Reimbursement Guide

Zenith® Fenestrated AAA Endovascular Graft

Zenith® Iliac Branch

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 (http://www.cms.hhs.gov/mcd/search.asp?) and contact their carrier's medical director (www.cms.hhs.gov/apps/contacts/.) 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® Fenestrated AAA graft for the treatment of an abdominal aortic aneurysm should report only the fenestrated code. If both an abdominal aortic aneurysm, and iliac branch repair utilizing a Zenith® Iliac Branch are performed, codes for both procedures should be reported.

AAA Fenestrated Endovascular Aortic Repair - FEVAR	
ICD-10-PCS Code[1]	**Description**
04V03EZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach
04V03FZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Approach
Endovascular Iliac Branch Repair	
ICD-10-PCS Code[1]	**Description**
04VC3EZ	Restriction of Right Common Iliac Artery with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach
04VD3EZ	Restriction of Left Common Iliac Artery with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach
04VC3DZ	Restriction of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
04VD3DZ	Restriction of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach
04VE3DZ	Restriction of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
04VF3DZ	Restriction of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
04VH3DZ	Restriction of Right External Iliac Artery with Intraluminal Device, Percutaneous Approach
04VJ3DZ	Restriction of Left External Iliac Artery with Intraluminal Device, Percutaneous Approach

Abdominal aortic aneurysm repair procedures with a Zenith® Fenestrated AAA graft, with or without iliac branch repair utilizing a Zenith® Iliac Branch, may map to one of several MS-DRGs, including the newly established MS-DRG 213 for endovascular abdominal aorta procedures with iliac branch. 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]**
213	Endovascular Abdominal Aorta with Iliac Branch Procedures	$43,207
268	Aortic and heart assist procedures except pulsation balloon with MCC	$52,963
269	Aortic and heart assist procedures except pulsation balloon without MCC	$31,473

PHYSICIAN CODING AND PAYMENT

AAA Fenestrated Endovascular Planning and Sizing

Effective January 1, 2016, physician planning and sizing for a patient-specific visceral aortic endograft has been bundled into the primary procedure and will not be reimbursed separately. Code 34839 is reported on the date that planning work is complete and may not include time spent on the day before or the day of the fenestrated endovascular repair procedure (34841-34848).[3]

AAA Fenestrated Endovascular Planning and Sizing

CPT® Code	Description
34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time

AAA Fenestrated Endovascular Procedures

Repair performed using a Zenith Fenestrated AAA graft is reported with one of the following Category I CPT codes below. These codes are considered inclusive or bundled codes, so the following are NOT separately reportable when performed in conjunction with a fenestrated repair:

a) introduction of guide wires and catheters in the aorta and visceral and/or renal arteries
b) balloon angioplasty within the target treatment zone, before or after endograft deployment
c) fluoroscopic guidance and radiological S&I (includes angiographic diagnostic imaging of the aorta and branches prior to deployment of the endovascular device; fluoroscopic guidance in the delivery of the fenestrated components; and intraprocedural arterial angiography [eg, confirm position, detect endoleak, evaluate runoff]).

Note: The number of branch vessels receiving covered stents is a major factor in determining the correct CPT code.

AAA Fenestrated Endovascular Aortic Repair - FEVAR

CPT® Code	Description	Work RVUs	Physician Fees[4]
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	N/A	Carrier Priced
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	N/A	Carrier Priced
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	N/A	Carrier Priced
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	N/A	Carrier Priced

*Do not report 34845-34848 in conjunction with 34701-34706, 34841-34844, 35081, 35102
*Do not report 34845-34848 in conjunction with 37236, 37637 for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone
*For placement of distal extension prosthesis[es]terminating in the internal iliac, external iliac, or common femoral artery[s], see 34709, 34710, 34711, 0254T
*Use 34845-34848 in conjunction with 37220-37223, only when 37220-37223 are performed outside the target treatment zone of the endoprosthesis

Establishing a Value for CPT® Codes 34845-34848

While Category I codes exist, they currently lack associated relative value units (RVUs) and, consequently, pre-established Medicare payment rates. Physicians will have to work with their local insurance carriers to establish payment rates. Some Medicare Administrative Contractors (MACs) have established payment rates, which may or may not be published on their respective fee schedules.

When establishing a value for fenestrated procedures, the use of a building block methodology to capture all the steps included in these complex procedures can capture component work performed. Physicians are encouraged to contact their medical society and/or Medicare's local contractor for assistance to value CPT codes 34845-34848.

PHYSICIAN CODING AND PAYMENT

2026 Physician Medicare Reimbursement for Procedures Adjunctive to a Zenith Fenestrated AAA Endovascular Graft Procedure

CPT® Code	Description	Work RVUs	Physician Fees[4]
Endovascular Procedures for Zenith® Iliac Branch			
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	23.4	$1,112.58
+34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (34709 may only be reported once per vessel treated [ie, multiple endograft extensions placed in a single vessel may only be reported once])	6.34	$290.02
Open Procedures			
+34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (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 (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 (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 (34833 may only be reported once per side. For bilateral procedure, report 34833 twice)	7.96	$356.82
+34834	Open brachia l artery exposure for delivery of endovascular prosthesis, unilateral (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 (34715 may only be reported once per side. For bilateral procedure, report 34715 twice)	5.85	$270.55

PHYSICIAN CODING AND PAYMENT

2026 Physician Medicare Reimbursement for Procedures Adjunctive to a Zenith Fenestrated AAA Endovascular Graft Procedure

CPT® Code	Description	Work RVUs	Physician Fees[4]
Open Procedures (Cont'd)			
+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 (34716 may only be reported once per side. For bilateral procedure, report 34716 twice)	7.01	$340.04
+34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (Use 34813 in conjunction with 34812)	4.67	$212.82
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	34.35	$1,609.56
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	37.03	$1,763.30
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	37.03	$1,729.40
Other 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 (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
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artey(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
+37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artey(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; each additional artery	4.14	$188.65

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. Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta. In: *CPT 2026* Professional *Edition* American Medical Association; 2025:280-282.

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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:

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Or

By e-mail at:

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