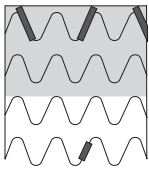


# Devices Implanted

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

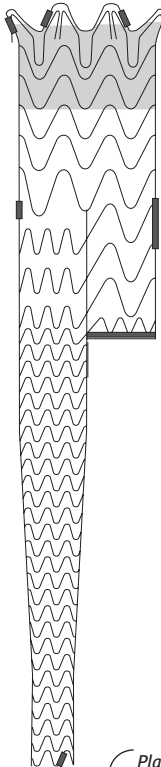


Aortic Extender – 34825†

## AORTIC EXTENDER

Device: PXA

Location(s): \_\_\_\_\_



Trunk Ipsilateral Leg Endoprosthesis – 34802\*

## TRUNK-IPSILATERAL LEG ENDOPROSTHESIS

Device: PXT RMT

Access Site: \_\_\_\_\_



Contralateral Leg – 34802\*

## CONTRALATERAL LEG

Device: PXC

Device: PXC

Access Site: \_\_\_\_\_

Iliac Extender – 34825†

## ILIAC EXTENDER

Device\*: PXL

Location(s): \_\_\_\_\_

\* NOTE: All large diameter contralateral leg endoprostheses (16, 18, 20, 23, 27 mm) can be used as iliac extenders.

## PROCEDURE NOTES:

\_\_\_\_\_  
 \_\_\_\_\_

(Place device label from device packaging here)

REF Catalogue Number

LOT Batch Code

(Place device label from device packaging here)

REF Catalogue Number

LOT Batch Code

(Place device label from device packaging here)

REF Catalogue Number

LOT Batch Code

\* Codes are for US Reimbursement (see reverse)

† Use 34825 only for first extension (proximal or distal) applied. Use +34826 to report and extender(s) placed in additional vessels.

Gore Associate:

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



EXCLUDER®

AAA ENDOPROSTHESIS

# US Case Planning Aid

## PHYSICIAN CODING - ABBREVIATED

### Open Arterial Exposure for Endo AAA Repair

- 34812 Fem artery groin exposure unilateral
- 34820 Iliac artery exposure, abd / retro unilateral
- 34833 Iliac artery exposure with conduit, unilateral
- 34834 Brachial artery exposure, unilateral

For percutaneous access, use codes for catheter placement

### Selective Catheter Placements

- 36200 Non-selective (example – placed in aorta)
- 36245 First order selective
- 36246 Second order selective

### GORE® EXCLUDER® AAA Endoprosthesis Deployment

- 34800 Aorto-aortic tube
- 34802 Modular bifurcated prosthesis with one limb
- 75952 Radiology RS&I for 34800, 34802, 34808
- 34900 Endoprosthesis, Iliac only, unilateral
- 75954 Radiology RS&I for 34900
- 34825 Proximal / Distal extension – 1st vessel
- +34826 Each additional vessel
- 75953 Radiology RS&I for 34825, 34826

### Associated Ancillary

- +34808 Iliac artery occlusion device placement
- +34813 Fem-fem surgical graft for endo AAA
- +34806 Transcatheter placement wireless sensor in AAA sac
- 34830 Open repair, AAA, after unsuccessful repair; tube prosthesis
- 34831 ; aorta bi-iliac prosthesis
- 39832 ; aorta bi-femoral prosthesis

This is an abbreviated listing for convenience only. Consult current CPT® Coding Book for comprehensive listing. Consult MPFSDB for applicable modifiers. Documentation must support code selection. Provider of services is ultimately responsible for correct coding.

## HOSPITAL ICD-9

Procedure: 39.71 Endovascular implant, AAA

Diagnosis Primary (typical): 441.4 AAA without rupture

MS-DRG (typical): 237 Major cardiovascular procedures with MCC or thoracic aortic aneurysm repair  
238 Major cardiovascular procedures without MCC

MS-DRG assignment is based on primary procedure and primary, secondary diagnosis.

## WORK AREA

† **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.



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