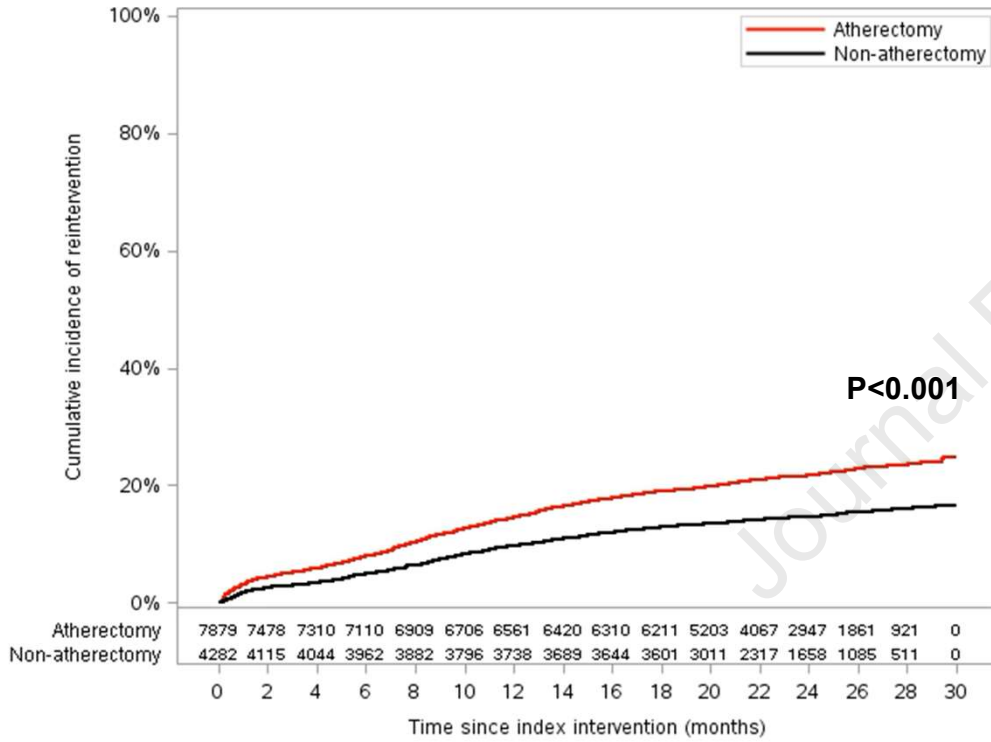


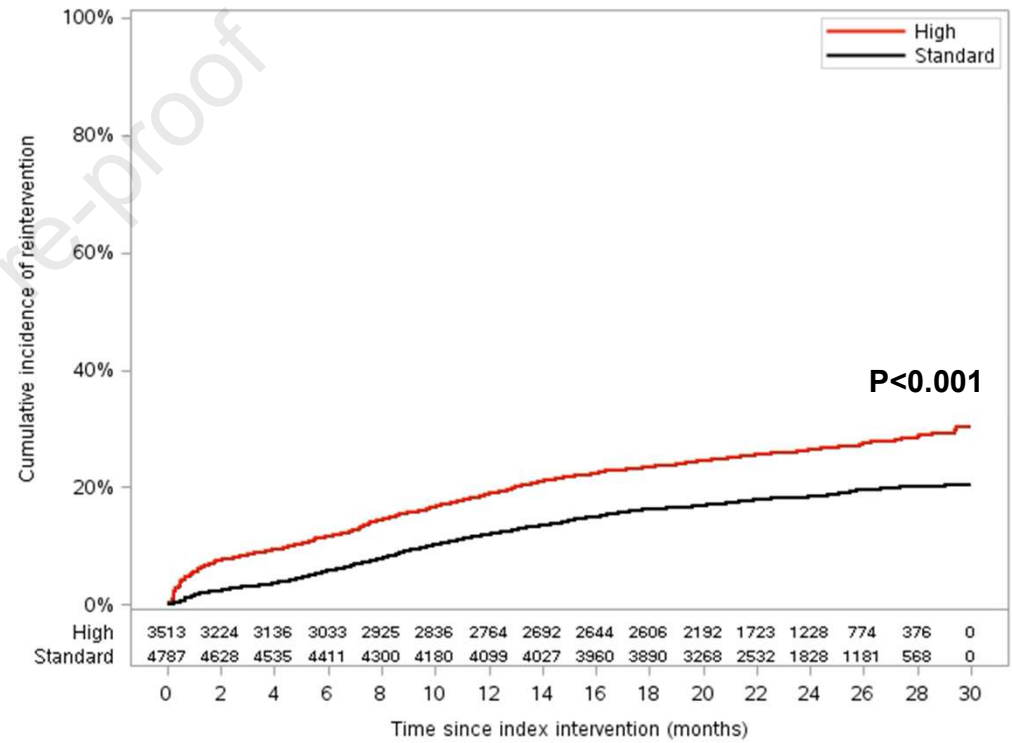
**Supplementary Figure 1. Kaplan-Meier Curves Showing Cumulative Ipsilateral PVI Reinterventions for Patients Who Underwent Index Femoropopliteal Atherectomy vs. Non-Atherectomy Peripheral Vascular Intervention Stratified by Index Intervention Type (panel A) and Index Physician Atherectomy Use (panel B)**

