Click on the type of endovascular procedure that was performed.

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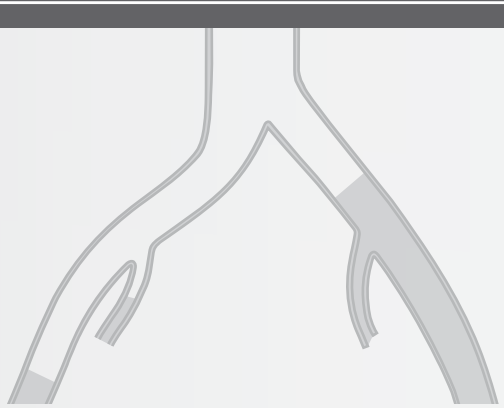

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Click on the type of endovascular procedure that was performed.

Thoracic

Abdominal

- Standard AAA
- Fenestrated

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The following potential coding scenarios are for illustrative purposes only. These are by no means meant to be construed as all inclusive.

Thoracic

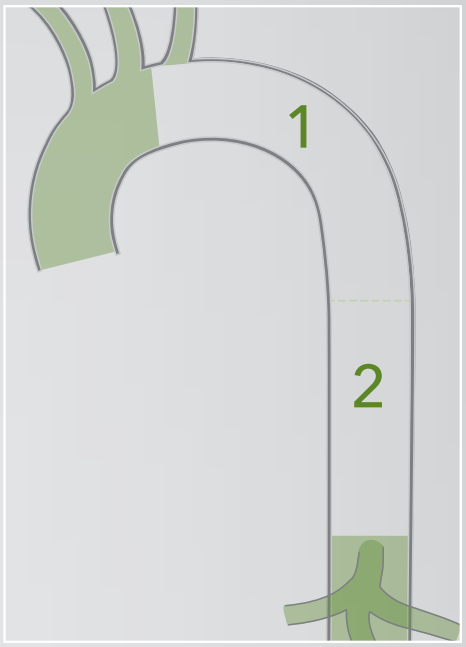
Click the scenario for physician coding information.

- The physician performs a unilateral open femoral artery exposure. Catheters are placed into the aorta bilaterally. The Zenith TX2 modular graft is delivered to the thoracic aorta and is deployed. The graft covers the subclavian artery. The open femoral artery exposure is closed, and radiological supervision and interpretation are performed for the procedure.
- The physician performs a unilateral open femoral artery exposure. Catheters are placed into the aorta bilaterally. The Zenith TX2 modular graft is delivered to the thoracic aorta and is deployed. The subclavian artery is left uncovered. The physician then places two distal extension devices in order to adequately cover the target area. The open femoral artery exposure is closed, and radiological supervision and interpretation are performed for the procedure.
- The physician performs an open subclavian-carotid transposition and a unilateral open femoral artery exposure. Catheters are placed into the aorta bilaterally. The Zenith TX2 modular graft is delivered to the thoracic aorta and is deployed. The graft covers the subclavian artery. All incisions are closed, and radiological supervision and interpretation are performed for the procedure.
- The physician performs a unilateral open iliac artery exposure and creates a conduit for delivery of the Zenith TX2 modular graft. Catheters are placed into the aorta bilaterally. The graft is delivered to the thoracic aorta and is deployed. The graft covers the subclavian artery. The physician then places two distal extension devices and one proximal extension device in order to adequately cover the target area. The open iliac artery exposure is closed, and radiological supervision and interpretation are performed for the procedure.
- Physician 1 performs a unilateral open femoral artery exposure. Physician 2 places catheters into the aorta bilaterally. Physician 2, assisted by Physician 1, moves the Zenith TX2 modular graft into place and deploys it. Physician 2 decides to place a proximal extension device but does not allow the subclavian artery to be covered. Physician 1 closes the open femoral artery exposure. Physician 2 performs radiological supervision and interpretation for the procedure.
- Physician 1 performs a unilateral open femoral artery exposure. Physician 2 places catheters into the aorta bilaterally. The Zenith TX2 modular graft is unsuccessfully delivered because the iliac artery is too narrow. Physician 1 performs a retroperitoneal incision and sews a graft to the common iliac artery. Physician 2 delivers the Zenith TX2 modular graft to the target area and, assisted by Physician 1, deploys the device. The Zenith TX2 modular graft is delivered distal to the subclavian, and Physician 2 places one distal extension device at the level of the celiac artery origin. Physician 1 ties off the device conduit and closes all incisions. Physician 2 performs radiological supervision and interpretation for the procedure.
- Physician 1 performs an open subclavian-carotid transposition and a unilateral open femoral artery exposure. Physician 2 places catheters into the aorta bilaterally. Together, Physician 1 and Physician 2 introduce and deploy the Zenith TX2 modular graft across the subclavian origin. Physician 1 closes all incisions. Physician 2 performs radiological supervision and interpretation for the procedure.

Back

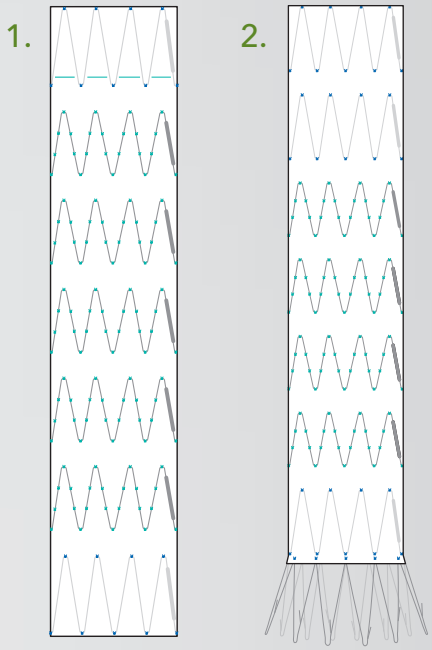
Thoracic

The physician performs a unilateral open femoral artery exposure. Catheters are placed into the aorta bilaterally. The Zenith TX2 modular graft is delivered to the thoracic aorta and is deployed. The graft covers the subclavian artery. The open femoral artery exposure is closed, and radiological supervision and interpretation are performed for the procedure.



