Medtronic Heli-FX™ EndoAnchor™ System
Reimbursement Guide

Hospital Coding

Aortic fixation in conjunction with primary placement of stent graft(s)

<table>
<thead>
<tr>
<th>ICD-10 Procedure Code</th>
<th>Description</th>
<th>FY2018 MS-DRG Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Do not code separately</td>
<td>Reimbursed with principal procedure (AAA or TAA repair)</td>
</tr>
</tbody>
</table>

Aortic fixation without placement of stent graft(s) revision

EVAR Revision

<table>
<thead>
<tr>
<th>ICD-10 Procedure Code</th>
<th>Description</th>
<th>FY2018 MS-DRG Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>04WY3DZ</td>
<td>Revision of Intraluminal Device in Lower Artery, percutaneous approach</td>
<td>252-254: Other Vascular Procedures</td>
</tr>
</tbody>
</table>

TEVAR Revision

<table>
<thead>
<tr>
<th>ICD-10 Procedure Code</th>
<th>Description</th>
<th>FY2018 MS-DRG Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>02WY3DZ</td>
<td>Revision of Intraluminal Device in Great Vessel, Percutaneous Approach</td>
<td>270-272: Other Major Cardiovascular Procedures</td>
</tr>
</tbody>
</table>

Physician Coding

Aortic fixation

<table>
<thead>
<tr>
<th>CPT ® Code</th>
<th>Description</th>
<th>2018 Work RVUs</th>
<th>2018 Medicare Nat’l Ave Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>34712</td>
<td>Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation</td>
<td>12.00</td>
<td>$715.31</td>
</tr>
</tbody>
</table>

- This is a new code for 2018, it should be reported only once per operative session.
- Eliminates the need to use 37799 (unlisted procedure, vascular surgery)
- 34712 is subject to the multiple procedure payment reduction (modifier –51). When done in the same operative session as a higher valued procedure, payment will be reduced by 50%.

Please contact our Reimbursement Team at 1.877.347.9662 with questions
rs.cardiovascularhealtheconomics@medtronic.com

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.
107637860DOC Revision 1A 2018 Heli FX EndoAnchor Coding Guide © 2018 Medtronic. All rights reserved. Medtronic, Medtronic with logo are trademarks of Medtronic. All other brands are trademarks of a Medtronic company. *** Third party brands are trademarks of their respective owners.
Indications for Use: The Aptus™ Heli-FX™ EndoAnchor™ System is intended to provide fixation and sealing between endovascular aortic grafts and the native artery. The Aptus Heli-FX EndoAnchor System is indicated for use in patients whose endovascular grafts have exhibited migration or endoleak, or are at risk of such complications, in whom augmented radial fixation and/or sealing is required to regain or maintain adequate aneurysm exclusion. The EndoAnchor may be implanted at the time of the initial endograft placement, or during a secondary (i.e. repair) procedure.

Contraindications: Treatment with the Aptus Heli-FX EndoAnchor system is contraindicated for use in the following circumstances:
- In patients with known allergies to the EndoAnchor implant material (MP35N-LT)
- In conjunction with the Endologix Powerlink™ endograft

Warnings:
- The long term performance of the Aptus EndoAnchor has not been established. All patients should be advised endovascular aneurysm treatment requires long-term, regular follow-up to assess the patient’s health status and endograft performance, and the EndoAnchor does not reduce this requirement.
- The EndoAnchor, Heli-FX EndoAnchor System and Heli-FX Thoracic EndoAnchor System have been evaluated via in vitro testing and determined to be compatible with the Cook Zenith™, Cook Zenith TX2™, Gore Excluder™, Gore TAG™, Jotec E™-vita abdominal, Jotec E™-vita thoracic, Medtronic AneuRx™, Medtronic Endurant™, Medtronic Talent™, and Medtronic Valiant™ endografts. Use with endografts other than those listed above has not been evaluated.
- The performance of the Aptus EndoAnchor has not been evaluated for securing multiple endograft components to one another. Not securing EndoAnchor implants into aortic tissue could result in graft fabric damage, component separation, and resultant Type III endoleaks.
- The performance of the Aptus EndoAnchor has not been evaluated in vessels other than the aorta. Use of the EndoAnchor to secure endografts to other vessels may result in adverse patient consequences such as vascular perforation, bleeding, or damage to adjacent structures.
- The performance of the Aptus EndoAnchor has not been evaluated for securing multiple anatomical structures together. Such use could result in adverse patient consequences such as vascular perforation, bleeding, or embolic events.

MRI Safety and Compatibility:
- The EndoAnchor implants have been determined to be MR Conditional at 3T or less when the scanner is in Normal Operating Mode with whole body averaged SAR of 2 W/kg, or in First Level Controlled Mode with a maximum whole body averaged SAR of 4 W/kg.
- Please refer to documentation provided by the endograft system manufacturer for MR safety status of the endograft system with which the EndoAnchor implants are being used.

Potential Adverse Events: Possible adverse events associated with the Heli-FX EndoAnchor include, but are not limited to:
- Aneurysm rupture
- Death
- EndoAnchor embolization
- Endoleaks (Type III)
- Enteric fistula
- Failure to correct/prevent Type I endoleak
- Failure to prevent endograft migration
- Infection
- Renal complications (renal artery occlusion/dissection or contrast-induced AKI)
- Stroke
- Surgical conversion to open repair
- Vascular access complications, including infection, pain, hematoma, pseudoaneurysm, arteriovenous fistula
- Vessel damage, including dissection, perforation, and spasm

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

CAUTION: Federal (USA) law restricts these devices to sale by or on the order of a licensed healthcare practitioner. See package inserts for full product information.

CAUTION: EndoAnchor implant locations should be based upon a detailed examination of the preoperative CT imaging in cases involving irregular or eccentric plaque in the intended sealing zone(s). EndoAnchor implants should be implanted only into areas of aortic tissue free of calcified plaque or thrombus, or where such pathology is diffuse and less than 2mm in thickness. Attempting to place EndoAnchor implants into more severe plaque or thrombus may be associated with implantation difficulty and suboptimal endograft fixation and/or sealing.

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