COOK MEDICAL

Endovascular Thoracic Repair

Reimbursement Guide

Zenith Alpha® 2 Thoracic 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.

COVERAGE

Medicare carriers may issue Local Coverage Decisions listing criteria that must be met prior to coverage. Physicians are urged to review these policies (Medicare Coverage Database) and contact their carrier's medical director (CMS Contacts Directory) or commercial insurers to determine if a procedure is covered. You may also contact the Cook Medical Reimbursement department with questions concerning coverage and your local Medicare carrier.

HOSPITAL INPATIENT CODING AND PAYMENT

Procedures utilizing a Zenith Alpha® 2 TAA graft or Zenith® Dissection Endovascular System for the treatment of a thoracic aortic aneurysm or dissection should report the ICD-10-PCS code below:

TAA Endovascular Aortic Repair - TEVAR	
ICD-10-PCS Code[1]	**Description**
02VW3DZ	Restriction of Thoracic Aorta, Descending, with Intraluminal Device, Percutaneous Approach

Thoracic aortic aneurysm repair procedures with a Zenith Alpha® 2 TAA graft or dissection repair procedures with the Zenith® Dissection Endovascular System may map to one of several MS-DRGs. However, final MS-DRG assignment is based on factors such as primary and secondary diagnoses and procedures performed. Additionally, hospital payment will depend on factors like teaching status, location, and other hospital-specific characteristics.

MS-DRG National Average Reimbursement Rates		
DRG Code	**Description**	**Hospital Payment[2]**
216	Cardiac valve and other major cardiothoracic procedures w/ cardiac catheterization with MCC	$73,017
217	Cardiac valve and other major cardiothoracic procedures w/ cardiac catheterization with CC	$50,283
218	Cardiac valve and other major cardiothoracic procedures w/ cardiac catheterization without CC/MCC	$50,283
219	Cardiac valve and other major cardiothoracic procedures w/o cardiac catheterization with MCC	$56,469
220	Cardiac valve and other major cardiothoracic procedures w/o cardiac catheterization with CC	$40,682
221	Cardiac valve and other major cardiothoracic procedures w/o cardiac catheterization without CC/MCC	$34,803

PHYSICIAN CODING

TAA Endovascular Procedures

Thoracic aortic aneurysm repair performed using the Zenith Alpha® 2 TAA graft or thoracic dissection repair performed using the Zenith® Dissection Endovascular System should be reported with one of the following Category I CPT codes listed below. These codes are considered inclusive (bundled), so the following procedures are NOT separately reportable when performed in conjunction with thoracic aortic repair:

a) all aortic stent graft(s) deployed proximally and distally within the treatment zone during the same operative session

b) nonselective catheterization(s)

c) balloon angioplasty and/or stenting within the target treatment zone

d) fluoroscopic guidance and radiological S&I (includes angiographic diagnostic imaging of the aorta and branches prior to deployment of the endovascular device; fluoroscopic guidance and roadmapping used in the delivery of the endovascular components; and intraprocedural and completion angiography [eg, confirm position, detect endoleak, evaluate runoff]).

CPT® Code[3]	Description
Main Body	
33880	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed
33881	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery
Extensions	
33883	Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed (Report 33883 once, regardless of number of modules deployed)
33886	Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation (Report 33886 once, regardless of number of modules deployed)

*Do not report 33880 in conjunction with 33881, 33882, 33883, 33886, during the same session
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*Do not report 33886 in conjunction with 33880, 33881, 33882, 33883, during the same session
*For delayed placement of proximal thoracic aortic stent-graft extension that covers the left subclavian artery, see 33880, 33882
*Codes 33889 and 33891 have been deleted. Please see codes 35694 for open subclavian to carotid artery transposition performed in conjunction with TEVAR, and 35602 for carotid-contralateral bypass graft.

PHYSICIAN CODING AND PAYMENT

2026 Physician Medicare Reimbursement for Thoracic Graft Placement

CPT® Code[3]	Description	Work RVUs	Physician Fees[4]
Open Arterial Exposure			
+34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure) (34812 may only be reported once per side. For bilateral procedure, report 34812 twice)	4.03	$185.96
+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) (34714 may only be reported once per side. For bilateral procedure, report 34714 twice)	5.12	$246.39
+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) (34820 may only be reported once per side. For bilateral procedure, report 34820 twice)	6.83	$305.80
+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) (34833 may only be reported once per side. For bilateral procedure, report 34833 twice)	7.96	$356.82

+34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure) (34834 may only be reported once per side. For bilateral procedure, report 34834 twice)	2.58	$117.15
+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) (34715 may only be reported once per side. For bilateral procedure, report 34715 twice)	5.85	$270.55
+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) (34716 may only be reported once per side. For bilateral procedure, report 34716 twice)	7.01	$340.04
Catheter Placement			
36200	Introduction of catheter, aorta	2.70	$123.53
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	4.07	$188.99
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	5.14	$244.71

Main Body			
33880	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed	26.33	$1,293.69
33881	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery	21.97	$1,086.58
Extensions			
33883	Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed (Report 33883 once, regardless of number of modules deployed)	19.41	$966.41
33886	Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation (Report 33886 once, regardless of number of modules deployed)	19.41	$965.40

Ancillary Procedures			
+34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure) (34713 may only be reported once per side. For bilateral procedure, report 34713 twice) (Do not report ultrasound guidance [ie, 76937] for percutaneous vascular access in conjunction with 34713 for the same access)	2.44	$110.77
35226	Repair blood vessel, direct; lower extremity	14.92	$759.97
35286	Repair blood vessel with graft other than vein; lower extremity	16.76	$845.90
35602	Bypass graft, with other than vein; carotid-contralateral carotid	23.53	$1,161.44
35606	Bypass graft, with other than vein; carotid-subclavian	21.90	$1,070.13
35694	Transposition and/or reimplantation; subclavian to carotid artery	18.80	$905.65
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	8.53	$392.07
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)	9.56	$415.23
+37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	1.76	$79.55
+37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	1.40	$62.77

1. CMS 2026 ICD-10 Procedure Coding System (ICD-10-PCS). https://www.cms.gov/medicare/coding-billing/icd-10-codes

2. FY 2027 IPPS Payment. CMS-1785-F. https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2027-ipps-final-rule-home-page

3. American Medical Association. Endovascular Repair of Thoracic Aorta. In: *CPT 2026* Professional *Edition* American Medical Association; 2025:260-264.

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4. 2026 Medicare Physician Fee Schedule. The rates shown in this guide reflect the CY 2026 qualifying APM conversion factor of $33.57. For reference, the CY 2026 nonqualifying APM conversion factor is $33.40.

2026 physician fees for your local area can be found at the following CMS link:
https://www.cms.gov/medicare/physician-fee-schedule/search

If you have any questions, please contact our reimbursement team at:

833.585.2688

Or

By e-mail at:

reimbursement@cookmedical.com