### Endovascular Thoracic 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 Thoracic Aorta**

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>Unilateral 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>Deploy stentgraft with coverage of left subclavian</td>
<td>33880</td>
<td>Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin</td>
<td></td>
</tr>
<tr>
<td>Deploy stentgraft without coverage of left subclavian</td>
<td>33881</td>
<td>Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin</td>
<td></td>
</tr>
<tr>
<td>Deploy initial proximal extension</td>
<td>33883</td>
<td>Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension</td>
<td></td>
</tr>
<tr>
<td>Deploy additional proximal extension(s)</td>
<td>33884</td>
<td>Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
</tbody>
</table>

**Utilizing CPT Codes with the Medtronic Thoracic Stent Grafts**

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**Valiant® Thoracic Stent Graft**

- **Proximal extension** 33883: after main body complete (33880/33881)
- **Implant of thoracic stent graft** 33880: with left subclavian 33881: without left subclavian

**Hospital Inpatient Coding: Endovascular Repair of the Thoracic Aorta**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Code</th>
<th>Nomenclature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissection of thoracic aorta</td>
<td>I71.01</td>
<td></td>
</tr>
<tr>
<td>Thoracic aortic aneurysm without rupture</td>
<td>I71.1</td>
<td></td>
</tr>
<tr>
<td>Embolism and thrombosis of thoracic aorta</td>
<td>I74.11</td>
<td></td>
</tr>
<tr>
<td>Unspecified injury of thoracic aorta, initial encounter</td>
<td>S25.00XA</td>
<td></td>
</tr>
<tr>
<td>Minor laceration of thoracic aorta, initial encounter</td>
<td>S25.01XA</td>
<td></td>
</tr>
<tr>
<td>Major laceration of thoracic aorta, initial encounter</td>
<td>S25.02XA</td>
<td></td>
</tr>
<tr>
<td>Other specified injury of thoracic aorta, initial encounter</td>
<td>S25.09XA</td>
<td></td>
</tr>
</tbody>
</table>

**ICD-10 procedure code** 02VW3DZ  
Restriction of thoracic aorta with intraluminal device, percutaneous approach

**Related MS-DRGs**

- 219  
  Cardiac Valve and Other Major Cardiothoracic Procedures without Cardiac Catheterization with MCC
- 220  
  Cardiac Valve and Other Major Cardiothoracic Procedures without Cardiac Catheterization with CC
- 221  
  Cardiac Valve and Other Major Cardiothoracic Procedures without Cardiac Catheterization without CC/MCC

**HCPCS (C-Code)**  
N/A  
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
Valiant® Thoracic Stent Graft System

Indications
The Valiant® Thoracic Stent Graft with the Captivia® Delivery System is intended for the endovascular repair of all lesions of the descending thoracic aorta (DTA) in patients having appropriate anatomy, including:

- femoral access vessel morphology that is compatible with vascular access techniques, devices, and/or accessories;
- nonaneurysmal aortic diameter in the range of 18 mm to 42 mm (fusiform and saccular aneurysms/penetrating ulcers), 18 mm to 44 mm (blunt traumatic aortic injuries), or 20 mm to 44 mm (dissections); and
- nonaneurysmal aortic proximal and distal neck lengths ≥ 20 mm (fusiform and saccular aneurysms/penetrating ulcers), landing zone ≥ 20 mm proximal to the primary entry tear (blunt traumatic aortic injuries, dissections). The proximal extent of the landing zone must not be dissected.

Contraindications
The Valiant Thoracic Stent Graft with the Captivia Delivery 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 Valiant Thoracic Stent Graft with the Captivia Delivery System has not been established. All patients should be advised that endovascular treatment requires lifelong, regular follow-up to assess the integrity and performance of the implanted endovascular stent graft. Patients with specific clinical findings (for example, enlarging aneurysm, endoleaks, migration, inadequate seal zone, or continued flow into the false lumen in the case of a dissection) should receive enhanced follow-up. Specific follow-up guidelines are described in the Instructions for Use. The Valiant Thoracic Stent Graft with the Captivia Delivery System is not recommended in patients who cannot undergo, or who will not be compliant with, the necessary preoperative and postoperative imaging and implantation procedures as described in the Instructions for Use. Strict adherence to the Valiant Thoracic Stent Graft sizing guidelines as described in the Instructions for Use is expected when selecting the device size. Sizing outside of this range can potentially result in endoleak, fracture, migration, infolding, or graft wear. As cautioned in the Instructions for Use, a balloon should never be used when treating a dissection. The safety and effectiveness of the Valiant Thoracic Stent Graft with the Captivia Delivery 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 Valiant Thoracic Stent Graft is MR Conditional. It can be scanned safely in both 1.5T and 3.0T MR systems under specific 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, but are not limited to access failure, access site complications (e.g. spasm, trauma, bleeding, rupture, dissection), adynamic ileus, allergic reaction (to contrast, antiplatelet therapy, stent graft material), amputation, anaesthetic complications, aortic expansion (e.g. aneurysm, false lumen), aneurysm rupture, angina, arrhythmia, arterial stenosis, atelectasis, blindness, bowel ischemia/infarction, bowel necrosis, bowel obstruction, branch vessel occlusion, buttock claudication, cardiac tamponade, catheter breakage, cerebrovascular accident (CVA) / stroke, change in mental status, coagulopathy, congestive heart failure, contrast toxicity, conversion to surgical repair, death, deployment difficulties / failures, dissection / perforation / rupture of the aortic vessel and/or surrounding vasculature, embolism, endoleak(s), excessive or inappropriate radiation exposure, extrusion / erosion, failure to deliver stent graft, femoral neuropathy, fistula (including aortobronchial, aortoenteric, aortoesophageal, arteriovenous, and lymph), gastrointestinal bleeding / complications, genitourinary complications, hematoma, hemorrhage / bleeding, hypotension / hypertension, infection or fever, insertion or removal difficulties, intercostal pain, intramural hematoma, leg/foot edema, lymphocele, myocardial infarction, neuropathy, occlusion – venous or arterial, pain / reaction at catheter insertion site, paralysis, paraparesis, paraplegia, paresthesia, perfusion of the false lumen, peripheral ischemia, peripheral nerve injury, pneumonia, post-implant syndrome, procedural / post-procedural bleeding, prosthetic dilatation / infection / rupture / thrombosis, pseudoneuropathies, pulmonary edema, pulmonary embolism, reaction to anaesthesia, renal failure, renal insufficiency, reoperation, respiratory depression / failure, sepsis, seroma, shock, spinal neurological deficit, stent graft material failure (including breakage of metal portion of device) / migration / misplacement / occlusion / twisting / kinking, transient ischemic attack (TIA), thrombosis, tissue necrosis, vascular ischemia, vascular trauma, wound dehiscence, wound healing complications, wound infection.

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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