Coding information

34812-51	Open femoral artery exposure
36200-50-51	Introduction of catheter, aorta, bilateral
33880	Placement of thoracic endograft plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (covering the left subclavian)
75956-26	TAA with subclavian coverage (Radiological supervision and interpretation)



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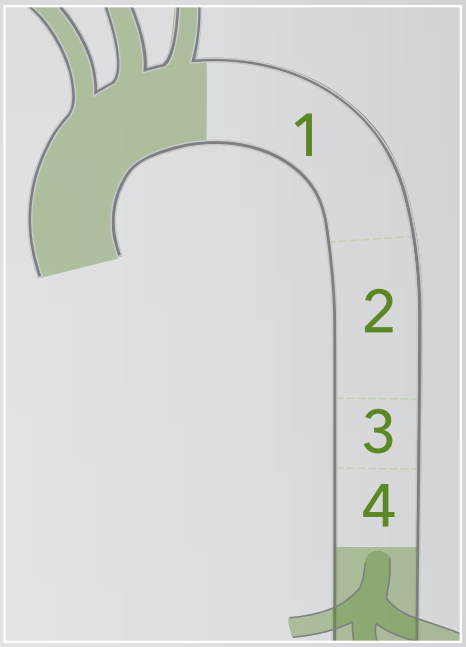
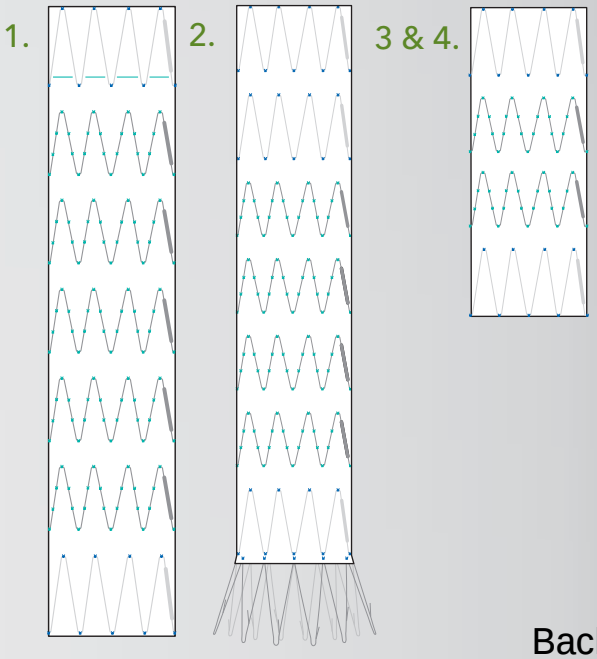
Thoracic

The physician performs a unilateral open femoral artery exposure. Catheters are placed into the aorta bilaterally. The Zenith TX2 modular graft is delivered to the thoracic aorta and is deployed. The subclavian artery is left uncovered. The physician then places two distal extension devices in order to adequately cover the target area. The open femoral artery exposure is closed, and radiological supervision and interpretation are performed for the procedure.

Coding information

34812-51	Open femoral artery exposure
36200-50-51	Introduction of catheter, aorta, bilateral
33881	Placement of thoracic endograft plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (not covering the left subclavian)
75957-26	TAA without subclavian coverage (Radiological supervision and interpretation)





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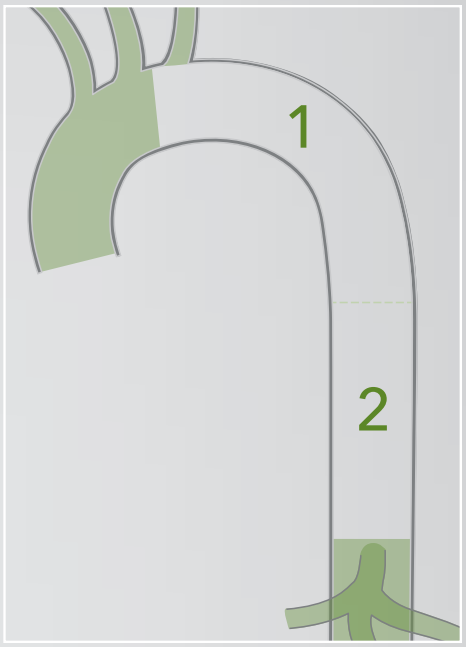
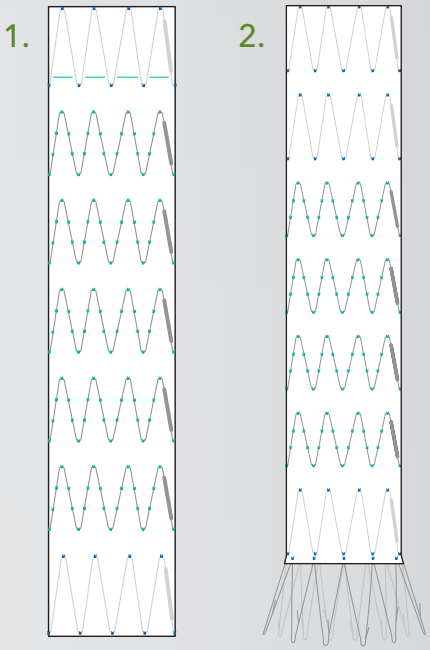
Thoracic

The physician performs an open subclavian-carotid transposition and a unilateral open femoral artery exposure. Catheters are placed into the aorta bilaterally. The Zenith TX2 modular graft is delivered to the thoracic aorta and is deployed. The graft covers the subclavian artery. All incisions are closed, and radiological supervision and interpretation are performed for the procedure.



Coding information

33889-51	Open subclavian to carotid artery transposition
34812-51	Open femoral artery exposure
36200-50-51	Introduction of catheter, aorta, bilateral
33880	Placement of thoracic endograft plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (covering the left subclavian)
75956-26	TAA with subclavian coverage (Radiological supervision and interpretation)



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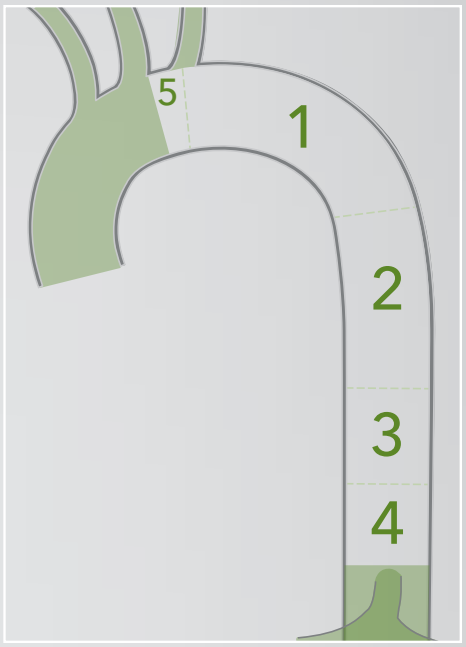
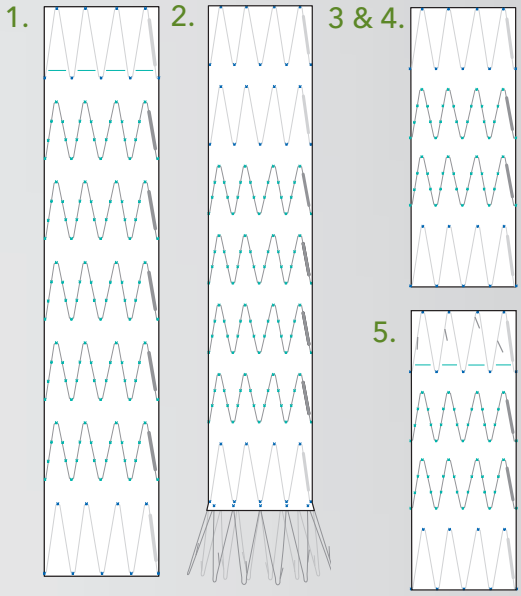
Thoracic

