

# AAA Facility Coding and Payment

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## Outpatient Facility Services

CPT Code	Description	Ambulatory Payment Classification (APC) <sup>1</sup>	Description	Status Indicator*	2025 Medicare National Average Payment <sup>1</sup>
<b>Ultrasound for AAA Screening</b>					
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	5522	Level 2 Imaging without Contrast	S	\$106

\* 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 principal and secondary procedure codes. MCC-Major Complications and Comorbidities CC-Complications and Comorbidities.

MS-DRG	Description	2025 Medicare National Average Payment <sup>2</sup>
<b>Abdominal Aorta</b>		
268	Aortic and Heart Assist Procedures Except Pulsation Balloon with MCC	\$47,584
269	Aortic and Heart Assist Procedures Except Pulsation Balloon without MCC	\$29,963

## ICD-10-PCS Procedures

ICD-10-PCS	Description
<b>Abdominal Aorta</b>	
04V03DZ	Restriction of Abdominal Aorta, with Intraluminal Device, Percutaneous Approach
04U03JZ	Supplement of Abdominal Aorta with Synthetic Substitute, Percutaneous Approach
<b>Intravascular Ultrasound Non-Coronary</b>	
4A033B1	Measurement of Arterial Pressure, Peripheral, Percutaneous Approach

## RESOURCES

1. CY2025 Hospital Outpatient Prospective Payment System Final Rule, Addendum B (CMS-1809-FC)
2. FY2025 Inpatient Prospective Payment System Final Rule Impact File and Table 5 (CMS-1808-F)

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