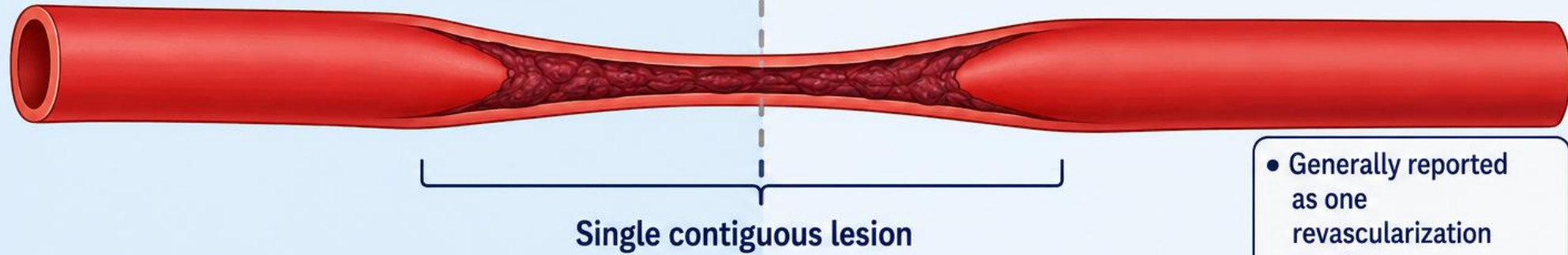
The CPT manual states: "if a lesion extends across the margins of one vessel into another vessel in the same or adjacent vascular territory, but can be treated with a single therapy, the intervention should be reported with a single primary code for the more distal of the adjacent vessels."

SIR 2026 Navigator IR Procedures Medical Coding Guide, they have a guidance for this type of intervention that states the revascularization code selection "should be based on which vessel has most of the disease."

## BRIDGING LESION — ONE CONTINUOUS LESION

Proximal vascular territory

Distal vascular territory

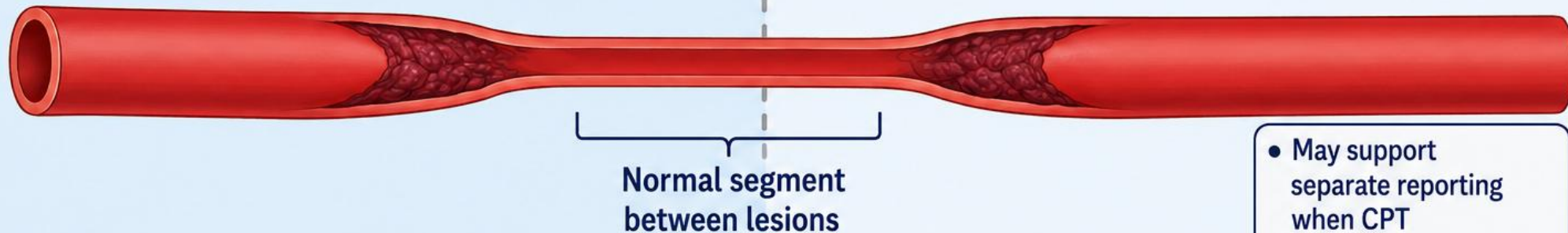


- Generally reported as one revascularization service.

## SEPARATE LESIONS — NOT A BRIDGING LESION

Proximal vascular territory

Distal vascular territory



- May support separate reporting when CPT requirements are met.

**Defining feature: one uninterrupted lesion crossing the boundary between adjacent vessels or vascular territories.**

# VASCUNOTE™ + Bridging lesions

- In the past, VASCUNOTE™ did not have a great way to identify interventions on bridging lesions
- User options prior to update:
  - Document only one of the interventions for billing purposes and type in the text to indicate it was a bridging lesion
  - Document the intervention on both vessels and tell coders not to bill one of the codes

# VASCUNOTE™ + Bridging lesions

- Beginning August 31, 2026, an update to VASCUNOTE™ will allow users to “bridge” two vessels together for the purposes of documenting an intervention on a bridging lesion

Here's how it will work →

1. Select Case >> 2. Enter Case Information >> 3. Perform Procedure >> 4. Enter Additional Info >> 5. Review Op Note >> 6. Outcomes



## Procedure and Code

Up Down Remove

PUNCTURE-1 RT Common Femoral (~36140)

PTA-1 LT Ext. Iliac (37254 -LT)

## Procedure Narrative

We balloon dilated the left external iliac artery. Pre-treatment stenosis was \_\_%. Post-treatment stenosis was \_\_%.

