

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
multi-piece 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**

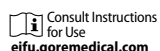
Why it matters

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.



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.  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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