GORE® TAG®
Thoracic Branch Endoprosthesis

HOSPITAL INPATIENT CODING GUIDE 2026

Together, improving life

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GORE® TAG® Thoracic Branch Endoprosthesis

GORE® TAG® Thoracic Branch Endoprosthesis (TBE) 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.[a]

TBE consists of the Aortic Component, the Side Branch (SB) Component and an optional Aortic Extender. TBE is made of expanded polytetrafluoroethylene (ePTFE) with an outer metallic support structure known as a stent.

FDA Breakthrough Device Designation

The device was granted priority review status on July 17, 2015. This was based on meeting required criteria:

- Intended to treat a potentially life-threatening disease
- Potential to provide a clinically meaningful advantage over existing legally marketed technology
- Offering significant clinically meaningful advantages over existing legally marketed alternatives
- Availability is in the best interest of patients

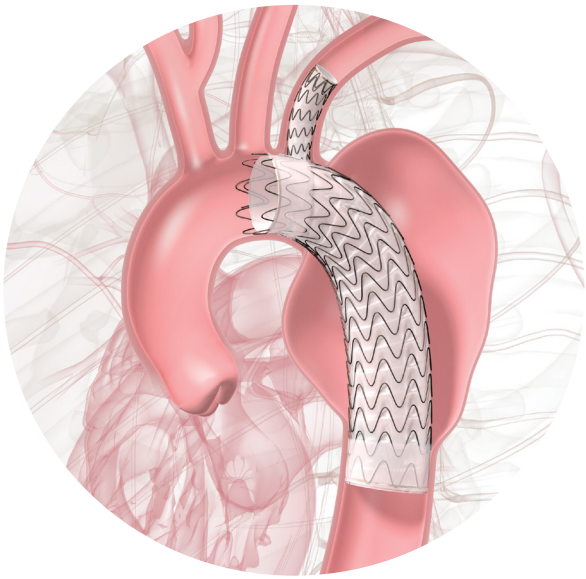


Figure 1. GORE® TAG® Thoracic Branch Endoprosthesis deployed in the left subclavian artery and the descending thoracic aorta.

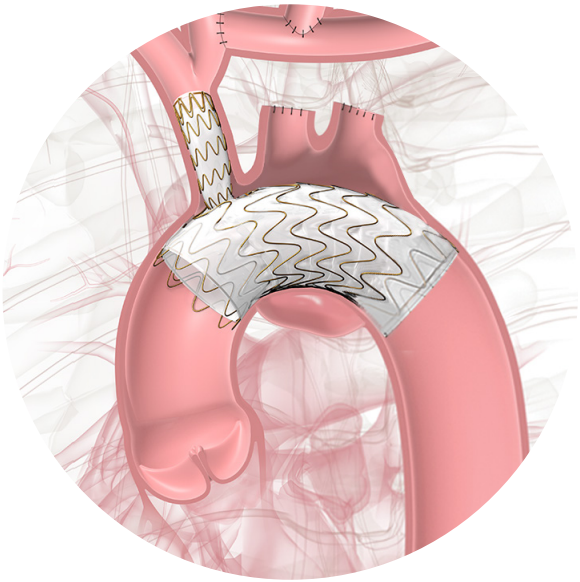


Figure 2. GORE® TAG® Thoracic Branch Endoprosthesis deployed in the brachiocephalic artery and the aortic arch.

[a] 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. ℞ Only

Table 1: Centers for Medicare and Medicaid Services (CMS) Fiscal Year 2026 Medicare Severity Diagnosis Related Groups (MS-DRGs)[3]

The following MS-DRGs are assigned for the TBE procedures. Other MS-DRGs may apply based on documented procedures performed, patient's condition or complications.

Medicare Inpatient Prospective Payment System (IPPS)

MS-DRGs	Description	Relative weight	Medicare national unadjusted amount
209	Complex aortic arch procedures	11.3188	$82,364.00

Reference: https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipps-proposed-rule-home-page

Table 2: International Classification of Diseases (ICD)-10-PCS[1,3,4]

For all procedures, document and code as applicable.