Arterial zoom - > + zoom

ulnar  
interosseous  
radial

ascending aorta  
intercostal  
descending aorta  
intercostal

ulnar  
interosseous  
radial

con

Please specify pta procedure:

Pre-treatment findings:  
Stenosis:  %; ☐ patent; ☐ occluded;  
with: ☐ Calcification; ☐ Plaque; ☐ Thrombus; ☐ Dissection; ☐ Leak; ☐ Rupture; ☐ Aneurysm; ☐ Spasm; ☐ Intimal Hyperplasia; ☐ External Compression

Post-treatment findings:  
Stenosis:  %; ☐ patent; ☐ occluded;  
with: ☐ Calcification; ☐ Plaque; ☐ Thrombus; ☐ Dissection; ☐ Leak; ☐ Rupture; ☐ Aneurysm; ☐ Spasm; ☐ Intimal Hyperplasia; ☐ External Compression

Device information:  
Peak Inflation Pressure  (Atm) Inflation Time  (min)  
Manufacturer: and/or Product (Optional) Diameter (mm) Length (mm)  
    
(Enter your own description if item is not on list.)

Additional PTA in this case (Arterial module)  
☐ This PTA treats a separate and distinct lesion (e.g. normal segment between two diseased areas).  
☒ This PTA treats a bridging lesion (one continuous lesion extending into another vessel).  
☐ Neither statement applies / not applicable.

OK Cancel

exterr

profunda femoral  
lateral circumflex  
medial descending  
lateral descending  
perf

lateral superior genicular  
lateral inferior genicular  
medial superior genicular  
medial inferior genicular  
lateral inferior genicular  
anterior tibial recurrent

1. Document intervention on the first vessel, per usual.
2. Document intervention on the second involved vessel and indicate it was for treatment of a bridging lesion on the radio button options

1. Select Case >> 2. Enter Case Information >> 3. Perform Procedure >> 4. Enter Additional Info >> 5. Review Op Note >> 6. Outcomes



## Procedure and Code

Up Down Remove

PUNCTURE-1 RT Common Femoral (~36140)  
PTA-1 LT Ext. Iliac (37254 -LT)  
PTA-1 LT Common Femoral (37263 -LT)  
PTA-1 LT Popliteal (37264 -LT)

## Procedure Narrative

We balloon dilated the left popliteal artery. Pre-treatment stenosis was \_\_%. Post-treatment stenosis was \_\_%.

Arterial zoom - > + zoom

R L

lumbar infrarenal aorta IMA common iliac common iliac

extern profunda femoral lateral circumflex medial descending lateral descending perf

lateral superior genicular lateral inferior genicular anterior tibial recurrent anterior tibial peroneal dorsalis pedis arcuate arcuate

Please specify pta procedure:

Pre-treatment findings:  
Stenosis:  %; ☐ patent; ☐ occluded;  
with: ☐ Calcification; ☐ Plaque; ☐ Thrombus; ☐ Dissection; ☐ Leak; ☐ Rupture; ☐ Aneurysm; ☐ Spasm; ☐ Intimal Hyperplasia; ☐ External Compression

Post-treatment findings:  
Stenosis:  %; ☐ patent; ☐ occluded;  
with: ☐ Calcification; ☐ Plaque; ☐ Thrombus; ☐ Dissection; ☐ Leak; ☐ Rupture; ☐ Aneurysm; ☐ Spasm; ☐ Intimal Hyperplasia; ☐ External Compression

