

Endovascular Repair of Abdominal Aortic Aneurysm

Screening Abdominal Aortic Aneurysms Very Efficiently Act

2011 Edition[†]— All Reimbursement Amounts are Listed at National Medicare Rates



SAAAVE OVERVIEW

Beginning January 1, 2007, Medicare Part B will pay for a one-time preventive ultrasound screening for Abdominal Aortic Aneurysms (AAA) for eligible beneficiaries as part of the Welcome to Medicare Initial Preventive Physical Examination. This screening is available for patients who meet the recommended criteria established by CMS and the United States Preventive Services Task Force and is available even if the qualifying patient does not present with signs or symptoms of the disease or illness (71FR69663).

- Effective January 1, 2011, co-insurance and deductible are waived.^A
- Complete coverage details of the SAAAVE Act can be found at:
 - The CMS web site, <http://www.cms.hhs.gov>
 - The Society for Vascular Surgery's web site, <http://www.vascularweb.org>

Procedure	PHYSICIAN OFFICE (NON-FACILITY)		HOSPITAL (FACILITY) OUTPATIENT		
	HCPCS Code	Rate ^B	APC	SI ^C	Rate
Ultrasound Exam AAA Screen	G0389	\$112	0266	S	\$96
Professional Component	G0389-26	\$29			
Technical Component	G0389-TC	\$83			

^A Refer to Table 65 of CMS -1503- FC.

^B Conversion factor used for this Overview is \$33.9764, as published in CMS Change Request 7300.

^C Status Indicators: C—Inpatient Procedures; N—Items & Services Packaged into APC Rates; Q1—STVX-Packaged Codes; Q2—T-Packaged Codes; S—Significant Procedure, Not Discounted When Multiple; T—Significant Procedure, Multiple Reduction Applies

† Disclaimer: The payment amounts listed in this guide are national averages. Actual payment will vary based on several factors including the site of the service, geographic location, patient population mix, and hospital teaching status. References to particular applications and procedures listed in this Coding Overview do not represent the appropriateness or market availability of any Gore Medical Product. The information contained in this Overview is provided for general information purposes only and should NOT be relied on for submission purposes. Consult your professional resources and the patient's insurer for situation-specific information.

Physicians and hospitals are responsible for selecting and reporting the code(s) that most accurately describe the procedure(s) performed, the products used and the patient's condition. The basis for accurate coding is clear and complete documentation in the medical record, precisely describing the procedures performed and products used.

Providers should follow coding guidelines from the patient's insurer, and should also review the complete coding authorities (e.g., CPT[®], HCPCS, ICD-9-CM) used by the insurer.

The identification of a code in this Coding Overview should not be construed to guarantee coverage for a product or procedure, or payment in any particular amount.



W. L. GORE & ASSOCIATES, INC.

Flagstaff, AZ 86004

800.437.8181

928.779.2771

for additional product information,
visit goremedical.com

Products listed may not be available in all markets pending regulatory clearance.
GORE[®] and designs are trademarks of W. L. Gore & Associates.

© 2006 – 2011 W. L. Gore & Associates, Inc. AN0064-EN3 JANUARY 2011