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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 DELI VERY 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, initial vessel	+37252	—	—	—	—	—
IVUS noncoronary, additional vessel	+37253	—	—	—	—	—
Arterial embolization or coiling (non-hemorrhage or tumor)	37242	—	—	—	—	—
Non-coronary arterial stent, initial artery	37236	-50	—	-80	-82	-AS
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
Aortic fixation (unlisted procedure, vascular surgery)	37799	—	—	—	—	—

PHYSICIAN NAME:

DATE OF SERVICE:

PATIENT NAME:

DIAGNOSIS & PROCEDURE
Primary diagnosis:
I71.01 – Dissection of thoracic aorta
I71.1 – Thoracic aortic aneurysm without rupture
I74.11 – Embolism and thrombosis of thoracic aorta
S25.00XA – Unspecified injury of thoracic aorta, initial encounter
S25.01XA – Minor laceration of thoracic aorta, initial encounter
S25.02XA – Major laceration of thoracic aorta, initial encounter
S25.09XA – Other specified injury of thoracic aorta, initial encounter
Secondary diagnosis:

MODIFIER DESCRIPTION	
Professional component	-26
Bilateral procedure	-50
Multiple procedures (50% reduction)	-51
Distinct procedure service	-59
Distinct service – separate encounter	-XE
Distinct service – separate organ/structure	-XS
Distinct service – different practitioner	-XP
Distinct service – unique, non-overlapping	-XU
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

* Other coding modifiers may apply.

\+ Add-on code; list in addition to primary procedure

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.

Valiant® Thoracic Stent Graft System

FREEFLO STRAIGHT (PROXIMAL COMPONENT) VAMF (22–46 mm)

FREEFLO TAPERED (PROXIMAL COMPONENT) 152–167 mm

CLOSED WEB STRAIGHT (DISTAL COMPONENT) VAMC (22–46 mm)

CLOSED WEB TAPERED (DISTAL COMPONENT) VAMC (26–46 mm) TaperedEnd (22–42 mm)

DISTAL BARE SPRING STRAIGHT (DISTAL COMPONENT) VAMC (22–46 mm)

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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:

- iliac/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 42mm (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 ≥ 20mm (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, prosthesis dilatation / infection / rupture / thrombosis, pseudoaneurysm, 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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CPT® is