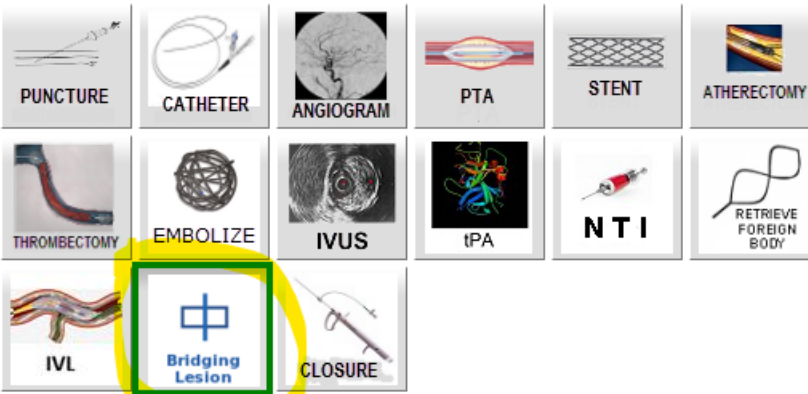
Device information:  
Peak Inflation Pressure  (Atm) Inflation Time  (min)  
Manufacturer: and/or Product (Optional) Diameter (mm) Length (mm)  
    
(Enter your own description if item is not on list.)

Additional PTA in this case (Arterial module)  
☐ This PTA treats a separate and distinct lesion (e.g. normal segment between two diseased areas).  
☒ This PTA treats a bridging lesion (one continuous lesion extending into another vessel).  
☐ Neither statement applies / not applicable.

OK Cancel

Continue documenting your case, adding interventions as needed. Here, I've added treatment of a second bridging lesion from the distal popliteal to the tp trunk.

1. Select Case >> 2. Enter Case Information >> 3. Perform Procedure >> 4. Enter Additional Info >> 5. Review Op Note >> 6. Outcomes