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### A. Cumulative Ipsilateral Reinterventions by Index Intervention



### B. Cumulative Ipsilateral Reinterventions by Index Physician Atherectomy Use



**Supplementary Table 1. Current procedural terminology (CPT) codes used to define index peripheral vascular intervention (PVI) procedures for femoropopliteal disease**

CPT codes	Description
<i>Atherectomy</i>	
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
<i>Angioplasty/Stenting without Atherectomy</i>	
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

**Supplementary Table 2. Billing diagnosis codes used for analysis**

<b>Diagnosis/Procedure</b>	<b>Code Type</b>	<b>Codes</b>
Claudication	ICD-9 <sup>a</sup>	440.20, 440.21, 443.9
	ICD-10 <sup>b</sup>	I70.20, I70.21, I73.9
Chronic limb-threatening ischemia	ICD-9 <sup>a</sup>	440.22 – 440.24, 440.4, 440.8, 442.3, 444.22, 444.81, 445.02, 682.6 – 682.7, 707.1, 707.9, 785.4, 250.70, 250.80, 729.5, 730.27, 892.1, 998.83, 996.74
	ICD-10 <sup>b</sup>	I70.22 – I70.26, I70.8, I70.92, I72.4, I74.3, I74.5, I75.021 – I75.022, L03.115 – L03.116, L97, L98.499, I96, E11.52, E11.621, M79.609, M86.9, S91.329A, T81.89XA, T82.868A
Acute limb ischemia	ICD-9 <sup>a</sup>	444.22, 444.81, 444.89, 444.9
	ICD-10 <sup>b</sup>	I74.3, I74.5, I74.8, I74.9
Ever smoking	ICD-9 <sup>a</sup>	305.1, V15.82
	ICD-10 <sup>b</sup>	F17.2, Z72.0
ESRD	ICD-10	E11.22, N18.3, N18.4, N18.5, N18.6, N18.9, N19, I12.0, I12.9, Z99.2
Diabetes	ICD-10	E10, E11, E12, E13, E14
Hypertension	ICD-10	I10, I11, I12, I13, I15

<sup>a</sup>ICD-9: *International Classification of Diseases, Ninth Revision; used to identify diagnoses prior to September 30, 2015*

<sup>b</sup>ICD-10: *International Classification of Diseases, Tenth Revision; used to identify diagnoses after October 1, 2015*

**Supplementary Table 3. Current procedural terminology (CPT) codes used to define reintervention peripheral vascular interventions**

CPT codes	Description
<i>Atherectomy</i>	
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37229	Atherectomy, tibial, peroneal artery, unilateral, initial vessel
37231	Stent and atherectomy, tibial/peroneal artery, unilateral, initial vessel
37233	Atherectomy, tibial/peroneal artery, unilateral, each additional vessel
37235	Stent placement(s), tibial/peroneal artery, unilateral, each additional vessel
<i>Angioplasty/Stenting without Atherectomy</i>	
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37228	Angioplasty, tibial, peroneal artery, unilateral, initial vessel
37230	Stent placement(s), tibial, peroneal artery, unilateral, initial vessel
37232	Angioplasty, tibial, peroneal artery, unilateral, each additional vessel

37234

Stent and atherectomy, tibial/peroneal artery, unilateral, each additional vessel

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**Supplementary Table 4. Current Procedural Terminology (CPT) codes used to define open surgical procedures**

CPT codes	Description
<i>Open surgical bypass</i>	
35556	Bypass graft, with vein; femoral-popliteal
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
35583	In-situ vein bypass; femoral-popliteal
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
35587	In-situ vein bypass; popliteal-tibial, peroneal
35656	Bypass graft, with other than vein; femoral-popliteal
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery
<i>Major amputation</i>	
27590	Amputation, thigh, through femur, any level
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision
27880	Amputation, leg, through tibia and fibula
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)

27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision
27888	Amputation, ankle, through malleoli of tibia and fibula

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