FACILITY CODING AND REIMBURSEMENT AAA

OUTPATIENT FACILITY SERVICES

HCPCS Code[1]	Description	Ambulatory Payment Classification (APC)[2]	Description	Status Indicator*	2016 Medicare National Average Reimbursement[2]
Ultrasound for AAA Screening					
G0389	Ultrasound B-scan and or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	5531	Level I Ultrasound and Related Services	S	$92

*Status Indicator S = Procedure or Service, Not Discounted When Multiple

INPATIENT FACILITY SERVICES

MS-DRG assignment is based on the principal and secondary diagnosis codes as well as the principle and secondary procedure codes.

MCC-Major Complications and Comorbidities CC-Complications and Comorbidities

MS-DRG[3]	Description	2016 Medicare National Average Reimbursement[4]
Abdominal Aorta		
252	Other Vascular Procedures with MCC	$19,415
253	Other Vascular Procedures with CC	$15,373
254	Other Vascular Procedures without CC/MCC	$10,177
268	Aortic and Heart Assist Procedures Except Pulsation Balloon with MCC	$37,095
269	Aortic and Heart Assist Procedures Except Pulsation Balloon without MCC	$23,058
270	Other Major Cardiovascular Procedures with MCC	$27,965
271	Other Major Cardiovascular Procedures with CC	$18,561
272	Other Major Cardiovascular Procedures without CC/MCC	$13,294
Iliac Aneurysm		
270	Other Major Cardiovascular Procedures with MCC	$27,965
271	Other Major Cardiovascular Procedures with CC	$18,561
272	Other Major Cardiovascular Procedures without CC/MCC	$13,294

ICD-10 PROCEDURAL CODING SYSTEM (PCS)

ICD-10 PCS[5]	Description
Abdominal Aorta	
04R007Z	Replacement of Abdominal Aorta with Autologous Tissue Substitute, Open Approach
04R00JZ	Replacement of Abdominal Aorta with Synthetic Substitute, Open Approach
04R00KZ	Replacement of Abdominal Aorta with Nonautologous Tissue Substitute, Open Approach
04R047Z	Replacement of Abdominal Aorta with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
04R04JZ	Replacement of Abdominal Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach
04R04KZ	Replacement of Abdominal Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
04V03DZ	Restriction of Abdominal Aorta, with Intraluminal Device, Percutaneous Approach
04V04DZ	Restriction of Abdominal Aorta, with Intraluminal Device, Percutaneous Endoscopic Approach
04V03DJ	Restriction of Abdominal Aorta, with Intraluminal Device, Temporary, Percutaneous Approach
04V04DJ	Restriction of Abdominal Aorta, with Intraluminal Device, Temporary, Percutaneous Endoscopic Approach
04U03JZ	Supplement of Abdominal Aorta with Synthetic Substitute, Percutaneous Approach
04U04JZ	Supplement of Abdominal Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach
Iliac Aneurysm	
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
Intra-aneurysm Sac Pressure Monitoring	
02HW30Z	Insertion of pressure sensor monitoring device into thoracic aorta, Percutaneous Approach
Intravascular Ultrasound Non-Coronary	
4A033B1	Measurement of Arterial Pressure, Peripheral, Percutaneous Approach

ICD-10-CM DIAGNOSIS

The following ICD-10-CM Diagnosis codes are typically reported for Abdominal Aortic Aneurysm services and procedures. This is not an exhaustive list of ICD-10-CM diagnosis codes. Reporting Secondary diagnosis will be in accordance with guidelines. Physicians are responsible for selecting the most appropriate code(s) to reflect the patient's medical condition.

ICD-10-CM[5]	Description
A52.01	Syphilitic aneurysm of aorta
I70.0	Atherosclerosis of aorta
I70.I	Atherosclerosis of renal artery
I70.8	Atherosclerosis of other arteries
I71.02	Dissection of abdominal aorta
I71.3	Abdominal aortic aneurysm, ruptured
I71.4	Abdominal aortic aneurysm, without rupture
I71.8	Aortic aneurysm of unspecified site, ruptured
I72.3	Aneurysm of iliac artery
I72.4	Aneurysm of artery of lower extremity
I74.11	Embolism and thrombosis of thoracic aorta
I74.5	Embolism and thrombosis of iliac artery
I77.72	Dissection of iliac artery
Z13.6	Encounter for screening for cardiovascular disorders

RESOURCES

1. 2016 HCPCS Level II, Professional Edition, AMA

2. Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Short Inpatient Hospitals Stays; Transition   for Certain Medicare-Dependent Hospitals, Small Rural Hospitals Stays Under the Hospital Inpatient Prospective Payment System; Provider Administrative Appeals and Judicial Review; Final Rule, Federal Register (80 Fed Reg. No. 219), November 13, 2015, 42 CFR Parts 405, 410, 412, et al.; Addendum B

3. 2016 DRG Expert, A Comprehensive Guidebook to the DRG Classification System Using the ICD-10-CM and ICD-10 PCS Code Set, Optum 360, LLC

4. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System Policy Changes and Fiscal Year 2016 Rates; Final Rule, Federal Register (80 Fed Reg., No. 158) August 17, 2015, 42 CFR Part 412; Tables 1A and 1D and Table 5

5. ICD-10-CM 2016, The Complete Official Codebook, AMA Copyright 2015 Optum 360, Inc.