The physician performs a unilateral open iliac artery exposure and creates a conduit for delivery of the Zenith TX2 modular graft. Catheters are placed into the aorta bilaterally. The graft is delivered to the thoracic aorta and is deployed. The graft covers the subclavian artery. The physician then places two distal extension devices and one proximal extension device in order to adequately cover the target area. The open iliac artery exposure is closed, and radiological supervision and interpretation are performed for the procedure.



Coding information

34833-51	Open iliac artery exposure with creation of conduit
36200-50-51	Introduction of catheter, aorta, bilateral
33880	Placement of thoracic endograft plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (covering the left subclavian)
33883-51	Initial proximal extension
75956-26	TAA with subclavian coverage (Radiological supervision and interpretation)
75958-26-51	Proximal extension (Radiological supervision and interpretation)



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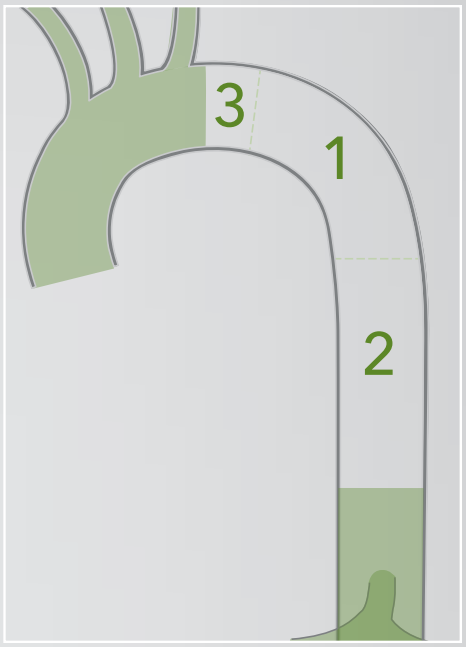
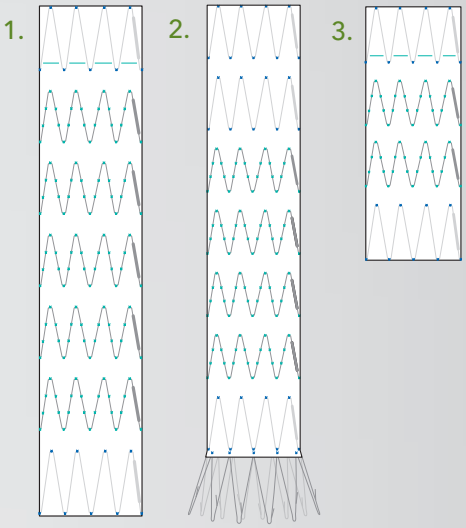
Thoracic

Physician 1 performs a unilateral open femoral artery exposure. Physician 2 places catheters into the aorta bilaterally. Physician 2, assisted by Physician 1, moves the Zenith TX2 modular graft into place and deploys it. Physician 2 decides to place a proximal extension device but does not allow the subclavian artery to be covered. Physician 1 closes the open femoral artery exposure. Physician 2 performs radiological supervision and interpretation for the procedure.



Coding information

Physician 1	
34812-51	Open femoral artery exposure
33881-80	Placement of thoracic endograft plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (not covering the left subclavian)
Physician 2	
36200-50-51	Introduction of catheter, aorta, bilateral
33881	Placement of thoracic endograft plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (not covering the left subclavian)
33883-51	Initial proximal extension
75957-26	TAA without subclavian coverage (Radiological supervision and interpretation)
75958-26-51	Proximal extension (Radiological supervision and interpretation)



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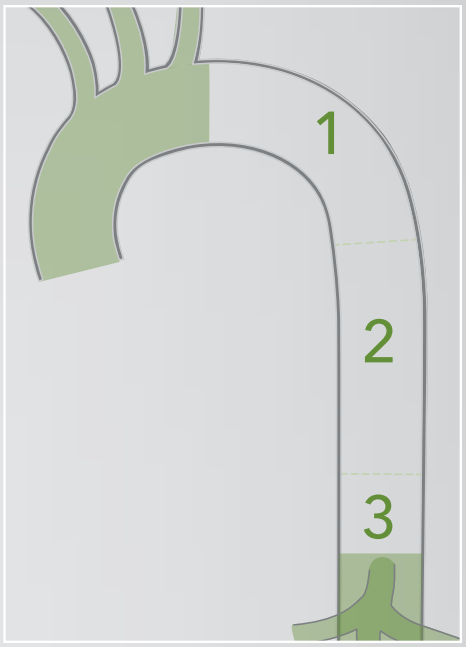
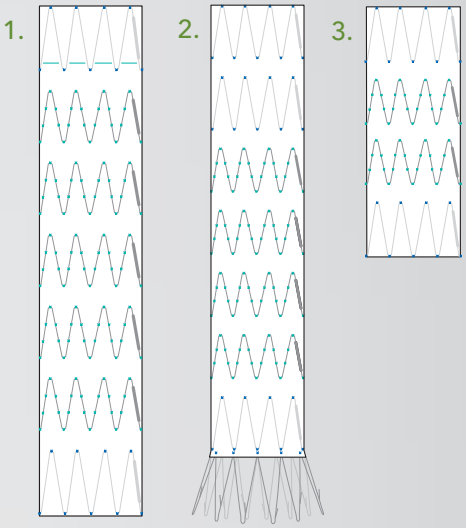
Thoracic

Physician 1 performs a unilateral open femoral artery exposure. Physician 2 places catheters into the aorta bilaterally. The Zenith TX2 modular graft is unsuccessfully delivered because the iliac artery is too narrow. Physician 1 performs a retroperitoneal incision and sews a graft to the common iliac artery. Physician 2 delivers the Zenith TX2 modular graft to the target area and, assisted by Physician 1, deploys the device. The Zenith TX2 modular graft is delivered distal to the subclavian, and Physician 2 places one distal extension device at the level of the celiac artery origin. Physician 1 ties off the device conduit and closes all incisions. Physician 2 performs radiological supervision and interpretation for the procedure.



