



PHYSICIAN AAA CODING GUIDE

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ENDOVASCULAR REPAIR-ABDOMINAL AORTIC ANEURYSM

CPT® Code ¹	Description	2020 Work Relative Value Units (RVUs) ²	2020 Total Facility Relative Value Units (RVUs) ²	2020 Medicare National Average Reimbursement ²
Endovascular Repair of Abdominal Aorta and/or Iliac Arteries				
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	23.71	36.16	\$1,305
34702	... for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	36.00	53.97	\$1,948
34703	Endovascular repair of infrarenal aorta and/or iliac artery (ies) by deployment of an aorto- uni-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	26.52	39.88	\$1,439
34704	... for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	45.00	66.44	\$2,398

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Endovascular Repair of Abdominal Aorta and/or Iliac Arteries				
34705	Endovascular repair of infrarenal aorta and/or iliac artery (ies by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	29.58	44.53	\$1,607
34706	. . . for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	45.00	67.14	\$2,423
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone and all angioplasty/stenting when performed, unilateral; for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	22.28	33.75	\$1,218
34708	. . . for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g. aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	36.05	53.87	\$1,944

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Endovascular Repair of Abdominal Aorta and/or Iliac Arteries				
+34709	Placement of extension prosthesis (ies) 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 (List separately in addition to code for primary procedure)	6.50	9.42	\$340
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedural sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	15.00	23.31	\$841
+34711	. . . each additional vessel treated (List separately in addition to code for primary procedure)	6.00	8.68	\$313
34712	Transcatheter delivery of enhanced fixation devices(s) to the endograft (e.g., anchor, screw, tack) and all associated radiological supervision and interpretation	12.00	19.20	\$693
+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)	2.50	3.63	\$131

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Endovascular Repair of Abdominal Aorta and/or Iliac Arteries				
+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)	5.25	7.87	\$284
+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(s))	6.00	8.72	\$315
+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)	7.19	10.80	\$390
+34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement 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 rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral	9.00	12.94	\$467

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Endovascular Repair of Abdominal Aorta and/or Iliac Arteries				
+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 rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	24.00	36.08	\$1,302
+34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	4.12	5.81	\$210
+34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)	4.13	6.01	\$217
+34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	4.79	6.90	\$249
+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)	7.00	10.18	\$367

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Endovascular Repair of Abdominal Aorta and/or Iliac Arteries

34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	35.23	51.21	\$1,848
34831	Aorto-bi-iliac prosthesis	37.98	56.04	\$2,022
34832	Aorto-bifemoral prosthesis	37.98	55.08	\$1,988
+34833	Open iliac artery exposure 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)	8.16	11.74	\$424
+34834	Open brachial artery exposure (List separately in addition to code for primary procedure)	2.65	3.77	\$136

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*		

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Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta				
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*		
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*		

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Catheter Introduction and Placement				
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	4.65	6.89	\$249
36246	Initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.02	7.35	\$265
36247	Initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	6.04	8.75	\$316
+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	1.41	\$51
Extensive Repair of Artery				
35226	Repair blood vessel direct; lower extremity	15.30	24.17	\$872
35286	Repair blood vessels with graft other than vein; lower extremity	17.19	27.16	\$980
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	8.75	12.93	\$467
+37237	Each additional artery (List separately in addition to code for primary procedure)	4.25	6.18	\$223

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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)	8.75	12.70	\$458
37242	Arterial, other than hemorrhage or tumor (e.g. congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	9.80	13.85	\$500
37243	For tumors, organ ischemia, or infarction	11.74	16.30	\$588
37244	For arterial or venous hemorrhage or lymphatic extravasation	13.75	19.30	\$697

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	2.63	\$95
+37253	Each additional noncoronary vessel (List separately in addition to code for primary procedure)	1.44	2.11	\$76

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Screening Ultrasound for AAA

76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	.55	3.21	\$116
76706-26	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	.55	0.78	\$28

+ **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 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.

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	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery

REFERENCES

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2. CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Final Rule Addendum B

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