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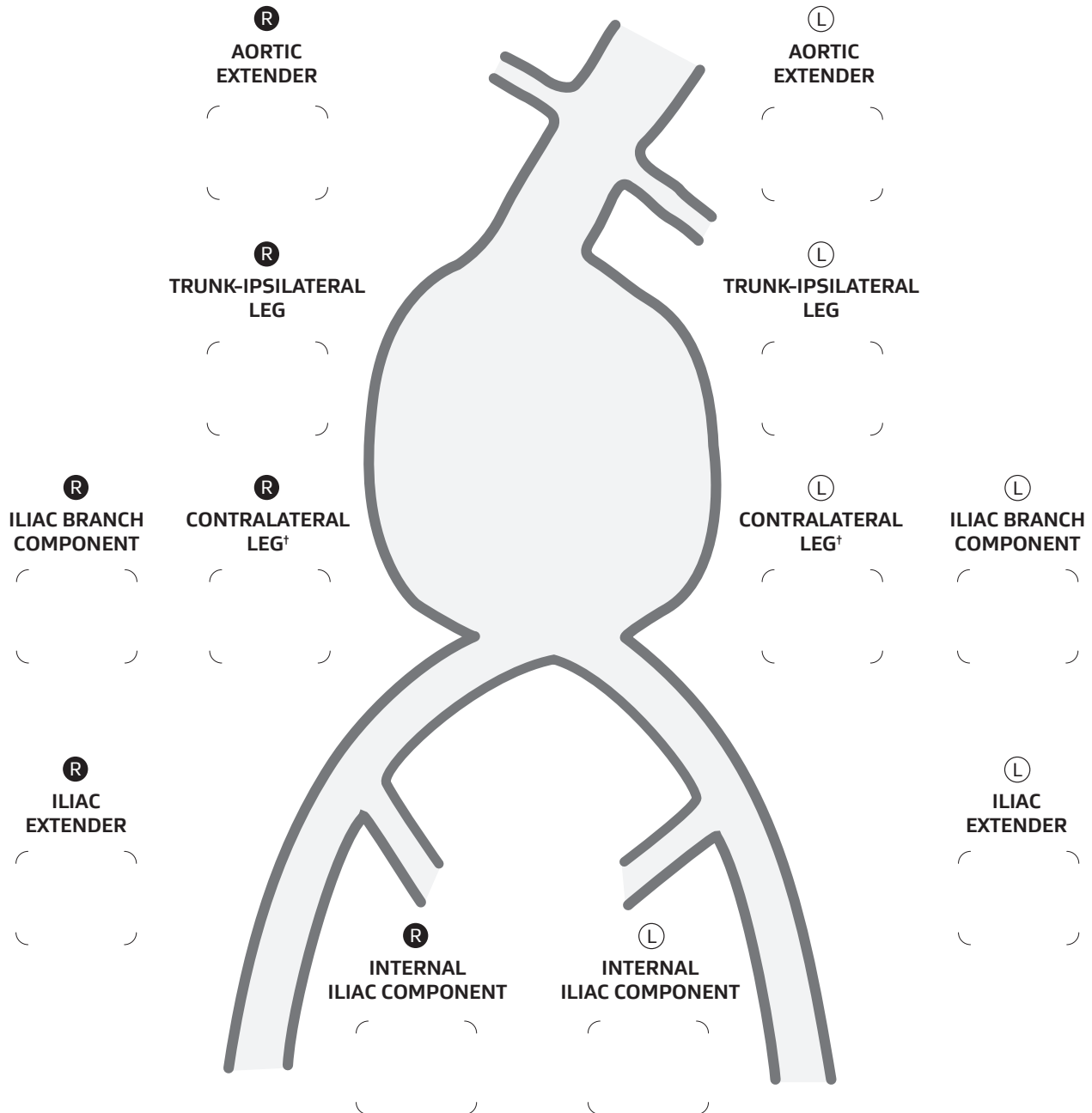


Patient name/ID: _____

Hospital: _____

Date of case: _____

Physician: _____



* For U.S. cases only.

† When the GORE® EXCLUDER® Iliac Branch Endoprosthesis is used, 23 mm or 27 mm Contralateral Legs are used as bridging components.

PHYSICIAN CODING OPTIONS*

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Open Arterial Exposure

- +34812 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral
- +34713 Percutaneous access and closure of femoral artery for delivery of endograft through a 12 French or larger sheath
- +34714 Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis, by groin incision, unilateral

Selective Catheter Placement

- 36245 Selective catheter placement, arterial system; first
- 36246 Selective catheter placement, arterial system; initial second
- 36247 Selective catheter placement, arterial system; initial third or more
- 36248 Selective catheter placement, arterial

Endovascular Grafts for Non-Ruptured AAA Placement

- 34701 Deployment of aorto-aortic tube endograft
- 34703 Deployment of aorto-uni-iliac endograft
- 34705 Deployment of aorto-bi-iliac endograft
- 34707 Deployment of ilio-iliac endograft
- +34709 Deployment of extension prosthesis
- 34710 Delayed deployment of extension prosthesis
- +34711 Delayed deployment of extension, endovascular repair, each additional vessel treated

* For U.S. cases only.

This is an abbreviated listing for convenience only. Consult current American Medical Association Current Procedural Terminology (CPT®) for comprehensive listing. Provider of services is ultimately responsible for correct coding.

Disclaimer: 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.

Endovascular Grafts for Ruptured AAA Placement

- 34702 Placement of aorto-aortic endograft for rupture
- 34704 Placement of aorto-uni-iliac endograft for rupture
- 34706 Placement of aorto-bi-iliac endograft for rupture
- 34708 Placement of ilio-iliac endograft for rupture

Iliac Branch Endoprosthesis

- +34717 Placement of iliac branched endograft at the time of aorto-iliac artery endograft placement, unilateral
- 34718 Placement of a standalone iliac branched endograft, unilateral

Associated Ancillary Procedures

- 34712 Transcatheter delivery of enhanced fixation device(s) to the endograft
- +34808 Placement of iliac artery occlusion device
- +34813 Placement of Fem-Fem surgical bypass, during EVAR
- 35226 Repair blood vessel, direct; lower extremity
- 35286 Repair blood vessel with graft other than vein; lower extremity
- +37252 IVUS non-coronary; initial vessel
- +37253 IVUS non-coronary; each additional vessel
- 37236 Open/Percutaneous placement of stent – initial artery
- +37237 Open/Percutaneous placement of stent – each additional artery
- 37242 Vascular embolization or occlusion; arterial, other than hemorrhage or tumor

 Consult Instructions
for Use
eifu.goremedical.com

Refer to *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. ^{Rx} Only

Products listed may not be available in all markets.

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