Medtronic

Aortic Fixation Reimbursement Guide

Hospital Coding

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

ICD-10 Procedure Code	Description	FY2016 MS-DRG Assignment
N/A	Do not code separately	Reimbursed with principal procedure (AAA or TAA repair)

Aortic fixation *without* placement of stent graft(s)
EVAR Revision

ICD-10 Procedure Code	Description	FY2016 MS-DRG Assignment
04WY3DZ	Revision of Intraluminal Device in Lower Artery, Percutaneous Approach	MS-DRGs 252-254: Other Vascular Procedures

TEVAR Revision

ICD-10 Procedure Code	Description	FY2016 MS-DRG Assignment
02WY3DZ	Revision of Intraluminal Device in Great Vessel, Percutaneous Approach	MS-DRGs 270-272: Other Major Cardiovascular Procedures

Physician Coding

Currently there are no unique CPT codes that can be used to describe the implant of EndoAnchors®. Without a unique code, the use of an unlisted code, 37799, is most appropriate. This code does not have any reimbursement established - payment is at the discretion of the payer.

CPT Procedure Code	Description	2016 Payment
37799	Unlisted vascular procedure	At discretion of payer

Since an unlisted code does not describe a specific service, additional information should be provided to the payer in the form of a "Special Report." The requirements of a Special Report can usually be addressed through the physician's operative notes.

In addition, the physician should also provide information about how they determined their charge for the procedure. This is best done by analogy, by saying "when I look at my operative notes, the work I did is very similar to [named procedure] and for that I charge [$xx], so I charged the same amount here," citing a procedure with a listed CPT code that is similar to this particular service.

Please contact our Reimbursement Team at 877-347-9662 with questions regarding proxy procedure and Special Reports.

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.
FY2016 = 10/1/2015 - 9/30/2016

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 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 implant and the Aptus Heli-FX® 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®, 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 EndoAnchor has not been evaluated for securing multiple endograft components to one another. Without EndoAnchor securement into aortic tissue, this could result in graft fabric damage, component separation, and resultant Type III endoleaks.
- The performance of the 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 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 EndoAnchors® 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 EndoAnchors are being used.

Potential Adverse Events

Possible adverse events associated with the use of Aptus 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). EndoAnchors 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 EndoAnchors into more severe plaque or thrombus may be associated with implantation difficulty and suboptimal endograft fixation and/or sealing.

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