Zenith® AAA Endovascular Graft and Zenith Renu® AAA Ancillary Graft

2017 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. If you have any questions, please contact our reimbrusement team at 800.468.1379 or by e-mail at Reimbursement@cookmedical.com.

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 (2 docking limbs)
75952	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation

Zenith Renu Ancillary Graft

The following are recommended[1] 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[1].

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[1].

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).

PAYMENT

2017 Physician Medicare Reimbursement for Zenith AAA Endograft

Code	Procedure Description	Physician Fees (National Medicare Avg[2])
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)	$1,358.75
75952-26	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation	$228.25

2017 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)	$218.20
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	$354.58
+34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure) (Use 34813 in conjunction with 34812)	$248.35
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral	$514.29
34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	$731.05
+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 (Use 34826 in conjunction with 34825)	$216.05
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	$1,892.05
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	$2,002.23
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	$1,988.23
34833	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral (Do not report 34833 in con nc ion i 34820)	$639.18
34834	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral	$286.03
34900	Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis	$938.49
36200	Introduction of catheter, aorta	$146.78
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	$69.27
75954-26	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation	$115.92

2. 2017 Medicare Physician Fee Schedule

2017 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

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html