Endologix

PHYSICIAN AAA CODING GUIDE

ENDOVASCULAR REPAIR–ABDOMINAL AORTIC ANEURYSM

CPT® Code[1]	Description	2016 Work Relative Value Units (RVUs)[2]	2016 Total Facility Relative Value Units (RVUs)[2]	2016 Medicare National Average Reimbursement[2]
Endovascular Repair of Abdominal Aortic Aneurysm				
34800	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis	21.54	33.38	$1,196
34802	Using modular bifurcated prosthesis (1 docking limb)	23.79	36.79	$1,318
34803	Using modular bifurcated prosthesis (2 docking limbs)	24.82	37.99	$1,361
34804	Using unibody bifurcated prothesis	23.79	36.76	$1,317
34805	Using aorto-uniiliac or aorto-unifemoral prosthesis	22.67	35.21	$1,262
+34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	2.06	2.95	$106
+34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	4.12	6.11	$219
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	6.74	9.97	$357
+34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	4.79	6.98	$250

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Endovascular Repair of Abdominal Aortic Aneurysm				
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral	9.74	14.54	$521
34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	12.80	20.48	$734
+34826	Each additional vessel (List separately in addition to code for primary procedure)	4.12	6.03	$216
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	35.23	52.17	$1,869
34831	Aorto-bi-iliac prosthesis	37.98	56.22	$2,014
34832	Aorto-bifemoral prosthesis	37.98	55.78	$1,998
34833	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral	11.98	17.99	$645
34834	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral	5.34	8.07	$289
Endovascular Repair of Iliac Aneurysm				
34900	Endovascular repair of iliac artery (e.g. aneurysm, psuedoanysruem, arteriovenous malformation, trauma) using illio-iliac tibe endoprothesis	16.85	26.45	$948

CPT® Code[1]	Description	2016 Work Relative Value Units (RVUs)[2]	2016 Total Facility Relative Value Units (RVUs)[2]	2016 Medicare National Average Reimbursement[2]
Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta				
34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time	Bundled*		
34841	Endovascular repair of visceral aorta (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral 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)	Carrier Priced*		
34842	Including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Carrier Priced*		
34843	Including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Carrier Priced*		
34844	Including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Carrier Priced*		
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g. 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)	Carrier Priced*		

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Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta				
34846	Including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Carrier Priced*		
34847	Including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Carrier Priced*		
34848	Including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Carrier Priced*		
Catheter Introduction and Placement				
36140	Introduction of needle or intracatheter; extremity artery	2.01	3.00	$107
36200	Introduction of catheter, aorta	3.02	4.48	$161
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	4.90	7.36	$264
36246	Initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	7.86	$282
36247	Initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	6.29	9.31	$334
+36248	Additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	1.01	1.44	$52

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Extensive Repair of Artery				
35226	Repair blood vessel direct; lower extremity	15.30	24.58	$881
35286	Repair blood vessels with graft other than vein; lower extremity	17.19	27.68	$992
Transcatheter Intravascular Stent				
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	9.00	13.30	$477
37237	Each additional artery (List separately in addition to code for primary procedure)	4.25	6.27	$225
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 (e.g. congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	9.00	13.20	$473
37242	Arterial, other than hemorrhage or tumor (e.g. congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	10.05	14.42	$517
37243	For tumors, organ ischemia, or infarction	11.99	17.01	$609
37244	For arterial or venous hemorrhage or lymphatic extravasation	14.00	19.93	$714

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Intravascular Ultrasound Services				
+37252	Intravascular Ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel	1.80	2.70	$97
+37253	Each additional noncoronary vessel	1.44	2.16	$77
Radiology				
75952-26	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation	4.49	6.41	$230
75953-26	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation	1.36	1.94	$70

HCPCS Code[3]	Description	2016 Work Relative Value Units (RVUs)[2]	2016 Total Facility Relative Value Units (RVUs)[2]	2016 Medicare National Average Reimbursement[2]
Screening Ultrasound for AAA				
G0389	Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	.58	3.27	$117
G0389-26	Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	.58	.83	$30

+ Add-on code Add-on codes are for procedures always performed in addition to the primary service or procedure and must never be reported as a stand-alone code. They are exempt from the multiple procedure discount rule.

*Status Indicators

B-Bundled Code Payment for covered services are always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient).

C-Carrier Priced Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation such as an operative report.

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MODIFIERS

A modifier communicates to the payer that the service or procedure that was performed has been altered by some specific circumstance, but has not changed in its definition or code. Below are possible modifiers that be reported. Please contact your local payer for guidance and payment policies for reporting modifiers.

Modifier[1]	Description
-26	Professional Component
-50	Bilateral Procedure
-51	Multiple Procedure
-59	Distinct Procedural Service
-62	Two Surgeons
-78	Unplanned Return to the Operating/Procedure room by the Same Physician or Other Qualified Health Care Professional following initial procedure for a related procedure during the postoperative period
-79	Unrelated Procedure or Service by the same Physician or other Qualified Health Care Professional During the Postoperative Period
-80	Assistant Surgeon
-81	Minimum Assistant Surgeon
-82	Assistant Surgeon (when qualified resident surgeon not available)
-AS[3]	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery

REFERENCES

1. CPT Professional Edition 2016, American Medical Association, Chicago, IL. Copyright 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein
2. Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, & Other Revisions to Part B for CY 2016; Final Rule Federal Register (80 Fed Reg. No. 220) November 16, 2015, 42 CFR Parts 405, 410, 411 et al. Addendum B
3. 2016 HCPCS Level II, Professional Edition, AMA

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