Code applicable per TBE placement ICD-10-PCS	Description
TBE 02VX3EZ (Zone 2)	Restriction of thoracic aorta, ascending/arch with branched or fenestrated intraluminal device, one or two arteries, percutaneous approach
with 02VW3DZ	Restriction of thoracic aorta, descending with intraluminal device, percutaneous approach
or TBE 02VX3EZ (Zone 0, Zone 1) **with one** of the following:	Restriction of thoracic aorta, ascending/arch with branched or fenestrated intraluminal device, one or two arteries, percutaneous approach
031209K	Bypass innominate artery to left extracranial artery with autologous venous tissue, open approach
031209Y	Bypass innominate artery to upper artery with autologous venous tissue, open approach
03120AK	Bypass innominate artery to left extracranial artery with autologous arterial tissue, open approach
03120AY	Bypass innominate artery to upper artery with autologous arterial tissue, open approach
03120JK	Bypass innominate artery to left extracranial artery with synthetic substitute, open approach
03120JY	Bypass innominate artery to upper artery with synthetic substitute, open approach
03120KK	Bypass innominate artery to left extracranial artery with nonautologous tissue substitute, open approach
03120KY	Bypass innominate artery to upper artery with nonautologous tissue substitute, open approach
03120ZK	Bypass innominate artery to left extracranial artery, open approach
03120ZY	Bypass innominate artery to upper artery, open approach
031409J	Bypass left subclavian artery to right extracranial artery with autologous venous tissue, open approach
031409K	Bypass left subclavian artery to left extracranial artery with autologous venous tissue, open approach
03140AJ	Bypass left subclavian artery to right extracranial artery with autologous arterial tissue, open approach
03140AK	Bypass left subclavian artery to left extracranial artery with autologous arterial tissue, open approach

Table 2: International Classification of Diseases (ICD)-10-PCS *(continued)*[1,3,4]

Code applicable per TBE placement ICD-10-PCS	Description
03140JJ	Bypass left subclavian artery to right extracranial artery with synthetic substitute, open approach
03140JK	Bypass left subclavian artery to left extracranial artery with synthetic substitute, open approach
03140KJ	Bypass left subclavian artery to right extracranial artery with nonautologous tissue substitute, open approach
03140KK	Bypass left subclavian artery to left extracranial artery with nonautologous tissue substitute, open approach
03140ZJ	Bypass left subclavian artery to right extracranial artery, open approach
03140ZK	Bypass left subclavian artery to left extracranial artery, open approach
031J09J	Bypass left common carotid artery to right extracranial artery with autologous venous tissue, open approach
031J09K	Bypass left common carotid artery to left extracranial artery with autologous venous tissue, open approach
031J09Y	Bypass left common carotid artery to upper artery with autologous venous tissue, open approach
031J0AJ	Bypass left common carotid artery to right extracranial artery with autologous arterial tissue, open approach
031J0AK	Bypass left common carotid artery to left extracranial artery with autologous arterial tissue, open approach
031J0AY	Bypass left common carotid artery to upper artery with autologous arterial tissue, open approach
031J0JJ	Bypass left common carotid artery to right extracranial artery with synthetic substitute, open approach
031J0JK	Bypass left common carotid artery to left extracranial artery with synthetic substitute, open approach
031J0JY	Bypass left common carotid artery to upper artery with synthetic substitute, open approach
031J0KJ	Bypass left common carotid artery to right extracranial artery with nonautologous tissue substitute, open approach
031J0KK	Bypass left common carotid artery to left extracranial artery with nonautologous tissue substitute, open approach
031J0KY	Bypass left common carotid artery to upper artery with nonautologous tissue substitute, open approach
031J0ZJ	Bypass left common carotid artery to right extracranial artery, open approach
031J0ZK	Bypass left common carotid artery to left extracranial artery, open approach
031J0ZY	Bypass left common carotid artery to upper artery, open approach
03L40CZ	Occlusion of left subclavian artery with extraluminal device, open approach
03L40DZ	Occlusion of left subclavian artery with intraluminal device, open approach
03L40ZZ	Occlusion of left subclavian artery, open approach
03L43CZ	Occlusion of left subclavian artery with extraluminal device, percutaneous approach
03L43DZ	Occlusion of left subclavian artery with intraluminal device, percutaneous approach
03L43ZZ	Occlusion of left subclavian artery, percutaneous approach
03L44CZ	Occlusion of left subclavian artery with extraluminal device, percutaneous endoscopic approach

Table 2: International Classification of Diseases (ICD)-10-PCS *(continued)* [1,3,4]

Code applicable per TBE placement ICD-10-PCS	Description
03L44DZ	Occlusion of left subclavian artery with intraluminal device, percutaneous endoscopic approach
03L44ZZ	Occlusion of left subclavian artery, percutaneous endoscopic approach
03LJ0BZ	Occlusion of left common carotid artery with bioactive intraluminal device, open approach
03LJ0CZ	Occlusion of left common carotid artery with extraluminal device, open approach
03LJ0DZ	Occlusion of left common carotid artery with intraluminal device, open approach
03LJ0ZZ	Occlusion of left common carotid artery, open approach
03LJ3BZ	Occlusion of left common carotid artery with bioactive intraluminal device, percutaneous approach
03LJ3CZ	Occlusion of left common carotid artery with extraluminal device, percutaneous approach
03LJ3DZ	Occlusion of left common carotid artery with intraluminal device, percutaneous approach
03LJ3ZZ	Occlusion of left common carotid artery, percutaneous approach
03LJ4BZ	Occlusion of left common carotid artery with bioactive intraluminal device, percutaneous endoscopic approach
03LJ4CZ	Occlusion of left common carotid artery with extraluminal device, percutaneous endoscopic approach
03LJ4DZ	Occlusion of left common carotid artery with intraluminal device, percutaneous endoscopic approach
03LJ4ZZ	Occlusion of left common carotid artery, percutaneous endoscopic approach

