

2024 TEVAR Coding Guide

PATIENT: _____

PHYSICIAN: _____	PRIMARY DIAGNOSIS: _____
PROCEDURE DATE: _____	SECONDARY DIAGNOSIS: _____

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CPT® Code	Description	2024 Work RVU	Common modifiers that may apply					Case Notes
			-50	-51	-62	-80	-AS	
Surgical Arterial Access			-50	-51	-62	-80	-AS	
+34713	Perc access and closure of femoral artery, unilateral	2.5	-50	-	-62	-80	-AS	
+34714	Open femoral exposure with creation of conduit, unilateral	5.25	-50	-	-62	-80	-AS	
+34812	Open femoral exposure, unilateral	4.13	-50	-	-62	-80	-AS	
+34820	Open iliac exposure, including abd/retroperitoneal incision, unilateral	7	-50	-	-62	-80	-AS	
+34833	Open iliac exposure with creation of conduit, including abd/retroperitoneal incision, unilateral	8.16	-50	-	-62	-80	-AS	
+34834	Open brachial exposure, unilateral	2.65	-50	-	-62	-80	-AS	
Placement of Wires, Catheters, Sheaths								
36200	Catheter/sheath placement into aorta; nonselective	2.77	-50	-51	-	-	-	
36215	Catheter/sheath placement; selective, first order	4.17	-	-51	-	-	-	
36216	Catheter/sheath placement; selective, second order	5.27	-	-51	-	-	-	
36217	Catheter/sheath placement; selective, third order	6.29	-	-51	-	-	-	
Placement and Deployment of Aortic Endograft								
33880	Endo TAA repair, w LSA coverage, extensions to celiac if required	34.58	-	-51	-62	-80	-AS	
75956-26	Rad S&I, endovascular TAA repair (use with 33880)	7	-	-	-	-	-	
33881	Endo TAA repair wo LSA coverage, extensions to celiac if required	29.58	-	-51	-62	-80	-AS	
75957-26	Rad S&I, endovascular TAA repair (use with 33881)	6	-	-	-	-	-	
33883	Placement of extension, proximal, initial extension	21.09	-	-51	-62	-80	-AS	
75958-26	Rad S&I, extension (use with 33883)	4	-	-	-	-	-	
+33884	Placement of extension, proximal, each addl extension	8.2	-	-	-62	-80	-AS	
75958-26	Rad S&I, extension (use with 33884)	4	-	-	-	-	-	
33886	Placement of extension, distal, <i>delayed</i> after initial endo TAA repair	18.09	-	-51	-62	-80	-AS	
75959-26	Rad S&I, extension prosthesis, <i>delayed</i> placement (use with 33886)	3.5	-	-	-	-	-	
Ancillary Procedures								
+37252	IVUS noncoronary, initial vessel	1.8	-	-	-62	-80	-AS	
+37253	IVUS noncoronary, each additional vessel	1.44	-	-	-62	-80	-AS	
37242	Arterial embolization/coiling (non-hemorrhage/tumor), outside tx zone	9.8	-	-51	-	-	-	
62272	Spinal puncture, therapeutic (lumbar drain)	1.58	-	-51	-	-	-	
37236	Non-coronary arterial stent, outside treatment zone, initial artery	8.75	-50	-51	-	-80	-AS	
+37237	Non-coronary arterial stent, each addl artery	4.25	-50	-	-	-80	-AS	
33889	Transposition, open, subclavian to carotid, by neck incision w endo TAA	15.92	-50	-51	-62	-80	-AS	
33891	Bypass graft, carotid-carotid, by neck incision with endo TAA	20	-50	-51	-62	-80	-AS	
34712	Trans catheter delivery of enhanced fixation device, eg, anchor	12	-	-51	-62	-80	-AS	

Modifier	Description	Modifier	Description
-26	Professional component	-62	Co-surgeons: separate group and specialty (62.5%)
-50	Bilateral procedure	-78	Unplanned return to OR for related procedure during post-op period
-51	Multiple procedures (50% reduction)	-79	Unrelated procedure during post-op period
-59	Distinct procedure service	-80	Assistant surgeon (16%)
-XE	Distinct service - separate encounter	-AS	Assistant-at-surgery (non-physician practitioner) (85% of 16%)
-XS	Distinct service - separate organ/structure		
-XP	Distinct service - different practitioner		
-XU	Distinct service - unusual, eg, non-overlapping		

Hospital Inpatient Coding- Endovascular Repair of the Thoracic Aorta

Definition	Code	Description
ICD-10-CM Diagnosis Codes	i71.010–i71.019	Dissection of thoracic aorta
	i71.10–i71.13	Thoracic aortic aneurysm <i>ruptured</i>
	i71.20–i71.23	Thoracic aortic aneurysm <i>without rupture</i>
	S25.01XA	Minor laceration of thoracic aorta, initial encounter
	S25.02XA	Major laceration of thoracic aorta, initial encounter
	S25.09XA	Other specified injury of thoracic aorta, initial encounter
ICD-10-PCS Procedure Code	02VW3DZ	Restriction of thoracic aorta with intraluminal device, percutaneous approach
HCPCS (C-Code)	N/A	The procedure associated with this device is approved in the inpatient setting only. C-Codes are reported with device-dependent procedures on outpatient claims; therefore no C-Code applies

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