



Endovascular Thoracic Repair

Zenith® Alpha™ ENDOVASCULAR GRAFT

Reimbursement Guide

Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources which include, but are not limited to, the CPT coding system; 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, 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.

COVERAGE

Medicare sometimes issues coverage policies indicating under what circumstances they will/will not cover a particular medical service or procedure. On occasion, these policies are issued as national coverage policies affecting all Medicare patients. Other times they are issued by local Medicare contractors as local coverage decisions (LCDs) affecting only those Medicare beneficiaries in a given contractor's jurisdiction. At this point in time, Medicare has not issued a national coverage decision about endovascular treatment of thoracic aortic aneurysms. However, we encourage physicians to periodically check with their local Medicare carrier(s) for coverage policies on this topic to see if they have issued an LCD. LCDs can be searched at the CMS coverage database: <http://www.cms.hhs.gov/mcd/search.asp?>, and if you need to contact your local contractors' Medical Directors, their contact information is accessible at www.cms.hhs.gov/apps/contacts/.

COOK MEDICAL REIMBURSEMENT CONTACT INFORMATION

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or e-mail us at
Reimbursement@cookmedical.com

CODING

Physician Coding

CPT Coding Conventions for Endovascular Repairs

The work described by the TAA repair code(s) includes the pre-, intra- and postoperative care involved in placement of the endograft.

Preoperative work includes:

- measurement of preoperative imaging studies
- redetermination of candidacy for endovascular TAA repair
- selection of type and size of graft
- final discussions with patient and family regarding risks and benefits of the procedure
- preoperative supervision of OR setup
- selection of appropriate equipment such as catheters, wire guides, etc.
- direction of the OR and x-ray personnel

Intraoperative work includes:

- introduction of the device into the vessel(s), positioning the device, and ballooning of the anastomotic hooks and graft
- all angioplasty, stenting and ballooning performed within the target treatment zone of the graft before, during and after endograft placement
- placement of distal extensions (during initial procedure)
- any additional ballooning, stents, or components used within the graft to seat and open the endograft
- closure of the arteriotomy sites

Postoperative care includes:

- routine care and outpatient or inpatient visits related to TAA repair for a period of 90 days

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Steps of an Endovascular Repair–Thoracic Aortic Aneurysm

Step 1:

Surgical Exposure of Artery for Endograft Delivery

The codes used to describe open exposure of access vessels, i.e., femoral or iliac artery(s), include both the work of exposing the vessel and closing of the exposure site(s). The code(s) used to report access are:

+34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)
+34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)
+34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
+34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)
34833	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)
34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)

(For bilateral procedures, report the code twice)

In some cases, the iliac arteries are too small to allow introduction of the endograft device, and a conduit (34833) is required to permit delivery of the endograft into the aorta. The conduit may be permanently attached to the iliac or femoral artery or it may be removed. Once 34833 is reported, correct coding convention dictates procedure code 34820 should not be reported, because 34833 includes the work of iliac artery exposure.

Step 2:

Placement of Wires/Catheters/Sheaths

Once access has been established, wire guides, catheters, and/or sheaths are introduced either percutaneously or through arterial exposure(s) to deliver and correctly place the endograft. At least one catheterization code is reported for each vessel accessed, and quite often bilateral catheters are introduced into the aorta and reported with the -50 modifier. The code(s) to report are:

36200	Introduction of catheter, aorta
36200-50	Introduction of catheter, aorta - bilaterally

Physicians should code selective catheter placement according to established guidelines. For selective catheter placement see codes 36215 - 36218.