ICD-10-CM/PCS MS-DRG v43.0 Definitions Manual. https://www.cms.gov/icd10m/FY2026-nprm-version43-fullcode-cms/fullcode_cms/P0001.html

Table 3: Current procedural terminology (CPT®) code

Surgery/cardiovascular system

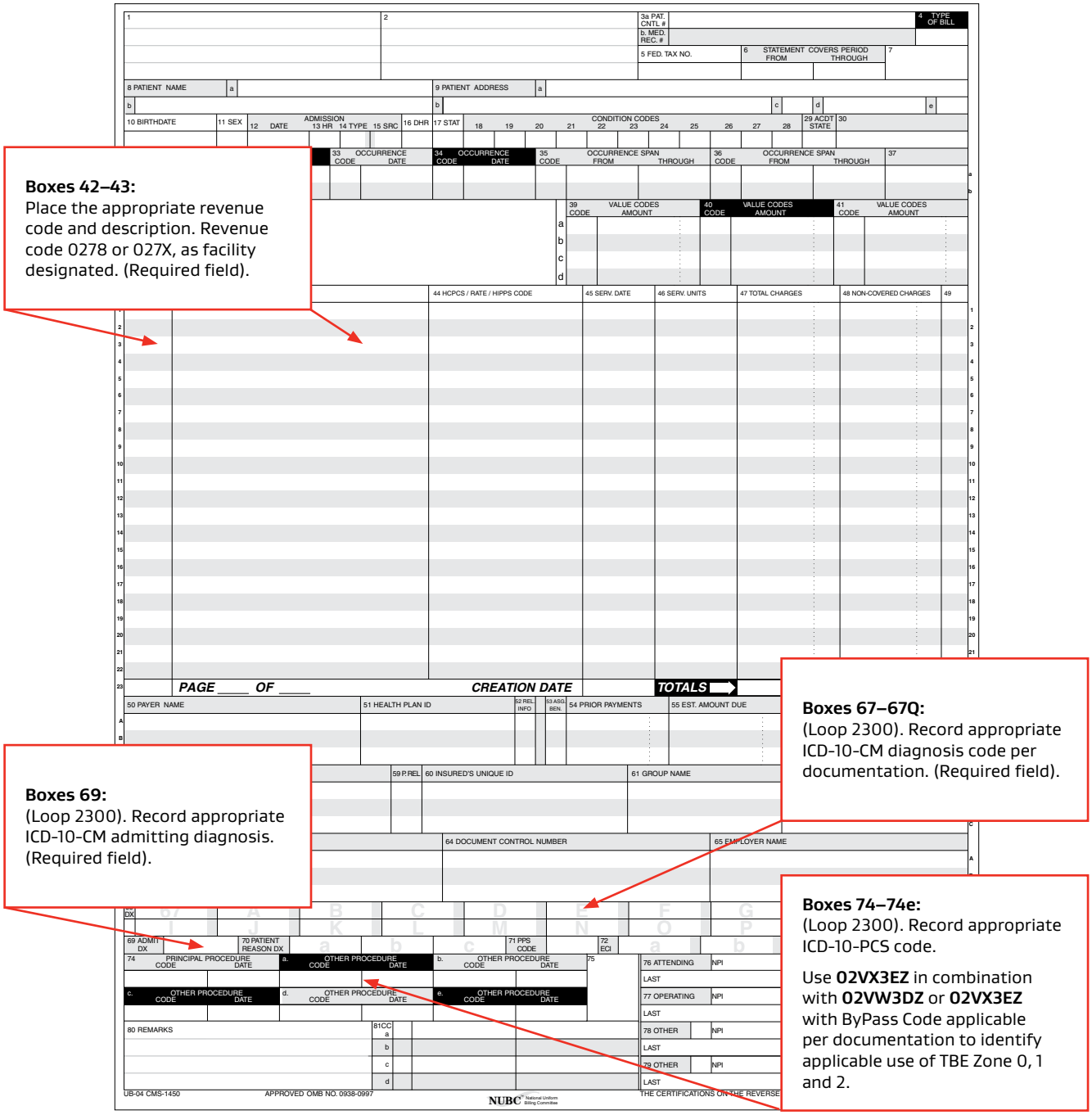
CPT Code 33882 should be utlilized to report TBE Z2 and Miscellaneous code 33999 should be utilized to report Z0 and Z1 TBE procedures. Code with all other interventions applicable.

