## Endovascular AAA Stent Grafts Inpatient Reimbursement Reference Guide

These suggestions do not replace seeking coding advice from the payer and/or your own coding staff. The provider of services is ultimately responsible for correct coding.

### Physician Coding for Inpatient Procedures: Endovascular Repair of the AAA

The following CPT codes will be paid as inpatient procedures ONLY.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT Code</th>
<th>CPT Code Description</th>
<th>CPT Code for Radiologic S &amp; I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilateral open femoral exposure</td>
<td>34812</td>
<td>Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral</td>
<td></td>
</tr>
<tr>
<td>Catheter placement in aorta from both groins</td>
<td>36200</td>
<td>Introduction of catheter, aorta</td>
<td></td>
</tr>
<tr>
<td>Placement of fem-fem graft</td>
<td>34813</td>
<td>Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (list separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>Deploy stent graft (bifurcated and one contralateral limb)</td>
<td>34802</td>
<td>Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (one docking limb)—90-day global period</td>
<td>75952</td>
</tr>
<tr>
<td>Deploy stent graft (bifurcated and two docking limbs)</td>
<td>34803</td>
<td>Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)—90-day global period</td>
<td>75953</td>
</tr>
<tr>
<td>Placement of additional proximal or distal extension prosthesis(s) — initial vessel</td>
<td>34825</td>
<td>Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel —90-day global period</td>
<td></td>
</tr>
<tr>
<td>Placement of additional proximal and/or distal extension(s) — each additional vessel</td>
<td>34826</td>
<td>Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (list separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>Placement of iliac occluder plug</td>
<td>34808</td>
<td>Endovascular placement of iliac artery occlusion device (list separately in addition to code for primary procedure)</td>
<td></td>
</tr>
</tbody>
</table>

### Utilizing CPT Codes with the Medtronic AAA Stent Grafts

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#### Endurant® II Abdominal Stent Graft

- **34802**: Bifurcated graft and docking limb

#### Endurant® IIa Stent Graft

- **34803**: Bifurcated graft and docking limbs

#### Endurant® II AUI

- **34805**: AUI graft

#### Extensions

- **34825/34826**: Aortic Extension, iliac Extensions: Placement of proximal or distal extensions, initial vessel/each additional vessel.

### Hospital Inpatient Coding: Endovascular Repair of the AAA

**Definition**
- ICD-10 diagnosis code: I17.1
- ICD-10 procedure code: 04V03Z
- Related MS-DRGs: 268, 269
- HCPCS (C-Code): N/A

**Nomenclature**
- Abdominal aortic aneurysm without rupture
- Restriction of abdominal aorta with intraluminal device, percutaneous approach
- Aortic & Heart Assist Procedures w/MCC
- Aortic & Heart Assist Procedures w/o MCC
- The procedure associated with this device is approved in the inpatient setting only; C-Codes are reported with device-dependent procedures on outpatient claims; therefore no C-Code applies

*Other coding modifiers could possibly be used. The options listed here are common ones used with these CPT codes.
**The placement of an iliac limb may or may not be included with 34805.
Please contact our Reimbursement team at 877-347-9662 for any questions.
Endurant® II/Endurant® IIs Stent Graft System

Indications
The Endurant® II/Endurant® IIs bifurcated stent graft is indicated for the endovascular treatment of infrarenal abdominal aortic or aorto-iliac aneurysms. The Endurant II aorto-uni-iliac (AUI) stent graft is indicated for the endovascular treatment of infrarenal abdominal aortic or aortoiliac aneurysms in patients whose anatomy does not allow the use of a bifurcated stent graft. The Endurant II/Endurant IIs stent graft system is indicated for use in patients with the following characteristics:

- Adequate iliac/femoral access that is compatible with vascular access techniques, devices and/or accessories
- Proximal neck length of ≥10 mm
- Infrarenal neck angulation of ≤60°
- Aortic neck diameters with a range of 19 to 32 mm
- Distal fixation length(s) of ≥15 mm
- Iliac diameters with a range of 8 to 25 mm
- Morphology suitable for aneurysm repair

Contraindications
The Endurant II/Endurant IIs Stent Graft System is contraindicated in:

- Patients who have a condition that threatens to infect the graft.
- Patients with known sensitivities or allergies to the device materials.