Coding information

Physician 1	
34812-51	Open femoral artery exposure
34833-51	Open iliac artery exposure with creation of conduit
33881-80	Placement of thoracic endograft plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (not covering the left subclavian)
Physician 2	
36200-50-51	Introduction of catheter, aorta, bilateral
33881	Placement of thoracic endograft plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (not covering the left subclavian)
75957-26	TAA with subclavian coverage (Radiological supervision and interpretation)



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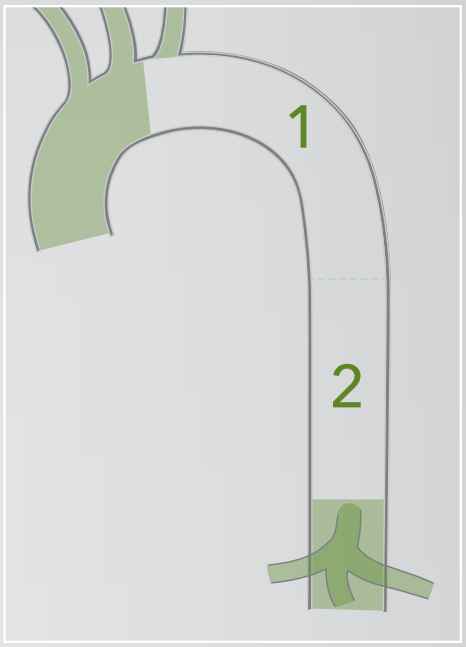
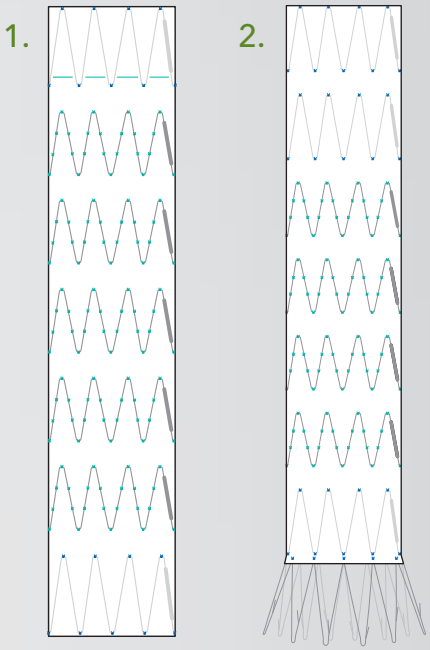
Thoracic

Physician 1 performs an open subclavian-carotid transposition and a unilateral open femoral artery exposure. Physician 2 places catheters into the aorta bilaterally. Together, Physician 1 and Physician 2 introduce and deploy the Zenith TX2 modular graft across the subclavian origin. Physician 1 closes all incisions. Physician 2 performs radiological supervision and interpretation for the procedure.



Coding information

Physician 1	
33889-51	Open subclavian to carotid artery transposition
34812-51	Open femoral artery exposure
33880-62	Placement of thoracic endograft plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (covering the left subclavian)
Physician 2	
36200-50	Introduction of catheter, aorta, bilateral
33880-62	Placement of thoracic endograft plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (covering the left subclavian)
75956-26	TAA with subclavian coverage (Radiological supervision and interpretation)



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Click the scenario for physician coding information.

Abdominal

- Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally. Together, Physician 1 and Physician 2 place one Zenith Flex modular bifurcated graft and two docking legs. Physician 1 closes the open femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.
- Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally. Physician 1 places one Zenith Flex modular bifurcated graft and two docking legs. Physician 1 closes femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.
- Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally. Physician 1 places one Zenith Flex modular bifurcated graft and two docking legs. Physician 1 places an additional leg to fully cover the aneurysm and achieve a distal seal in the ipsilateral iliac artery. Physician 1 closes the open femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.
- Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally. Together, Physician 1 and Physician 2 place one Zenith Flex modular bifurcated graft and two docking legs. An additional leg is needed to fully cover the aneurysm and achieve a distal seal in the ipsilateral iliac artery. A main body extension is also needed to seal a proximal anastomotic endoleak. Together, Physician 1 and Physician 2 place the main body extension and additional leg. Physician 1 closes the open femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.
- Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally. Together, Physician 1 and Physician 2 place one Zenith Flex modular bifurcated graft and two docking legs. Physician 1 places two leg extensions to fully cover the aneurysm and achieve a distal seal in the ipsilateral iliac artery. Physician 1 closes the open femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.
- Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally. Together, Physician 1 and Physician 2 place one Zenith Flex modular bifurcated graft and two docking legs. Physician 1 places a self-expanding covered stent that extends the Zenith graft. This covered stent extension fully covers and seals the contralateral iliac anastomosis. Physician 1 closes the open femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.
- Physician 1 performs bilateral open femoral artery exposures. Physician 2 places a catheter into the aorta from the ipsilateral femoral artery and places a sheath from the contralateral femoral artery approach into the contralateral common iliac artery. Together, Physician 1 and Physician 2 place one Zenith Flex main body graft. Because a bifurcated graft cannot be placed (the distal aorta is too narrow and the contralateral iliac artery is very narrow and heavily calcified), and because the patient has an 8.5 cm aneurysm and is not a candidate for open surgical repair, the physicians elect to convert the Flex graft into an aortounilateral iliac device by using the Zenith converter. Together, Physician 1 and Physician 2 place this converter. Together, Physician 1 and Physician 2 place the ipsilateral leg and a Zenith Flex Iliac Plug into the contralateral common iliac artery. Physician 1 places a femoral-femoral crossover graft and closes the open femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.
- Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally, but the bifurcated graft cannot be navigated through the ipsilateral iliac artery. Physician 1 must perform a retroperitoneal exposure of the ipsilateral iliac artery that allows introduction and delivery of the graft directly through the common iliac arteriotomy. Together, Physician 1 and Physician 2 place a Zenith Flex modular bifurcated graft and two docking legs. Physician 1 closes the femoral and retroperitoneal exposures. Physician 2 performs the radiological supervision and interpretation for the procedure.
- Physician 1 performs bilateral femoral artery exposures. Physician 2 places catheters into the aorta bilaterally, but the bifurcated graft cannot be navigated through the ipsilateral iliac artery. Physician 1 must perform a retroperitoneal exposure of the ipsilateral iliac artery and must place a chimney conduit that allows introduction of the graft. Together, Physician 1 and Physician 2 place a Zenith Flex modular bifurcated graft and two docking legs. Physician 1 takes down the chimney conduit and closes the femoral and retroperitoneal exposures. Physician 2 performs the radiological supervision and interpretation for the procedure.
- Follow-up CT scan at 6 months shows a proximal leak due to graft migration. Physician 1 performs a unilateral femoral artery exposure. Physician 2 places a catheter into the aorta unilaterally. Together, Physician 1 and Physician 2 place a Zenith Renu AAA Ancillary Graft main body extension. Physician 1 closes the femoral artery exposure. Physician 2 performs the radiological supervision and interpretation for the procedure.