CPT – Current procedural terminology	Description	Pro fee facility total relative value units (RVUs)	Pro fee facility adjusted partial payment
33882	Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving an aorto-aortic tube device with a fenestration for the left subclavian artery stentgraft(s) and all aortic tube endograft extension(s) placed from the level of the left common carotid artery to the celiac artery.	52.78	$1763.00
33999	Unlisted procedure, cardiac surgery	0.00	$0.00

NOC, Miscellaneous coding. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26pdf.pdf

TBE Zone 2 Sample CMS-1450 (UB04) claim form[b,c,1-3]

The information below refers to the paper format of the CMS-1450 (UB-04). Providers submitting claims for TBE via electronic software systems are urged to translate claim information into compatible formats for input into their software system.



[b] 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. ℞ Only

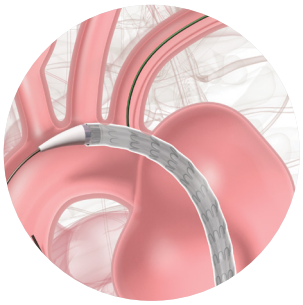
[c] Hospitals remain responsible for determining correct coding and reimbursement reporting.

Procedural steps – Zone 2 only

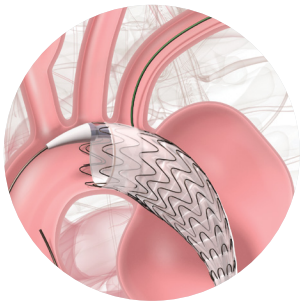
The procedure for implanting TBE consists of the delivery of the stent grafts into the aorta and the left subclavian artery. While the endovascular procedure is similar for trauma or dissection repair, below is an example of the steps included in an aneurysm repair.

The main body stent graft is implanted using fluoroscopy, or real-time X-ray images, and is viewed on a monitor following these steps:

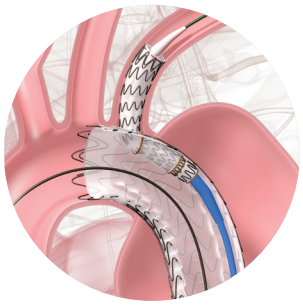
1. The delivery catheter, which contains the stent graft, is inserted into the femoral or iliac artery and carefully guided through the abdomen into the chest to the site of the diseased or injured aorta.
2. Once the stent graft is correctly positioned in the aorta and aligned with the left subclavian artery, it is released, or deployed, from the delivery catheter. The device self-expands to the diameter of the aorta and the delivery catheter is withdrawn from the body.
3. A second, smaller stent graft is inserted into the femoral or iliac artery and positioned through the opening of the first stent graft into the left subclavian artery.
4. Once the second stent graft is correctly positioned within the left subclavian artery, it is released, or deployed, from the delivery catheter. The delivery catheter is then removed.
5. Following deployment, an endovascular balloon may be inflated inside the device to aid the device in opening completely, allowing the device to achieve better seal.



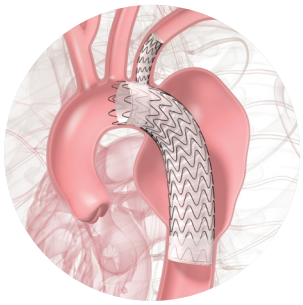
Positioning Aortic Component at left subclavian artery



Deployment of Aortic Component



Positioning of Side Branch Component into left subclavian artery



Final GORE® TAG® Thoracic Branch Endoprosthesis system

In some cases, it may be necessary to utilize an additional component(s) to extend proximal into the aortic arch or distal into the descending aorta. Physicians determine the actual devices utilized based on individual patient needs.

References

1. FY 2026 and 2025 ICD-10-PCS codes. Published April 1, 2024. https://www.cms.gov/medicare/coding-billing/icd-10-codes
2. National Uniform Billing Committee (NUBC). Billing information. American Hospital Association. Accessed September 24, 2024. https://www.nubc.org/
3. ICD-10-CM/PCS MS-DRG v43.0 Definitions Manual. https://www.cms.gov/icd10m/FY2026-nprm-version43-fullcode-cms/fullcode_cms/P0001.html
4. CMS-1832-F | CMS; Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2026. CMS-1832-F. Final Rule. Centers for Medicare & Medicaid Services. Published November 5, 2025. Accessed December 2, 2026. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f

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Consult Instructions for Use
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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. ℞ Only

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 iliac/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; Target branch vessel minimum length of 2.5–3.0 cm, 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, titanium), Gold, SB Component only - Heparin (CBAS® Heparin Surface)]; Patients who have a condition that threatens to infect the graft; Patients with known hypersensitivity to heparin, including those patients who have had a previous incident of Heparin-Induced Thrombocytopenia (HIT) type II.

Products listed may not be available in all markets.

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