

ENDOVASCULAR THORACIC REPAIR CODING GUIDE

SURGICAL EXPOSURE OF ARTERY	CPT CODE	APPLICABLE MODIFIERS*
Open femoral exposure	34812	-50 -62 -80 -82 -AS
Open iliac exposure with creation of conduit	34833	-50 -62 -80 -82 -AS
Open brachial exposure	34834	-50 -62 -80 -82 -AS
PLACEMENT OF WIRES/CATHETERS/SHEATHS	CPT CODE	APPLICABLE MODIFIERS*
Catheter/sheath placement into aorta; nonselective	36200	— — — — —
Catheter/sheath placement; selective, first order	36215	— — — — —
Catheter/sheath placement; selective, second order	36216	— — — — —
Catheter/sheath placement; selective, third order	36217	— — — — —
THORACIC AORTA (TA) ENDOPROSTHESIS DELIVERY AND DEPLOYMENT	CPT CODE	APPLICABLE MODIFIERS*
Endovascular thoracic aortic aneurysm (TAA) repair with coverage of L subclavian, initial device plus descending extensions, if required to level of celiac origin; 90-day global period	33880	— -62 -80 -82 -AS
Rad. S&I: endovascular TAA repair	75956-26	— — — — —
Endovascular TAA repair without coverage of L subclavian, initial device plus descending extensions, if required to level of celiac origin; 90-day global period	33881	— -62 -80 -82 -AS
Rad. S&I: endovascular TAA repair	75957-26	— — — — —
Extension prosthesis, proximal; initial extension; 90-day global period	33883	— -62 -80 -82 -AS
Rad. S&I: extension prosthesis	75958-26	— — — — —
Extension prosthesis, proximal; each additional extension; 90-day global period	33884	— -62 -80 -82 -AS
Rad. S&I: extension prosthesis	75958-26	— — — — —
Extension prosthesis, distal, delayed after initial endovascular repair; 90-day global period	33886	— -62 -80 -82 -AS
Rad. S&I: extension prosthesis, delayed placement	75959-26	— — — — —
ANCILLARY PROCEDURES	CPT CODE	APPLICABLE MODIFIERS*
IVUS noncoronary	37250	— — — — —
Rad. S&I: IVUS noncoronary	75945-26	— — — — —
IVUS noncoronary, additional vessel	37251	— — — — —
Rad S&I: IVUS noncoronary	75946-26	— — — — —
Embolization/coiling	37204	— — — — —
Rad. S&I: embolization/coiling	75894-26	— — — — —
Noncoronary stenting; open; initial vessel	37207	-50 -62 -80 -82 -AS
Rad. S&I: noncoronary vascular stent; initial vessel	75960-26	— — — — —
Transposition; open subclavian to carotid artery, by neck incision, performed in conjunction w/endovascular TAA repair	33889	-50 -62 -80 -82 -AS
Carotid-carotid bypass graft, performed in conjunction w/endovascular TAA repair	33891	-50 -62 -80 -82 -AS

PHYSICIAN NAME:
DATE OF SERVICE:
PATIENT NAME:

DIAGNOSIS
Principal diagnosis:
441.2 – Thoracic aneurysm without mention of rupture
Secondary diagnosis:

MODIFIER DESCRIPTION	
Professional component	-26
Bilateral procedure	-50
Multiple procedures (50% reduction)	-51
Distinct procedure service	-59
Cosurgeons: separate group and specialty (62.5%)	-62
Return to OR for related proc during post-op period	-78
Return to OR for unrelated proc during post-op period	-79
Assistant surgeon (16%)	-80
Assistant surgeon (resident surgeon unavailable)	-82
Assistant-at-surgery (non-physician practitioner) (85% of 16%)	-AS