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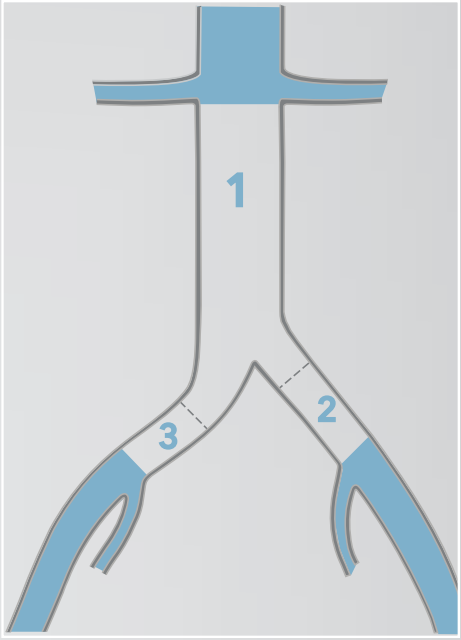
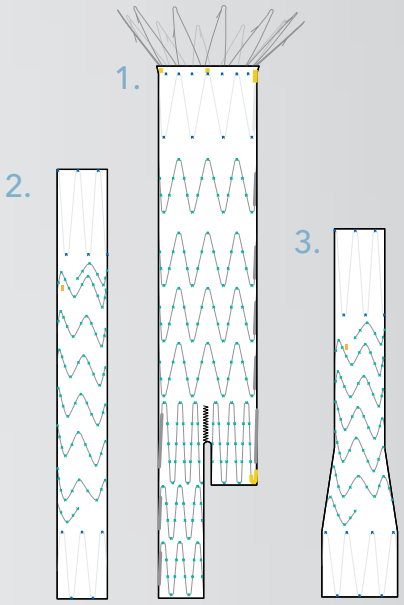
Abdominal

Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally. Together, Physician 1 and Physician 2 place one Zenith Flex modular bifurcated graft and two docking legs. Physician 1 closes the open femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure



Coding information

Physician 1	
34812-50-51	Open femoral artery exposure, bilateral
34803-62	Placement modular bifurcated graft and 2 docking legs
Physician 2	
36200-50-51	Introduction of catheter, aorta, bilateral
34803-62	Placement modular bifurcated graft and 2 docking legs
75952-26	AAA radiological supervision and interpretation



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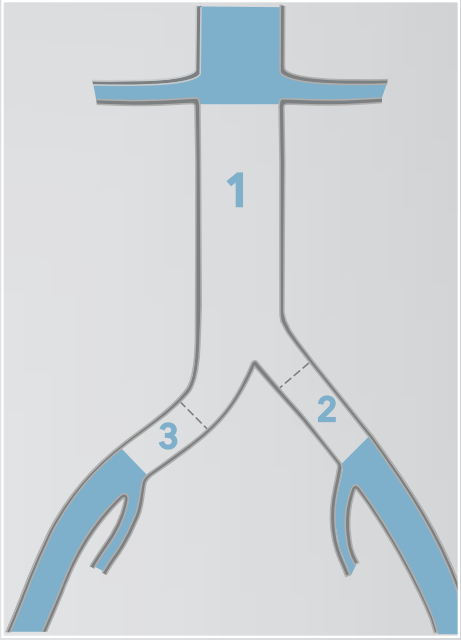
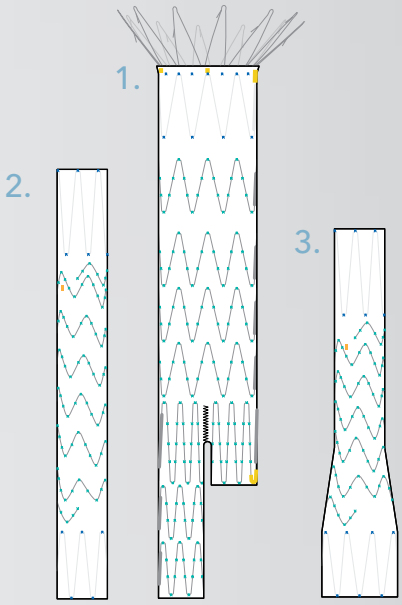
Abdominal

Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally. Physician 1 places one Zenith Flex modular bifurcated graft and two docking legs. Physician 1 closes femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.



Coding information

Physician 1	
34812-50-51	Open femoral artery exposure, bilateral
34803	Placement modular bifurcated graft and 2 docking legs
Physician 2	
36200-50	Introduction of catheter, aorta, bilateral
75952-26	AAA radiological supervision and interpretation



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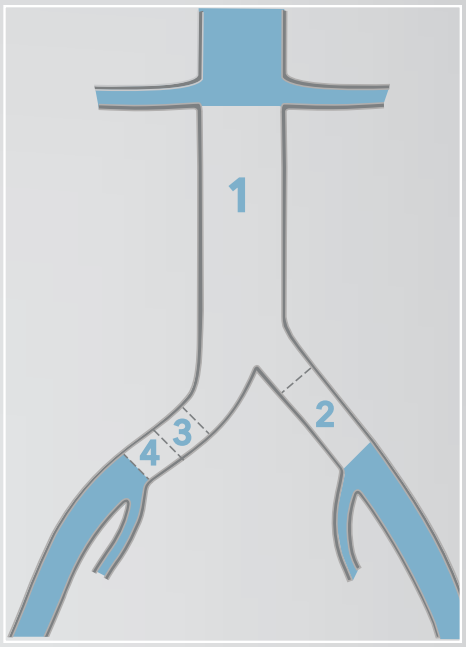
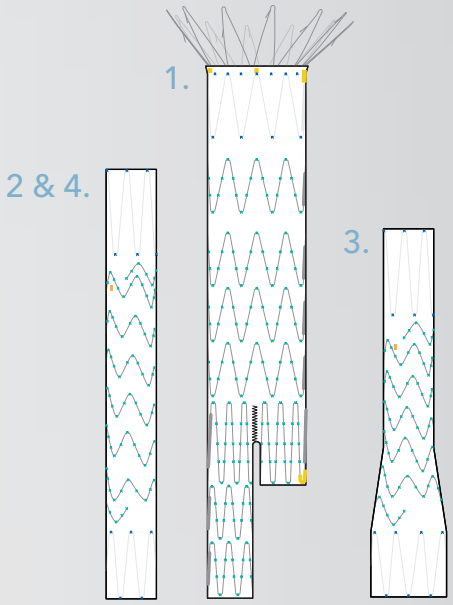
Abdominal

Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally. Physician 1 places one Zenith Flex modular bifurcated graft and two docking legs. Physician 1 places an additional leg to fully cover the aneurysm and achieve a distal seal in the ipsilateral iliac artery. Physician 1 closes the open femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.



