

Physician AAA Coding Guide

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Endovascular Repair – Abdominal Aortic Aneurysm

CPT Code ¹	Description	2024 Work Relative Value Units (RVUs) ²	2024 Total Facility Relative Value Units (RVUs) ²	2024 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	36.11	\$1,182
34702	... for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	36.00	53.93	\$1,766
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	40.11	\$1,313
34704	... for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	45.00	66.86	\$2,189
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	44.60	\$1,460

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Endovascular Repair of Abdominal Aorta and/or Iliac Arteries				
34706	... for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	45.00	66.47	\$2,176
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	33.92	\$1,110
34708	... for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g. aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	36.50	53.17	\$1,741
+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	9.39	\$307
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	23.30	\$763
+34711	... each additional vessel treated (List separately in addition to code for primary procedure)	6.00	8.58	\$281
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	\$629
+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	3.59	\$118
+34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardio pulmonary bypass by groin incision, unilateral (List separately in addition to code for primary procedure)	5.25	7.87	\$258
+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	8.71	\$285
+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	10.87	\$356

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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	\$258
+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	8.71	\$285
+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	10.87	\$356
+34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	4.12	5.91	\$193
+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	\$197
+34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	4.79	6.85	\$224
+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	9.82	\$321
34830	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	3.59	\$118
34831	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	\$258
34832	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	8.71	\$285
+34833	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	10.87	\$356
+34834	Open brachial artery exposure (List separately in addition to code for primary procedure)	2.65	3.77	\$123

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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*	Bundled*	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)	MAC Priced*	MAC Priced*	MAC Priced*
34842	Including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(ies))	MAC Priced*	MAC Priced*	MAC Priced*
34843	Including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(ies))	MAC Priced*	MAC Priced*	MAC Priced*
34844	Including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(ies))	MAC Priced*	MAC Priced*	MAC 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)	MAC Priced*	MAC Priced*	MAC Priced*
34846	Including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(ies))	MAC Priced*	MAC Priced*	MAC Priced*
34847	Including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(ies))	MAC Priced*	MAC Priced*	MAC Priced*
34848	Including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(ies))	MAC Priced*	MAC Priced*	MAC Priced*
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	6.88	\$225
36246	Initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.02	7.38	\$242
36247	Initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	6.04	8.69	\$284
+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	1.40	\$46
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	2.59	\$85
+37253	Each additional noncoronary vessel (List separately in addition to code for primary procedure)	1.44	2.06	\$67

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Embolization				
37241	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time	8.75	12.43	\$407
37242	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)	9.80	13.84	\$453
37243	Including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(ies))	11.74	16.26	\$532
37244	Including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery(ies))	13.75	19.17	\$628
Intravascular Ultrasound Services				
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	1.80	2.59	\$85
36246	Initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	1.44	2.06	\$67

+ 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 these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (For example, telephone calls to patients to convey information following a service or procedure). If RVUs are shown, they are not used for Medicare payment.

C - Carrier Priced

Priced Carriers will establish RVUs and payment amounts for these services.

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

RESOURCES

1. AMA Current Procedural Terminology (CPT) Manual 2024
2. Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, & Other Revisions to Part B for CY 2024; CMS-1784-F, Addendum B

The reimbursement information provided above has been obtained from third party sources and is intended to be used as a general source of information only. It does not cover all possible patient care situations, payer rules, or scenarios. It is solely the provider's responsibility to determine the proper medical products and services to be provided to individual patients, and to report the procedures and codes, if any, that most appropriately describe the products or services rendered. Endologix does not promise or guarantee coverage or payment by Medicare or any other payers by providing this information. The information does not constitute legal advice and no warranty regarding the completeness or accuracy of the information is made or implied. The information provided is subject to change without notice as reimbursement laws, regulations, rules and policies change frequently. Providers must seek advice from Medicare and/or other specific payers to obtain the most accurate, current and appropriate information related to pre-authorization, coverage, billing and reimbursement. Endologix specifically disclaims and rejects any liability or responsibility for any actions or consequences resulting from the use of this information.

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