Reimbursement Guide

Zenith Alpha™ Endovascular Graft

Zenith Dissection Endovascular System

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.
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 infracavicular 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 infracavicular 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 dilations, stents or endograft module(s) is included in the CPT procedure description and should not be separately reported. Physicians should report one of the follow 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)

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

Continued on next page
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)

### PAYMENT

**2020 Physician Reimbursement for Thoracic Graft Placement**

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>Physician Fees (National Medicare Avg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>+34713</td>
<td>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)</td>
<td>$131.01</td>
</tr>
<tr>
<td>+34714</td>
<td>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)</td>
<td>$284.03</td>
</tr>
<tr>
<td>+34715</td>
<td>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)</td>
<td>$314.70</td>
</tr>
<tr>
<td>+34716</td>
<td>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)</td>
<td>$389.77</td>
</tr>
<tr>
<td>+34812</td>
<td>Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral</td>
<td>$216.90</td>
</tr>
<tr>
<td>+34820</td>
<td>Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral</td>
<td>$367.40</td>
</tr>
<tr>
<td>+34833</td>
<td>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</td>
<td>$423.70</td>
</tr>
<tr>
<td>+34834</td>
<td>Open brachial artery exposure for delivery of endovascular prosthesis, unilateral</td>
<td>$136.06</td>
</tr>
</tbody>
</table>

### Catheter Placement

- **36200**
  - Introduction of catheter, aorta
  - $146.53
- **36215**
  - Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
  - $221.23

### 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)
  - $1,878.85

- **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)
  - $1,612.86

- **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
  - $353.68

- **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
  - $302.80
### Extensions

<table>
<thead>
<tr>
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<th>Physician Fees</th>
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</thead>
<tbody>
<tr>
<td>33883</td>
<td>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)</td>
<td>$1,167.51</td>
</tr>
<tr>
<td>+33884</td>
<td>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)</td>
<td>$415.04</td>
</tr>
<tr>
<td>75958-26</td>
<td>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</td>
<td>$200.66</td>
</tr>
<tr>
<td>33886</td>
<td>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)</td>
<td>$1,001.50</td>
</tr>
<tr>
<td>75959-26</td>
<td>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</td>
<td>$176.48</td>
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</tbody>
</table>

### Bypass Grafts

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Procedure Description</th>
<th>Physician Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>33889</td>
<td>Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral</td>
<td>$828.27</td>
</tr>
<tr>
<td>33891</td>
<td>Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision</td>
<td>$1,013.05</td>
</tr>
</tbody>
</table>

### Embolization

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Procedure Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>37241</td>
<td>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)</td>
<td>$458.34</td>
</tr>
<tr>
<td>37242</td>
<td>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)</td>
<td>$499.85</td>
</tr>
<tr>
<td>37243</td>
<td>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</td>
<td>$588.27</td>
</tr>
<tr>
<td>37244</td>
<td>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</td>
<td>$696.54</td>
</tr>
</tbody>
</table>

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2020 physician fees for your local area can be found at the following CMS links:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFS Lookup/index.html?redirect=/pfslookup/02_PFSSearch.asp#TopOfPage

or

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

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