Coding information

Physician 1	
34812-50-51	Open femoral artery exposure, bilateral
34803	Placement modular bifurcated graft and 2 docking legs
34825-51	Placement extension prosthesis
Physician 2	
36200-50	Introduction of catheter, aorta, bilateral
75952-26	AAA radiological supervision and interpretation
75953-26-51	Extension prosthesis radiological supervision and interpretation



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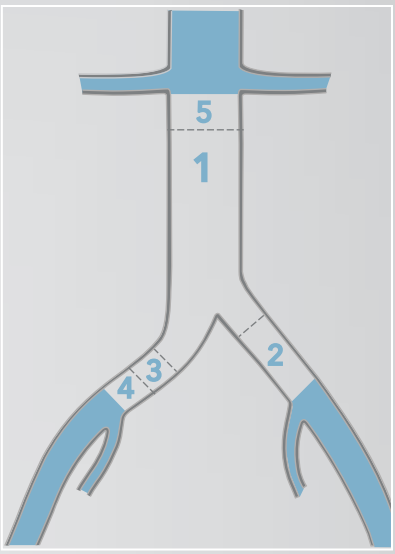
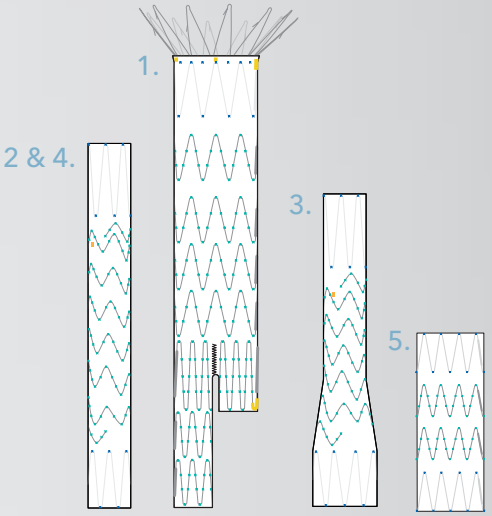
Abdominal

Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally. Together, Physician 1 and Physician 2 place one Zenith Flex modular bifurcated graft and two docking legs. An additional leg is needed to fully cover the aneurysm and achieve a distal seal in the ipsilateral iliac artery. A main body extension is also needed to seal a proximal anastomotic endoleak. Together, Physician 1 and Physician 2 place the main body extension and additional leg. Physician 1 closes the open femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.



Coding information

Physician 1	
34812-50-51	Open femoral artery exposure, bilateral
34803-62	Placement modular bifurcated graft and 2 docking legs
34825-62-51*	Placement extension prosthesis
34826-62-51**	Placement extension prosthesis, additional vessel
Physician 2	
36200-50-51	Introduction of catheter, aorta, bilateral
34803-62	Placement modular bifurcated graft and 2 docking legs
34825-62-51*	Placement extension prosthesis
34826-62-51**	Placement extension prosthesis, additional vessel
75952-26	AAA radiological supervision and interpretation
75953-26*	Extension prosthesis radiological supervision and interpretation
75953-26-59-51**	Extension prosthesis, additional vessel radiological supervision and interpretation



* Aortic cuff
** Iliac cuff

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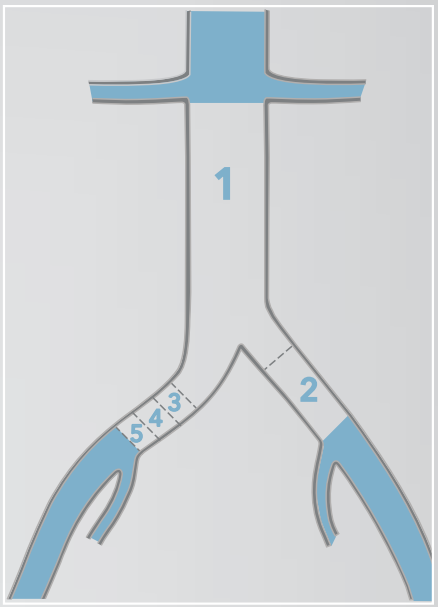
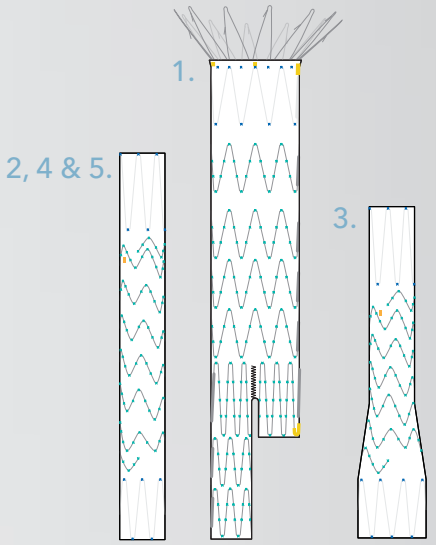
Abdominal

Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally. Together, Physician 1 and Physician 2 place one Zenith Flex modular bifurcated graft and two docking legs. Physician 1 places two leg extensions to fully cover the aneurysm and achieve a distal seal in the ipsilateral iliac artery. Physician 1 closes the open femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.



