

# Socioeconomic tips of the month

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## Coding for endovascular abdominal aortic aneurysm repair

**C**PT 2001 contains 14 new codes that describe endovascular repair of abdominal aortic aneurysms (AAAs). Endovascular abdominal aortic aneurysm repair is accomplished by placing a carrier, which contains a prosthetic graft, inside the arterial system. Fluoroscopic guidance is used to advance the carrier through the arterial system to the aneurysm. When the aneurysm is reached, the graft is released from the carrier. The graft extends beyond the aneurysm onto normal vessels to create a hemostatic seal.

To accurately report endovascular repair of abdominal aortic aneurysms, several codes are used in combination. Specific codes are used to report the following services: open surgical exposure of the femoral or iliac arteries, insertion of guidewires and catheters, positioning and deployment of the prosthesis, placement of extension cuffs if required, and radiological supervision and interpretation. In addition, there are new codes for placement of an iliac occluding device and for placement of a femoral-femoral bypass graft during endovascular AAA repair. Finally, three new codes have been defined for conversion to open AAA repair, should it be necessary. CPT provides specific coding guidelines and parenthetical notes to help the user identify codes that may be reported in conjunction with one another.

### **Endovascular repair**

CPT codes 34800-34804 are the main ones that describe endovascular repair. The specific code reported is based on the type of prosthesis used (that is, aorto-aortic tube prosthesis, modular bifurcated prosthesis, or unibody bifurcated prosthesis). These codes do not include surgical exposure of arteries (34812, 34820) for the delivery of the prosthesis, nor do they include introduction of catheters into the aorta or selec-

tive catheter placement in aortic branches (36200, 36245-36248); therefore, these services are reported separately.

### **Open arterial exposure**

CPT 34812 and 34820 are new codes that describe open arterial exposure for delivery of the prosthesis. These procedures allow access in the groin or pelvic vessels to insert the device(s), given that current endografts are too large for percutaneous insertion. These codes are reported separately in addition to the primary repair codes.

### **Extension cuffs**

CPT codes 34825 and 34826 describe the placement of a proximal or distal extension cuff when the main prosthesis is too short to reach beyond the aneurysm. It is important to recognize that these codes are reported by vessel, not by the number of extension cuffs placed. If multiple cuffs are placed within the *same* vessel, this service is reported only once. However, if cuffs are placed in two different vessels, code 34825 would be reported for the first vessel, and code 34826 would be used to reflect cuff placement in the second vessel.

### **Unusual repairs**

CPT codes 34808 and 34813 describe adjunctive procedures occasionally performed during placement of an endovascular prosthesis. Code 34808 is defined as endovascular placement of an iliac artery occlusion device, and code 34813 is used to report placement of a femoral-femoral prosthetic graft *during* endovascular AAA repair. Because these are add-on codes and are reported in addition to the other repair codes, they do not require that modifier -51 (multiple procedure) be appended.

### **Conversion to open AAA repair following unsuccessful endovascular repair**

CPT codes 34830-34832 describe the conversion from an unsuccessful endovascular repair to an open aneurysm repair. These codes include dissec-

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tion of the affected vessel, repair of associated arterial trauma, and placement of a traditional graft for repair of the aneurysm.

### **Coding tips**

Radiological supervision and interpretation is reported separately in addition to the endovascular repair series of codes. CPT contains two new codes to report radiological supervision and interpretation, 75952 or 75953. Code 75952 is the primary endovascular supervision and interpretation code; it includes interpretation of the roadmapping arteriogram plus all supervision and interpretation during the routine endovascular AAA repair *except* placement of extension cuffs. Code 75953 is reported for the radiological supervision and interpretation of extension cuffs. Keep in mind, too, that the Health Care Financing Administration does not have regulations limiting payment for radiological supervision and interpretation codes to any particular specialty. A physician who performs radiological supervision and interpretation and completes the necessary documentation should be reimbursed by their carrier for that service.

Although reporting endovascular AAA repair may sound complicated, a five-step "recipe" may be applied for successful coding. First, report the appropriate main endograft repair code (34800, 34802, or 34804). Secondly, report the arterial exposure code (34812 or 34820), recalling that all current devices approved by the Food and Drug Administration require surgical exposure of at least one artery, and frequently bilateral exposure is required. Third, report the introduction of catheters and guidewires, usually 36200, 36245, or other members of that family. Because most devices require guidewire insertion from both femoral arteries, append the modifiers -50 (bilateral procedure) or -59 (distinct procedural service) as needed to accurately describe the procedure. Fourth, report the supervision and interpretation code, usually 75952. Finally, report other ancillary procedures performed, such as extension cuff placement (with its separate supervision and interpretation code 75953), balloon angioplasty (only if performed *outside* of the endograft), stent placement (only if performed *outside* of the endograft), or extensive repair of the artery exposure site.

Additionally, other modifiers may be required to reflect the work of the surgical team performing

the repair. For example, modifier -62 would be appended for co-surgeons (two specialties), while modifier -80 should be used when appropriate to describe an assistant surgeon. The December 2000 issue of the *CPT Assistant* includes more information on reporting endovascular repair of AAA, and it helps clarify the introductory comments in the CPT 2001 book. 

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This column responds to questions from the Fellows and their staffs, and provides useful tips for surgical practices. Developed by the College staff and consultants, this information will be accessible on our Web site for easy retrieval and future access. If there are topics that you would like to see addressed in future columns, please contact the Chicago staff of the Health Policy and Advocacy Department, tel. 312/202-5150; fax 312/202-5021; or e-mail [HealthPolicyAdvocacy@facs.org](mailto:HealthPolicyAdvocacy@facs.org).