# Redefining reimbursement for the GORE® TAG® THORACIC BRANCH ENDOPROSTHESIS (TBE)



New reimbursement and coding for a new era in aortic arch repair

#### What's new for TBE

### HOSPITAL MS-DRG 209

Complex Aortic Arch procedures for Zones 0, 1 and 2

- One MS-DRG for TBE
  - Effective October 1, 2025 September 30, 2026
- Medicare national average reimbursement: \$84,000
- IPPS Final Ruling (Hospital Inpatient Prospective Payment System MS-DRGs)

# PHYSICIAN CPT 33882

Single-branch LSA (Zone 2) endovascular repair multipiece system

- New code for reporting for Zone 2 left subclavian artery (LSA) repair
  - Effective January 1, 2026 December 31, 2026
- \$1,763 national average payment
  - Relative Value Unit (RVU) work 35, total 52.78
- Physician Ruling: Federal Register Documents Currently on Public Inspection

#### Learn more

■ TBE Coding Education webinars

#### Why it matters

TBE is the only FDA approved off-the-shelf, single-branch device approved for all aortic arch zones with reimbursement structures for improved reporting accuracy and payment.

#### **Questions? Contact us:**

Gore Field Reimbursement Directors at +1 800 248 8489 or fieldreimbursementdirectors@wlgore.com or REVENUE CYCLE CODING STRATEGIES® (RCCS) at +1 888 812 0322 or goremedical.com/coding

## Coding is complex. **Accuracy is critical.**



Refer to  $\it Instructions\ for\ Use\ at\ eifu.goremedical.com\ for\ a\ complete\ description\ of\ all\ applicable\ indications,\ warnings,\ precautions\ and\ contraindications\ for\ the\ markets\ where\ this\ product\ is\ available\ . R_{Xonly}$ 

INDICATIONS FOR USE: The GORE® TAG® Thoracic Branch Endoprosthesis is indicated for endovascular repair of lesions of the aortic arch and descending thoracic aorta, while maintaining flow into a single aortic arch branch vessel in patients who have: Adequate Illac/femoral access; Proximal Aortic Landing Zones: For Isolated Lesion Patients: Proximal landing zone cannot be aneurysmal, dissected, heavily calcified or heavily thrombosed; For Dissection Patients: Primary entry tear must be distal to the target branch vessel and the proximal extent of the landing zone must not be dissected; Aortic inner diameter range 16-42 mm; Proximal segment length (length from distal edge of target branch vessel to the midpoint of any proximal branch vessel) of at least 2.0-4.0 cm, depending on Aortic Component selection; Proximal covered length (measured from distal edge of target branch vessel to the distal edge of any proximal branch vessel) of at least 15-36 mm, depending on Aortic Component selection; For patients with prior ascending aorta or aortic arch repair with surgical graft: at least 2 cm landing zone proximal to the distal anastomosis; Target Branch Vessel Landing Zone: Landing zone cannot be aneurysmal, dissected, heavily thrombosed and severely tortuous (180 degree turn within the treated length); Target branch vessel inner diameter of 6-18 mm, depending on Side Branch Portal diameter selected. Distal Landing Zone (Isolated Lesion Patients only): Outer curve length must be > 2 cm proximal to celiac artery; Aortic inner diameter range 16-42 mm; Cannot be aneurysmal, dissected, heavily calcified or heavily thrombosed; Native Aorta or previously placed GORE® TAG® Conformable Thoracic Stent Graft. CONTRAINDICATIONS: The GORE® TAG® Thoracic Branch Endoprosthesis is contraindicated in: Patients with known sensitivities or allergies to the device materials [ePTFE (polytetrafluoroethylene), FEP (fluoroethylpropylene), Nitinol (nickel, ittanium), Gold, 5B Component only - Heparin (CBAS® Heparin Surface)]; Patients who have

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