Coding information

Physician 1	
34812-50-51	Open femoral artery exposure, bilateral
34803-62	Placement modular bifurcated graft and 2 docking legs
34825-51	Placement extension prosthesis
Physician 2	
36200-50-51	Introduction of catheter, aorta, bilateral
34803-62	Placement modular bifurcated graft and 2 docking legs
75952-26	AAA radiological supervision and interpretation
75953-26-51	Extension prosthesis radiological supervision and interpretation



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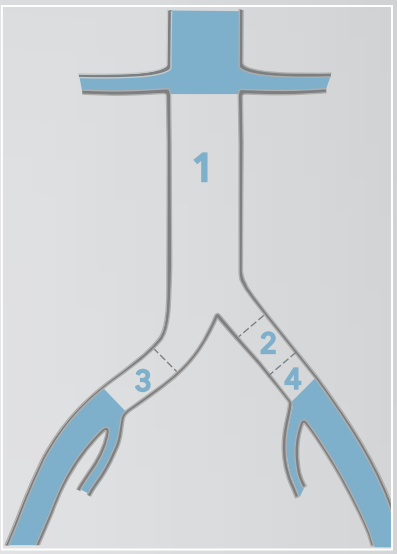
Abdominal

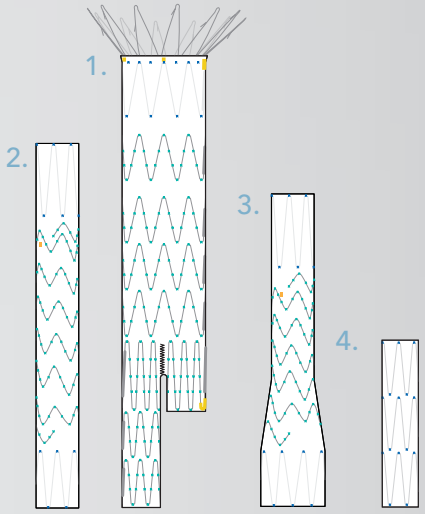
Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally. Together, Physician 1 and Physician 2 place one Zenith Flex modular bifurcated graft and two docking legs. Physician 1 places a self-expanding covered stent that extends the Zenith graft. This covered stent extension fully covers and seals the contralateral iliac anastomosis. Physician 1 closes the open femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.

NOTE: A covered stent is considered an endoprosthesis in this scenario.



Coding information

Physician 1	
34812-50-51	Open femoral artery exposure, bilateral
34803-62	Placement modular bifurcated graft and 2 docking legs
34825-51	Placement extension prosthesis
Physician 2	
36200-50-51	Introduction of catheter, aorta, bilateral
34803-62	Placement modular bifurcated graft and 2 docking legs
75952-26	AAA radiological supervision and interpretation
75953-26-51	Extension prosthesis radiological supervision and interpretation



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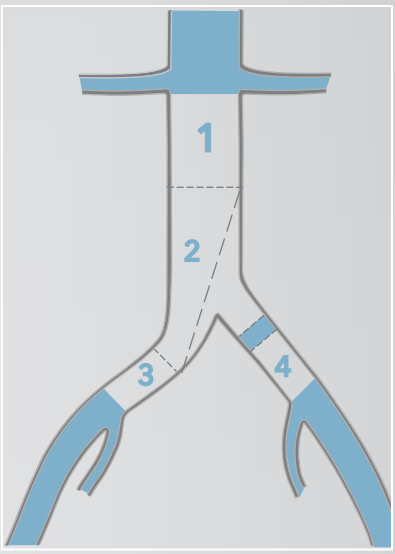
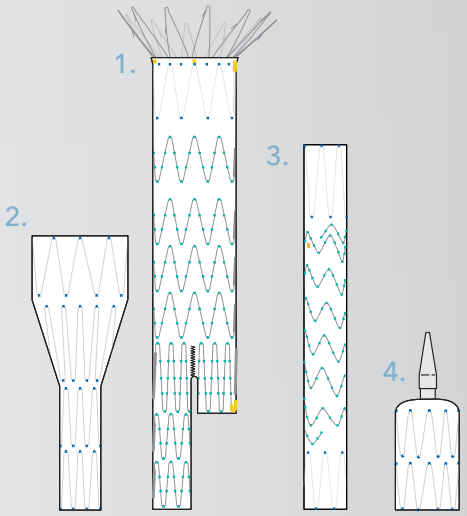
Abdominal

Physician 1 performs bilateral open femoral artery exposures. Physician 2 places a catheter into the aorta from the ipsilateral femoral artery and places a sheath from the contralateral femoral artery approach into the contralateral common iliac artery. Together, Physician 1 and Physician 2 place one Zenith Flex main body graft. Because a bifurcated graft cannot be placed (the distal aorta is too narrow and the contralateral iliac artery is very narrow and heavily calcified), and because the patient has an 8.5 cm aneurysm and is not a candidate for open surgical repair, the physicians elect to convert the Flex graft into an aortounilateral iliac device by using the Zenith converter. Together, Physician 1 and Physician 2 place this converter. Together, Physician 1 and Physician 2 place the ipsilateral leg and a Zenith Flex Iliac Plug into the contralateral common iliac artery. Physician 1 places a femoral-femoral crossover graft and closes the open femoral artery exposures. Physician 2 performs radiological supervision and interpretation for the procedure.



Coding information

Physician 1	
34812-50-51	Open femoral artery exposure, bilateral
34813-51	Femoral-femoral graft
34805-62	Placement aortouniiliac graft
34808-62-51	Placement iliac occluder device
Physician 2	
36200-51	Introduction of catheter, aorta
36140-51	Catheter in common iliac
34805-62	Placement aortounilateral iliac graft
34808-62-51	Placement iliac occluder device
75952-26	AAA radiological supervision and interpretation



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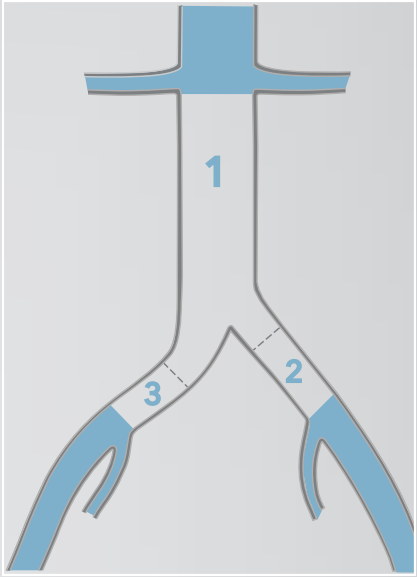
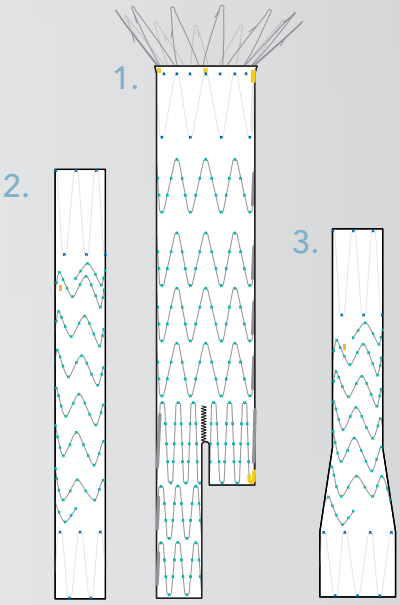
Abdominal

Physician 1 performs bilateral open femoral artery exposures. Physician 2 places catheters into the aorta bilaterally, but the bifurcated graft cannot be navigated through the ipsilateral iliac artery. Physician 1 must perform a retroperitoneal exposure of the ipsilateral iliac artery that allows introduction and delivery of the graft directly through the common iliac arteriotomy. Together, Physician 1 and Physician 2 place a Zenith Flex modular bifurcated graft and two docking legs. Physician 1 closes the femoral and retroperitoneal exposures. Physician 2 performs the radiological supervision and interpretation for the procedure.