Warnings and Precautions

- The long-term safety and effectiveness of the Endurant II/Endurant IIs Stent Graft System has not been established. All patients should be advised that endovascular treatment requires lifelong, regular follow-up to assess the health and the performance of the implanted endovascular stent graft. Patients with specific clinical findings (e.g., endoleaks, enlarging aneurysms or changes in the structure or position of the endovascular graft) should receive enhanced follow-up. Specific follow-up guidelines are described in the Instructions for Use.

- Patients experiencing reduced blood flow through the graft limb, aneurysm expansion, and persistent endoleaks may be required to undergo secondary interventions or surgical procedures.

- The Endurant II/Endurant IIs Stent Graft System is not recommended in patients unable to undergo or who will not be compliant with the necessary preoperative and postoperative imaging and implantation studies as described in the Instructions for Use.

- Renal complications may occur: 1) From an excess use of contrast agents. 2) As a result of emboli or a misplaced stent graft. The radiopaque marker along the edge of the stent graft should be aligned immediately below the lower-most renal arterial origin.

- Studies indicate that the danger of micro-embolization increases with increased duration of the procedure.

- The safety and effectiveness of the Endurant II/Endurant IIs Stent Graft System has not been evaluated in some patient populations. Please refer to the product Instructions for Use for details.

MRI Safety and Compatibility

Non-clinical testing has demonstrated that the Endurant II/Endurant IIs Stent Graft is MR Conditional. It can be scanned safely in both 1.5T & 3.0T MR systems under certain conditions as described in the product Instructions for Use. For additional information regarding MRI please refer to the product Instructions for Use.

Adverse Events

Potential adverse events include (arranged in alphabetical order): amputation; anesthetic complications and subsequent attendant problems (e.g., aspiration), aneurysm enlargement; aneurysm rupture and death; aortic damage, including perforation, dissection, bleeding, rupture and death; arterial or venous thrombosis and/or pseudoaneurysm; arteriovenous fistula; bleeding, hematoma or coagulopathy; bowel complications (e.g., ileus, transient ischemia, infarction, necrosis); cardiac complications and subsequent attendant problems (e.g., arrhythmia, myocardial infarction, congestive heart failure, hypotension, hypertension); claudication (e.g., buttock, lower limb); death; edema; embolization (micro and macro) with transient or permanent ischemia or infarction; endoleak; fever and localized inflammation; genitourinary complications and subsequent attendant problems (e.g., ischemia, erosion, femoral-femoral artery thrombosis, fistula, incontinence, hematuria, infection); hepatic failure; impotence; infection of the aneurysm, device access site, including abscess formation, transient fever and pain; lymphatic complications and subsequent attendant problems (e.g., lymph fistula); neurologic local or systemic complications and subsequent attendant problems (e.g., confusion, stroke, transient ischemic attack, paraplegia, paraparesis, paralysis); occlusion of device or native vessel; pulmonary complications and subsequent attendant problems; renal complications and subsequent attendant problems (e.g., artery occlusion, contrast toxicity, insufficiency, failure); stent graft: improper component placement; incomplete component deployment; component migration; suture break; occlusion; infection; stent fracture; graft twisting and/or kinking; insertion and removal difficulties; graft material wear; dilatation; erosion; puncture and perigraft flow; surgical conversion to open repair; vascular access site complications, including infection, pain, hematoma, pseudoaneurysm, arteriovenous fistula, dissection; vascular spasm or vascular trauma (e.g., iliofemoral vessel dissection, bleeding, rupture, death); vessel damage; wound complications and subsequent attendant problems (e.g., dehiscence, infection, hematoma, seroma, cellulitis)

Please reference product Instructions for Use for more information regarding indications, warnings, precautions, contraindications and adverse events.

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

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