

# Physician AAA Coding Guide

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## Endovascular Repair – Abdominal Aortic Aneurysm

| CPT Code  | Description   | 2025 Work Relative Value Units (RVUs) <sup>1</sup> | 2025 Total Facility Relative Value Units (RVUs) <sup>1</sup> | 2025 Medicare National Average Payment <sup>1</sup> |
|---|---|--|--|---|
| <b>Endovascular Repair of Abdominal Aorta and/or Iliac Arteries</b> |   |  |  |   |
| 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  | 36.25  | \$1,173   |
| 34702   | ... for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)  | 36.00  | 52.56  | \$1,700   |
| 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  | 40.17  | \$1,299   |
| 34704   | ... for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)  | 45.00  | 66.74  | \$2,159   |
| 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  | 44.64  | \$1,444   |

| CPT Code  | Description  | 2025 Work Relative Value Units (RVUs) <sup>1</sup> | 2025 Total Facility Relative Value Units (RVUs) <sup>1</sup> | 2025 Medicare National Average Payment <sup>1</sup> |
|---|--|--|--|---|
| <b>Endovascular Repair of Abdominal Aorta and/or Iliac Arteries</b> |  |  |  |   |
| 34706   | ... for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)   | 45.00  | 66.65  | \$2,156   |
| +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   | 9.40   | \$304   |
| 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  | 23.34  | \$755   |
| +34711  | ... each additional vessel treated (List separately in addition to code for primary procedure)   | 6.00   | 8.61   | \$279   |
| <b>Intravascular Ultrasound Services</b>                            |  |  |  |   |
| +37252  | Intravascular Ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel   | 1.80   | 2.61   | \$84  |
| +37253  | Each additional noncoronary vessel (List separately in addition to code for primary procedure)   | 1.44   | 2.08   | \$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.

**RESOURCES**

1. Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, & Other Revisions to Part B for CY 2025; CMS-1807-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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