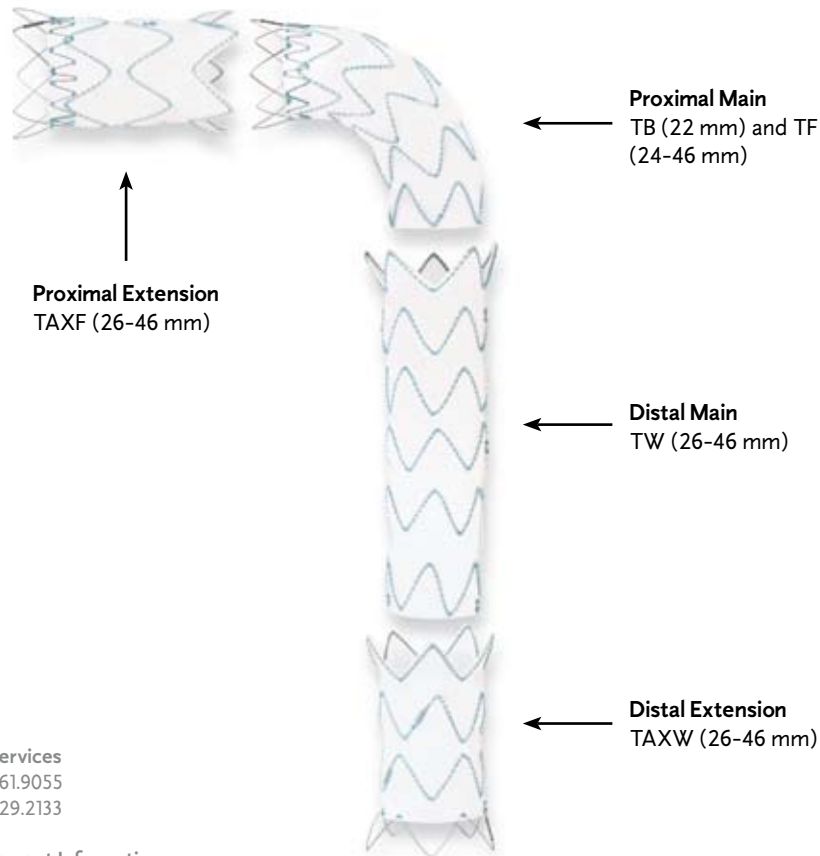


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*Other coding modifiers may apply.

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

TALENT™ Thoracic Stent Graft System



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Indications

The Talent™ Thoracic Stent Graft System is intended for the endovascular repair of fusiform aneurysms and saccular aneurysms/penetrating ulcers of the descending thoracic aorta in patients having appropriate anatomy, including:

- Iliac/femoral access vessel morphology that is compatible with vascular access techniques, devices, and/or accessories;
- Non-aneurysmal aortic diameter in the range of 18 – 42mm; and
- Non-aneurysmal aortic proximal and distal neck lengths \geq 20mm

Contraindications

The Talent Thoracic Stent Graft is contraindicated in:

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

Warnings and Precautions

- Read all instructions carefully. Failure to properly follow the instructions, warnings and precautions may lead to serious consequences or injury to the patient
- The Talent Thoracic Stent Graft System should only be used by physicians and teams trained in vascular interventional techniques, including training in the use of this device. Specific training expectations are described in the *Instructions for Use*.
- Always have a vascular surgery team available during implantation or reintervention procedures in the event that conversion to open surgical repair is necessary
- Do not attempt to use the Talent Thoracic Stent Graft with the Xcelerator Delivery System in patients unable to undergo the necessary preoperative and postoperative imaging and implantation studies as described in the *Instructions for Use*.
- The Talent Thoracic Stent Graft System is not recommended in patients who cannot tolerate contrast agents necessary for intra-operative and post-operative follow-up imaging.
- The Talent Thoracic Stent Graft System is not recommended in patients exceeding weight and/or size limits which compromise or prevent the necessary imaging requirements as described in the *Instructions for Use*.
- Prior to the procedure, pre-operative planning for access and placement should be performed. Key anatomic elements that may affect successful exclusion of the aneurysm include severe neck angulation, short aortic neck(s) and significant thrombus and/or calcium at the arterial implantation sites. In the presence of anatomical limitations, a longer neck length may be required to obtain adequate sealing and fixation. *See Instructions for Use*.
- The use of this device requires administration of radiographic agents. Patients with pre-existing renal insufficiency may have an increased risk of renal failure postoperatively
- The safety and effectiveness of this device in the treatment of dissections have not been established. In the first 10 years of clinical experience (OUS-commercial and US-investigational), there were 39 reported events of retrograde dissection in patients. Of the 39 reported events, 33 patients had a pre-existing aortic dissection.

- Inappropriate patient selection may contribute to poor device performance.
- The long-term safety and effectiveness of this implant have not been established. All patients with endovascular aneurysm repair must undergo periodic imaging to evaluate the stent graft and aneurysm size. Significant aneurysm enlargement (>5 mm), the appearance of a new endoleak, or migration resulting in an inadequate seal zone should prompt further investigation and may indicate the need for additional intervention or surgical conversion.
- Intervention or conversion to standard open surgical repair following initial endovascular repair should be considered for patients experiencing enlarging aneurysms and/or endoleak. An increase in aneurysm size and/or persistent endoleak may lead to aneurysm rupture.
- The safety and effectiveness of the Talent Thoracic 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 Talent Thoracic 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 (not arranged in any particular order): Amputation, Aneurysm Enlargement, Balloon rupture, Breakage of the metal portion of the device, Cardiac Failure/Infarction, Change in mental status, Conversion to open surgery, Death, Deployment difficulties, Edema, Embolization, Endoleak, Erectile Dysfunction, Erosion with fistula or pseudoaneurysm, Failure to deploy, Gastrointestinal complications, including: adynamic ileus, bowel (ileus, transient ischemic, infarction, necrosis), Graft twisting and/or kinking, Hemorrhage/Bleeding, Inaccurate placement, Infection and fever, Insertion and removal difficulties, Intercostal pain, Neurological complications, including: spinal cord ischemia with paraplegia, paraparesis and/or paresthesia, Cerebral Vascular Accidents (CVA), Transient Ischemic Attacks (TIA), neuropathy, and blindness, Prosthetic thrombosis, Pulmonary complications, Renal failure, Rupture of graft material, Ruptured vessel/aneurysm sac enlargement, Stent graft migration, Vascular complications including: thrombosis, thromboembolism, occlusion (arterial and venous), vessel dissection or perforation, collateral vessel occlusion, vascular ischemia, tissue necrosis, amputation, Wound healing complications

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.