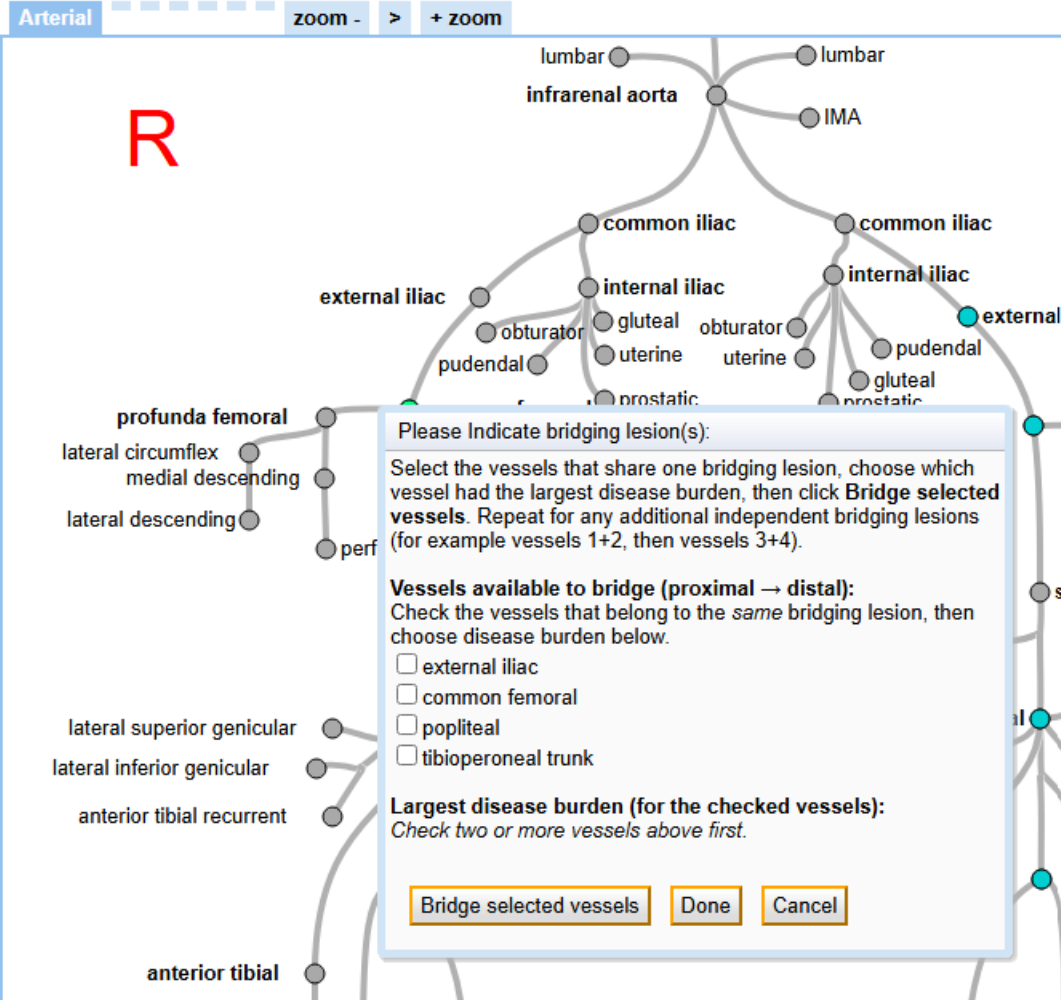
#### Procedure and Code

Up Down Remove

PUNCTURE-1 RT Common Femoral (~36140)  
PTA-1 LT Ext. Iliac (37254 -LT)  
PTA-1 LT Common Femoral (37263 -LT)  
PTA-1 LT Popliteal (37264 -LT)  
PTA-1 LT Tibioperoneal (37280 -LT)

#### Procedure Narrative

We balloon dilated a bridging lesion in the left tibioperoneal trunk. Pre-treatment stenosis was \_\_%. Post-treatment stenosis was \_\_%.



Once ALL interventions have been documented, use the “BRIDGING LESION” icon to indicate which vessels (and therefore, interventions) need to be bundled/bridged together. A pop-up box will appear which will list all vessels where you have noted that a bridging lesion was treated.

Please Indicate bridging lesion(s):

Select the vessels that share one bridging lesion, choose which vessel had the largest disease burden, then click **Bridge selected vessels**. Repeat for any additional independent bridging lesions (for example vessels 1+2, then vessels 3+4).

**Vessels available to bridge (proximal → distal):**  
Check the vessels that belong to the *same* bridging lesion, then choose disease burden below.

☒ external iliac  
☒ common femoral  
☐ popliteal  
☐ tibioperoneal trunk

**Largest disease burden (for the checked vessels):**  
☒ external iliac  
☐ common femoral

**Bridge selected vessels** Done Cancel

You will “bridge” vessels together, working proximal to distal.

So, first, I’ve indicated that my external iliac → common femoral bridging lesion/vessel treatment needs to be billed as one treatment. So, I’ve checked the boxes for those two vessels. Once I’ve checked the boxes to bridge together two vessels, I’ll get another menu below to indicate in which of the vessels was the largest disease burden. Here, I’ve indicated that the bulk of the lesion was in the external iliac artery.

Once the arteries/lesions are bridged and you’ve selected where the bulk of the disease is located, hit “bridge selected vessels.”

The diagram shows a lower limb vascular system with various vessels and lesions. A pop-up dialog box is overlaid on the diagram, providing instructions for bridging lesions. The dialog box contains the following text and controls:

Please Indicate bridging lesion(s):

Select the vessels that share one bridging lesion, choose which vessel had the largest disease burden, then click **Bridge selected vessels**. Repeat for any additional independent bridging lesions (for example vessels 1+2, then vessels 3+4).

**Resolved bridging lesion(s):**

- external iliac + common femoral — bill external iliac

**Unbridge**

**Vessels available to bridge (proximal → distal):**

Check the vessels that belong to the *same* bridging lesion, then choose disease burden below.

- ☐ popliteal
- ☐ tibioperoneal trunk

**Largest disease burden (for the checked vessels):**

Check two or more vessels above first.

**Bridge selected vessels** **Done** **Cancel**

Once you've bridged your first set of vessels, you'll see this pop-up (if you indicated more than 2 vessels where a bridging lesion was treated). Here, we'll bridge our second set of vessels. We can also "unbridge" vessels if we made a mistake.

Please Indicate bridging lesion(s):

Select the vessels that share one bridging lesion, choose which vessel had the largest disease burden, then click **Bridge selected vessels**. Repeat for any additional independent bridging lesions (for example vessels 1+2, then vessels 3+4).

**Resolved bridging lesion(s):**

- external iliac + common femoral — bill external iliac

**Vessels available to bridge (proximal → distal):**

Check the vessels that belong to the *same* bridging lesion, then choose disease burden below.