Coding information

Physician 1	
34812-50-51	Open femoral artery exposure, bilateral
34820-51	Retroperitoneal exposure of iliac
34803-62	Placement of modular bifurcated graft and 2 docking legs
Physician 2	
36200-50-51	Introduction of catheter, aorta, bilateral
34803-62	Placement of modular bifurcated graft and 2 docking legs
75952-26	AAA radiological supervision and interpretation



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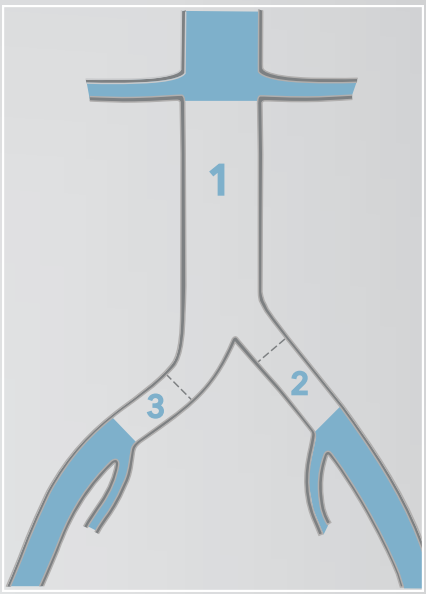
Abdominal

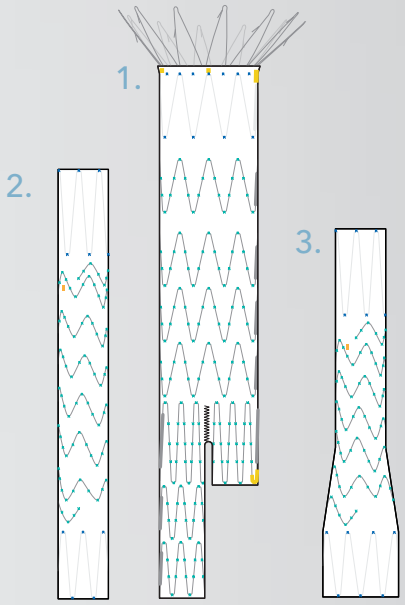
Physician 1 performs bilateral femoral artery exposures. Physician 2 places catheters into the aorta bilaterally, but the bifurcated graft cannot be navigated through the ipsilateral iliac artery. Physician 1 must perform a retroperitoneal exposure of the ipsilateral iliac artery and must place a chimney conduit that allows introduction of the graft. Together, Physician 1 and Physician 2 place a Zenith Flex modular bifurcated graft and two docking legs. Physician 1 takes down the chimney conduit and closes the femoral and retroperitoneal exposures. Physician 2 performs the radiological supervision and interpretation for the procedure.



Coding information

Physician 1	
34812-50-51	Open femoral artery exposure, bilateral
34833-51*	Retroperitoneal exposure of iliac with conduit/chimney
34803-62	Placement of modular bifurcated graft and 2 docking legs
Physician 2	
36200-50-51	Introduction of catheter, aorta, bilateral
34803-62	Placement of modular bifurcated graft and 2 docking legs
75952-26	AAA radiological supervision and interpretation

* Includes placement of iliofemoral conduit or chimney



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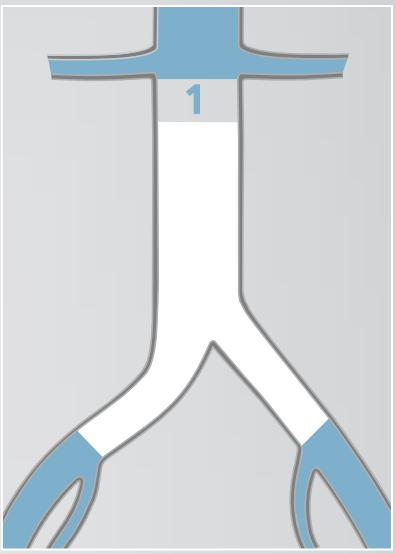
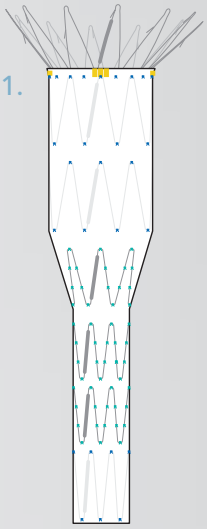
Abdominal

Follow-up CT scan at 6 months shows a proximal leak due to graft migration. Physician 1 performs a unilateral femoral artery exposure. Physician 2 places a catheter into the aorta unilaterally. Together, Physician 1 and Physician 2 place a Zenith Renu AAA Ancillary Graft main body extension. Physician 1 closes the femoral artery exposure. Physician 2 performs the radiological supervision and interpretation for the procedure.



Coding information

Physician 1	
34812-51	Open femoral artery exposure
34825-62	Placement extension prosthesis
Physician 2	
36200-51	Introduction of catheter, aorta
34825-62	Placement extension prosthesis
75953-26	Extension prosthesis radiological supervision and interpretation



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Click on the type of endovascular procedure that was performed.

Though new CPT codes have been created, some uncertainty remains about certain aspects of Zenith Fenestrated AAA Endovascular Graft coding and reimbursement. It is unclear how co-surgeons should report their services, since the current codes (34845-34848) do not allow reporting for co-surgeons; in addition these codes do not have relative value units (RVUs) assigned to them and thus do not have associated reimbursement rates. Lastly, for 2015 a new planning and sizing code has been created for fenestrated cases (34839); but this new code does not have RVUs assigned either. For these reasons, we have chosen not to include fenestrated coding scenarios in this resource until there is clarity. In the meantime, please refer to our Zenith Fenestrated AAA Endovascular Graft Coding & Reimbursement guide that is available on the Cook Medical website at: https://www.cookmedical.com/support/reimbursement for additional information

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