

Zenith® AAA Endovascular Graft and Zenith Renu® Ancillary Graft

2009 CODING AND REIMBURSEMENT GUIDE

Coverage, coding and payment for medical procedures and devices can be complicated and confusing. This guide was developed to assist with Medicare reporting and reimbursement when placing the Zenith AAA Endovascular Graft or the Zenith Renu Ancillary Graft.

Coverage

Medicare carriers may issue local coverage decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies (<http://www.cms.hhs.gov/mcd/search.asp?>), and contact their local carrier's medical director (www.cms.hhs.gov/apps/contacts) or commercial insurers to determine if a procedure is covered.

Coding

Zenith AAA Endograft

Physicians should use the following CPT® procedure codes for deployment of the Cook Zenith AAA device:

34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)
75952	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation

Zenith Renu Ancillary Graft

The following are recommended¹ CPT codes for placement of the Zenith Renu AAA ancillary grafts (main body extension and converter):

34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel
75953	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation

If providers find that placement of a Renu "converter" device is unusually more complex and time-consuming than the placement of other typical extension prostheses, SIR and SVS support the use of modifier -22 in conjunction with 34825 and/or 75953.

SIR and SVS are committed to tracking and monitoring the clinical experience with the Renu converter device services, and should it become clear that the converter requires more physician work for deployment, they will pursue a more granular extension placement and/or corresponding RS&I code(s) to accurately capture that work.

As with other endovascular AAA repairs, additional codes exist to describe femoral artery cutdowns, aortic catheterization, placement of additional extensions, placement of occluders, etc. For additional coding information related to these procedures, please request a copy of the SIR/SVS "2005 Reimbursement Guide: Coding and Reimbursement for Endovascular Repair of AAA" from your Cook Aortic Intervention (Zenith) sales representative. Additional copies may also be obtained from the SIR website at <http://directory.sirweb.org/store/detail.cfm?itemnum=240&>.

1. The CPT coding information provided is based upon the recommendations of coding experts at the Society for Vascular Surgery (SVS) and Society of Interventional Radiology (SIR).

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Facilities should use the following ICD-9 procedure code for deployment of the Zenith AAA to treat an abdominal aortic aneurysm:

39.71 Repair of vessel, endovascular implantation of graft in abdominal aorta

This procedure will typically result in the patient's hospital admission for AAA repair falling into one of the following two MS-DRGs:

MS-DRG		Relative Weight
237	Major Cardiovascular Procedures with Major Comorbidity or Complication or Thoracic Aortic Aneurysm Repair	5.0741
238	Major Cardiovascular Procedures without Major Comorbidity or Complication	2.8874

Payment

2009 Physician Medicare Reimbursement for Zenith AAA Endograft

Code	Procedure Description	(National Medicare Avg ¹)
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)	\$1,285.41
75952-26	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation	\$228.66

2009 Physician Medicare Reimbursement for Adjunctive AAA Endograft Procedures

34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure.)	\$212.79
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	\$354.53
+34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair	\$244.53
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral	\$506.74
34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	\$706.18
+34826	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm or dissection; each additional vessel	\$209.55
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	\$1,858.15
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	\$1,969.24
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	\$1,995.93
34833	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral	\$628.64

Continued on next page

1. 2009 Medicare Physician Fee Schedule

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Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources which may include, but are not limited to, the CPT, ICD-9 and MS-DRG coding systems; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When making coding decisions, we encourage you to seek input from the AMA, AHA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.

Payment

2009 Physician Medicare Reimbursement for Adjunctive AAA Endograft Procedures

Code	Procedure Description	(National Medicare Avg ¹)
34834	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral	\$284.93
34900	Endovascular graft placement for repair of iliac artery (e.g., aneurysm, pseudoaneurysm, arteriovenous malformation, trauma)	\$920.78
36200	Introduction of catheter, aorta	\$155.81
75953-26	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation	\$69.25
75954-26	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation	\$112.17

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2009 physician fees for your local area can be found at the following CMS links:

http://www.cms.hhs.gov/PFSlookup/02_PFSsearch.asp#TopOfPage

or

<http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/list.asp#TopOfPage>



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