☒ popliteal

☒ tibioperoneal trunk

**Largest disease burden (for the checked vessels):**

☒ popliteal

☐ tibioperoneal trunk

**Buttons:**

Bridge selected vessels Done Cancel

posterior tibial posterior tibial

Here, I've indicated that the popliteal → tp trunk lesion is a bridging lesion and the bulk of the disease is in the popliteal artery. Then, I'll select "bridge selected vessels."

Please Indicate bridging lesion(s):

Select the vessels that share one bridging lesion, choose which vessel had the largest disease burden, then click **Bridge selected vessels**. Repeat for any additional independent bridging lesions (for example vessels 1+2, then vessels 3+4).

**Resolved bridging lesion(s):**

- external iliac + common femoral — bill external iliac

Unbridge

- popliteal + tibioperoneal trunk — bill popliteal

Unbridge

All marked bridging vessels are already in a group.

Bridge selected vessels

Done

Cancel

Once all vessels that had bridging lesions identified have been bridged, your pop-up box will indicate that “all marked bridging vessels are in a group.” At this point, you can click “done.”

| Procedure and Code                                                                                                                     |             |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Up                                                                                                                                     | Down Remove |
| PUNCTURE-1 RT Common Femoral ( ~36140 )                                                                                                |             |
| PTA-1 LT Ext. Iliac (37254 -LT)                                                                                                        |             |
| PTA-1 LT Common Femoral ( ~37263 -LT)                                                                                                  |             |
| PTA-1 LT Popliteal (37263 -LT)                                                                                                         |             |
| PTA-1 LT Tibioperoneal ( ~37280 -LT)                                                                                                   |             |
| Procedure Narrative                                                                                                                    |             |
| We balloon dilated a bridging lesion in the left tibioperoneal trunk. Pre-treatment stenosis was __%. Post-treatment stenosis was __%. |             |

Now, my procedural coding reflects billing codes for interventions on the external iliac and popliteal arteries ONLY, since I indicated the common femoral and tp trunk interventions were to treat bridging lesions and the bulk of those lesions were in the external iliac and popliteal arteries.

1. Select Case >> 2. Enter Case Information >> 3. Perform Procedure >> 4. Enter Additional Info >> 5. Review Op Note >> 6. Outcomes

Arterial zoom - > + zoom

PUNCTURE CATHETER ANGIOGRAM **PTA** STENT ATHERECTOMY

THROMBECTOMY EMBOLIZE IVUS IPA N TI RETRIEVE FOREIGN BODY

IVL Bridging Lesion CLOSURE

**Procedure and Code**

Up Down Remove

PUNCTURE-1 RT Common Femoral (~36140)  
 PTA-1 LT Ext. Iliac (37254 -LT)  
 PTA-1 LT Common Femoral (~37263 -LT)  
 PTA-1 LT Popliteal (37263 -LT)  
 PTA-1 LT Tibioperoneal (~37280 -LT)  
 CLOSURE-1 (~G0269)

**Procedure Narrative**

We then closed the puncture site on the right common femoral artery with suture.

Please specify pta procedure:

Pre-treatment findings:  
 Stenosis:  %; ☐ patent; ☐ occluded;  
 with: ☐ Calcification; ☐ Plaque; ☐ Thrombus; ☐ Dissection; ☐ Leak; ☐ Rupture; ☐ Aneurysm; ☐ Spasm; ☐ Intimal Hyperplasia; ☐ External Compression

Post-treatment findings:  
 Stenosis:  %; ☐ patent; ☐ occluded;  
 with: ☐ Calcification; ☐ Plaque; ☐ Thrombus; ☐ Dissection; ☐ Leak; ☐ Rupture; ☐ Aneurysm; ☐ Spasm; ☐ Intimal Hyperplasia; ☐ External Compression

Device information:  
 Peak Inflation Pressure  (Atm) Inflation Time  (min)  
 Manufacturer: and/or Product (Optional)  Diameter (mm)  Length (mm)   
 (Enter your own description if item is not on list.)

Additional PTA in this case (Arterial module)  
☒ This PTA treats a separate and distinct lesion (e.g. normal segment between two diseased areas).  
☐ This PTA treats a bridging lesion (one continuous lesion extending into another vessel).  
☐ Neither statement applies / not applicable.