Step 3:

Placement and Deployment of Thoracic Endograft

The endograft is introduced into the abdominal aorta and advanced to the target treatment area in the descending thoracic aorta (33880-33881). Once the endograft is deployed, the work associated with “seating” by fully opening the endograft using balloon dilatations, stents or endograft module(s) is included in the CPT procedure description and should not be separately reported. Physicians should report one of the following procedure codes when a Cook Zenith endovascular thoracic device is placed (Note: These codes apply whether just the proximal component or both the proximal and distal components of a Zenith endovascular thoracic device are used in the procedure):

33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (For radiological supervision and interpretation, use 75956 in conjunction with 33880)
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (For radiological supervision and interpretation, use 75957 in conjunction with 33881)

Physicians should also report the appropriate radiological supervision and interpretation code along with the professional component modifier -26.

75956-26	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75957-26	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation

CPT codes 75956 and 75957 include all work associated with imaging during endograft placement, the aortogram performed at the beginning of the procedure, fluoroscopic guidance, road-mapping and completion angiography. All supervision and interpretation services involving angioplasty, balloon expansion of the endograft or “seating,” and stenting performed within the endograft zone during the procedure are included in these codes.

Step 4:

Placement of Extensions

Extensions are devices used to elongate the target treatment area and help custom fit the device to each patient’s anatomy. Proximal extensions deployed during initial thoracic endograft placement are separately reported, and coding choice will vary depending on whether there is coverage of the subclavian artery origin. Proximal extension(s) resulting in noncoverage of the left subclavian origin are reported with the following code(s):

33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension (For radiological supervision and interpretation, use 75958 in conjunction with 33883) (Do not report 33881, 33883 when extension placement converts repair to cover left subclavian origin. Use only 33880)
+33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure) (For radiological supervision and interpretation, use 75958 in conjunction with 33884)

Do not report 33881, 33883 when proximal extension placement converts the repair to one covering the left subclavian artery origin. Instead, use only 33880.

The placement of a distal extension(s) during initial thoracic endograft deployment is considered inherent or is included in the work associated with placement of the thoracic endograft and is not separately reported.

Distal extensions placed at a later operative date are reported with the following code:

33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta (Do not report 33886 in conjunction with 33880, 33881) (Report 33886 once, regardless of number of modules deployed) (For radiological supervision and interpretation, use 75959 in conjunction with 33886)
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Physicians should also report the radiological supervision and interpretation for extension placement along with the physician professional component modifier -26:

75958-26	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
75959-26	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation

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Ancillary Procedures

Bypass Grafts/Transpositions

33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral (Do not report 33889 in conjunction with 35694)
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision (Do not report 33891 in conjunction with 35509, 35601)

Embolization

37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

PAYMENT 2018 Physician Reimbursement for Thoracic Graft Placement

CPT Code	Procedure Description	Physician Fees <i>(National Medicare Avg)¹</i>
Arterial Exposure		
+34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	\$134.64
+34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)	\$282.60
+34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	\$315.72
+34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	\$392.04
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	\$216.72
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral	\$369.72
34833	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral	\$424.08
34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral	\$136.44

Catheter Placement

36200	Introduction of catheter, aorta	\$146.16
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$222.48

Main Body

33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (For radiological supervision and interpretation use 75956 in conjunction with 33880)	\$1,878.10
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin (For radiological supervision and interpretation use 75957 in conjunction with 33881)	\$1,613.14
75956-26	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	\$355.32
75957-26	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin radiological supervision and interpretation	\$304.56

¹ 2018 Medicare Physician Fee Schedule

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CPT Code	Procedure Description	Physician Fees (National Medicare Avg) ¹
Extensions		
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension (For radiological supervision and interpretation, use 75958 in conjunction with 33883)	\$1,171.07
+33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure) (For radiological supervision and interpretation, use 75958 in conjunction with 33884)	\$434.88
75958-26	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	\$202.68
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta (For radiological supervision and interpretation, use 75959 in conjunction with 33886)	\$1,015.55
75959-26	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	\$177.84

Bypass Grafts		
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	\$830.15
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	\$1,009.43

Embolization		
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	\$464.75
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	\$502.19
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	\$589.67
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	\$697.31

¹2018 Medicare Physician Fee Schedule

2018 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>