## Physician Coding for Inpatient Procedures - Endovascular Repair of the Abdominal 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>
</tr>
</thead>
<tbody>
<tr>
<td>Open femoral exposure</td>
<td>34812 Modifier options:*</td>
<td>Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral</td>
</tr>
<tr>
<td>Percutaneous femoral access and closure</td>
<td>34713 Modifier options:*</td>
<td>Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral</td>
</tr>
<tr>
<td>Placement of aorto-uniliac endograft non-rupture</td>
<td>34703 Modifier options:*</td>
<td>Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)</td>
</tr>
<tr>
<td>Placement of aorto-uniliac endograft endarterectomy</td>
<td>34704 Modifier options:*</td>
<td>Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)</td>
</tr>
<tr>
<td>Placement of ilio-iliac endograft non-rupture</td>
<td>34705 Modifier options:*</td>
<td>Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including preprocedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)</td>
</tr>
<tr>
<td>Placement of ilio-iliac endograft rupture</td>
<td>34706 Modifier options:*</td>
<td>Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including preprocedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)</td>
</tr>
<tr>
<td>Placement of proximal or distal extension(s)</td>
<td>34709 Modifier options:*</td>
<td>Placement of extension prosthesis(s) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including preprocedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)</td>
</tr>
<tr>
<td>Delayed placement of proximal or distal extension(s)</td>
<td>34710 Modifier options:*</td>
<td>Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, initial vessel treated</td>
</tr>
<tr>
<td>Delayed placement of proximal or distal extension(s), additional</td>
<td>34711 Modifier options:*</td>
<td>Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, each additional vessel treated</td>
</tr>
<tr>
<td>Placement of iliac occlusion device</td>
<td>34808 Modifier options:*</td>
<td>Endovascular placement of iliac artery occlusion device (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>Placement of fem-fem graft</td>
<td>34813 Modifier options:*</td>
<td>Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>Deployment of anchors for endograft fixation</td>
<td>34712 Modifier options:*</td>
<td>Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

### Utilizing CPT® Codes with Medtronic AAA Stent Grafts

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.

#### Endurant™ II

**CPT® Codes:**

- 34705
- 34706

#### Endurant™ IIs

**CPT® Codes:**

- 34705
- 34706

#### Endurant™ IAI

**CPT® Codes:**

- 34703
- 34704

#### Extensions

**CPT® Codes:**

- 34709
- 34710
- 34711

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* Other coding modifiers may apply. + Add-on code; list in addition to primary procedure. These suggestions do not replace seeking coding advice from the payer and/or your coding staff, the provider of services is ultimately responsible for correct coding.

Note: Medtronic doesn’t offer products with approved indications for all procedures listed.

### Hospital Inpatient Coding: Endovascular Repair of the AAA

<table>
<thead>
<tr>
<th>Definition</th>
<th>Code</th>
<th>Nomenclature</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10 diagnosis code</td>
<td>I71.4</td>
<td>Abdominal aortic aneurysm without rupture</td>
</tr>
<tr>
<td></td>
<td>I71.3</td>
<td>Abdominal aortic aneurysm ruptured</td>
</tr>
<tr>
<td>ICD-10 procedure code</td>
<td>04V03DZ</td>
<td>Restriction of abdominal aorta with intraluminal device, perc</td>
</tr>
<tr>
<td>Related MS-DRGs</td>
<td>268 269</td>
<td>Aortic &amp; heart assist procedures w/ MCC</td>
</tr>
<tr>
<td>Aortic &amp; heart assist procedures w/o MCC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCPSC (C-Code)</td>
<td>N/A</td>
<td>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</td>
</tr>
</tbody>
</table>

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Indications
The Endurant™ II/Endurant™ IIs bifurcated stent grafts are indicated for the endovascular treatment of infrarenal abdominal aortic or aortoiliac aneurysms. They may be utilized in conjunction with the Heli-FX™ EndoAnchor™ system when augmented radial fixation and/or sealing is required; in particular, in the treatment of abdominal aortic aneurysms with short (> 4 mm and < 10 mm) infrarenal necks (see Neck length definition below). The Endurant II stent graft system aorto-uni-iliac (AUI) stent graft is indicated for the endovascular treatment of infrarenal abdominal aortic or aortoiliac aneurysms in patients whose anatomy does not allow the use of a bifurcated stent graft. The Endurant I/IIIs stent graft system is indicated for use in patients with the following characteristics:

- Adequate iliac or femoral access that is compatible with vascular access techniques, devices, or accessories
- Proximal neck length of
  - ≥ 10 mm; or
  - > 4 mm and < 10 mm when used in conjunction with the Heli-FX EndoAnchor system (bifurcated stent graft only)
- Infrarenal neck angulation of ≤ 60°
- Aortic neck diameters with a range of 19 to 32 mm
- Distal fixation length(s) of ≥ 15 mm
- Iliac diameters with a range of 8 to 25 mm
- Morphology suitable for aneurysm repair

Contraindications
The Endurant II/Endurant IIs stent graft 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.

When used with the Heli-FX EndoAnchor system, the Endurant II/Endurant IIs stent graft system is also contraindicated in:

- Patients with known sensitivities to the EndoAnchor implant materials.

For contraindications regarding ancillary devices used with the Endurant II/Endurant IIs stent graft system, refer to the Instructions for Use provided with the device.

Warnings and Precautions

- The long-term safety and effectiveness of the Endurant II/Endurant IIs stent graft system has not been established. All patients should be advised that endovascular treatment requires lifelong, regular follow-up to assess the health and the performance of the implanted endovascular stent graft. Patients with specific clinical findings (e.g., endoleaks, enlarging aneurysms, changes in the structure or position of the endovascular graft, or less than the recommended number of EndoAnchor system) when used in short (> 4 mm and < 10 mm) proximal necks should receive enhanced follow-up. Specific follow-up guidelines are described in the Instructions for Use.

- Patients experiencing reduced blood flow through the graft limb, aneurysm expansion, and persistent endoleaks may be required to undergo secondary interventions or surgical procedures.

- The Endurant II/Endurant IIs stent graft system is not recommended in patients unable to undergo or who will not be compliant with the necessary preoperative and postoperative imaging and implantation studies as described in the Instructions for Use.

- Renal complications may occur: 1) From an excess use of contrast agents. 2) As a result of emboli or a misplaced stent graft. The radiopaque marker along the edge of the stent graft should be aligned immediately below the lower-most renal arterial origin.

- Studies indicate that the danger of micro-embolization increases with increased duration of the procedure.

- The safety and effectiveness of the Endurant II/Endurant IIs 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 Endurant II/Endurant IIs 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 (arranged in alphabetical order); amputation; anesthetic complications and subsequent attendant problems (e.g., aspiration), aneurysm enlargement; aneurysm rupture and death; aortic damage, including perforation, dissection, bleeding, rupture and death; arterial or venous thrombosis and/or pseudoaneurysm; arteriovenous fistula; bleeding, hematoma or coagulopathy; bowel complications (e.g., ileus, transient ischemia, infarction, necrosis); cardiac complications and subsequent attendant problems (e.g., arrhythmia, myocardial infarction, congestive heart failure, hypotension, hypertension); claudication (e.g., buttock, lower limb); death; edema; embolization (micro and macro) with transient or permanent ischemia or infarction; endoleak; fever and localized inflammation; genitourinary complications and subsequent attendant problems (e.g., ischemia, erosion, femoral-femoral artery thrombosis, fistula, incontinence, hematoma, infection); hepatic failure; impotence; infection of the aneurysm, device access site, including abscess formation, transient fever and pain; lymphatic complications and subsequent attendant problems (e.g., lymph fistula); neurologic local or systemic complications and subsequent attendant problems (e.g., confusion, stroke, transient ischemic attack, paraplegia, paraparesis, paralysis); occlusion of device or native vessel; pulmonary complications and subsequent attendant problems; renal complications and subsequent attendant problems (e.g., arterial occlusion, contrast toxicity, insufficiency, failure); stent graft: improper component placement; incomplete component deployment; component migration; surgical break; occlusion; infection; stent fracture; graft twisting and/or kinking; insertion and removal difficulties; graft material wear; dilatation; erosion; puncture and perigraft flow; surgical conversion to open repair; vascular access site complications, including infection, pain, hematoma, pseudoaneurysm, arteriovenous fistula, dissection; vascular spasm or vascular trauma (e.g., iliofemoral vessel dissection, bleeding, rupture, death); vessel damage; wound complications and subsequent attendant problems (e.g., dehiscence, infection, hematoma, seroma, cellulitis)

Please refer to 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.