OK Cancel

If you perform an intervention on a vessel that is adjacent to other vessels, but is a separate and distinct lesion, you'll choose the "separate and distinct" radio button on your pop-up menu. Here, I'm adding a pta of the common iliac into my procedure note and indicating it is for treatment of a lesion that is separate and distinct from my external iliac lesion.

### Procedure and Code

Up

Down

Remove

PUNCTURE-1 RT Common Femoral ( ~36140 )

PTA-1 LT Ext. Iliac (37254 -LT)

PTA-1 LT Common Femoral ( ~37263 -LT)

PTA-1 LT Common Iliac (37255 -LT)

PTA-1 LT Popliteal (37263 -LT)

PTA-1 LT Tibioperoneal ( ~37280 -LT)

CLOSURE-1 ( ~G0269 )

### Procedure Narrative

We balloon dilated a separate and distinct lesion in the left common iliac artery. Pre-treatment stenosis was \_\_%. Post-treatment stenosis was \_\_%.

late

late

The code will reflect treatment of a separate and distinct lesion, and the procedure narrative will reflect this, as well.

late

later

all

1. Select Case >> 2. Enter Case Information >> 3. Perform Procedure >> 4. Enter Additional Info >> 5. Review Op Note >> 6. Outcomes

**Procedure and Code**

Up Down Remove

PUNCTURE-1 RT Common Femoral ( ~36140 )  
PTA-1 LT Ext. Iliac (37254 -LT)  
PTA-1 LT Common Femoral ( ~37263 -LT)  
PTA-1 LT Common Iliac (37255 -LT)  
PTA-1 LT Popliteal (37263 -LT)  
PTA-1 LT Tibioperoneal ( ~37280 -LT)

**Procedure Narrative**

We balloon dilated a bridging lesion in the left tibioperoneal trunk. Pre-treatment stenosis was \_\_%. Post-treatment stenosis was \_\_%.

**Arterial**

zoom - &gt; + zoom

lumbar  
infrarenal aorta

Please specify pta procedure:

Pre-treatment findings:

Stenosis:  %; ☐ patent; ☐ occluded;

with: ☐ Calcification; ☐ Plaque; ☐ Thrombus; ☐ Dissection; ☐ Leak; ☐ Rupture; ☐ Aneurysm; ☐ Spasm; ☐ Intimal Hyperplasia; ☐ External Compression

Post-treatment findings:

Stenosis:  %; ☐ patent; ☐ occluded;

with: ☐ Calcification; ☐ Plaque; ☐ Thrombus; ☐ Dissection; ☐ Leak; ☐ Rupture; ☐ Aneurysm; ☐ Spasm; ☐ Intimal Hyperplasia; ☐ External Compression

Device information:

Peak Inflation Pressure  (Atm) Inflation Time  (min)

Manufacturer: and/or Product (Optional)

Diameter  
(mm)

Length  
(mm)

(Enter your own description if item is not on list.)

**Additional PTA in this case (Arterial module)**

- ☐ This PTA treats a separate and distinct lesion (e.g. normal segment between two diseased areas).  
☐ This PTA treats a bridging lesion (one continuous lesion extending into another vessel).

☒ Neither statement applies / not applicable.

OK

Cancel

If you document intervention of a lesion in a vessel that is not adjacent to another treated vessel or the bridging lesion concept does not apply, select “neither statement applies/not applicable.” The coding will be separate and the procedure narrative will not reflect the intervention was for “bridging” or “separate and distinct” lesions.

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We then closed the puncture site on the right common femoral artery with suture.

**NOTE ON BRIDGING LESIONS: the external iliac -> common femoral treatment is billed using the external iliac code as the bulk of that bridging lesion was in the external iliac.**

**NOTE ON BRIDGING LESIONS: the popliteal -> tibioperoneal trunk treatment is billed using the popliteal code as the bulk of that bridging lesion was in the popliteal.**

**Additional Information**

At the bottom of your operative record, all bridging lesions will have a bold statement that indicates which vessel(s) were billed and why. This way your team knows why only one code is populated on your billing vs. two.

# Questions?

Email: [vascunote@vmamd.com](mailto:vascunote@vmamd.com)