

Iliac Branched Endograft Placement

CPT® Assistant.

November 2019; Volume 29: Issue 11

Iliac Branched Endograft Placement

For the 2020 edition of the Current Procedural Terminology (CPT®) code set, two new codes (34717, 34718) have been added to report endovascular repair with placement of an iliac endograft. In addition, new guidelines and parenthetical notes have been added and existing guidelines and parenthetical notes have been revised throughout the code set to provide instruction on the correct reporting of codes 34717 and 34718. This article provides information about these changes.

Endovascular Repair of Abdominal Aorta and/or Iliac Arteries

#+●34717

Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)

▶(Use 34717 in conjunction with 34703, 34704, 34705, 34706)◀

▶(34717 may be reported only once per side. For bilateral procedure, report 34717 twice. Do not report modifier 50 in conjunction with 34717)◀

▶(Do not report 34717 in conjunction with 34709 on the same side)◀

▶(Do not report 34717 in conjunction with 34710, 34711)◀

▶(For placement of an iliac branched endograft at a separate setting than aorto-iliac endograft placement, use 34718)◀

#●**34718**

Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral

▶(For bilateral placement of an iliac branched endograft, report modifier 50)◀

▶(Do not report 34718 in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709, 34717)◀

▶(Do not report 34718 in conjunction with 34710, 34711 on the same side)◀

▶(For placement of an iliac branched endograft in the same setting as aorto-iliac endograft placement, use 34717)◀

▶(For placement of an isolated iliac branched endograft for rupture, use 37799)◀

These two new codes replace Category III code 0254T, Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral, because utilization and efficacy standards have been met to warrant conversion to Category I status.

Code 34717 is an add-on code that is reported at the time of aorto-iliac artery endograft placement (34703, 34704, 34705, 34706) for deployment of a bifurcated endograft in the common iliac artery with extension(s) into both the internal iliac and external iliac arteries, when performed, to maintain perfusion in both vessels for treatment of iliac artery pathology (with or without rupture), such as aneurysm, pseudoaneurysm, dissection, penetrating ulcer, arteriovenous malformation, or traumatic disruption. The iliac branched endograft is a multipiece system consisting of a bifurcated device that is placed in the common iliac artery and then additional extension(s) are placed into both the internal iliac artery and external iliac/common femoral arteries as needed, as well as a proximal extension that overlaps with an aorto-iliac endograft. If an aorto-iliac artery endograft (34703, 34704, 34705, 34706) is not being placed during the same operative session, code 34718 may be reported for placement of a bifurcated endograft in the common iliac artery with extension(s) into both the internal iliac and external iliac arteries to maintain perfusion in both vessels for treatment of iliac artery pathology (without rupture), such as aneurysm, pseudoaneurysm, dissection, and arteriovenous malformation.

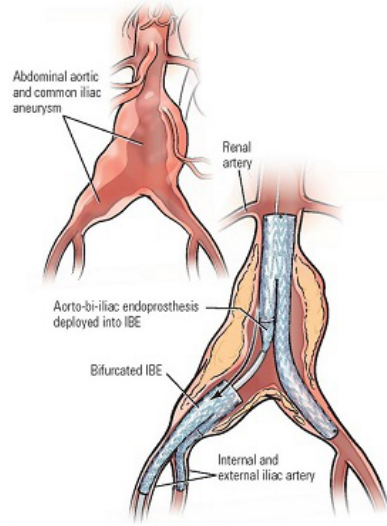
Both codes include pre-procedure sizing and device selection, selective iliac artery catheterization(s) performed on the same side (ie, ipsilateral), all associated radiological supervision and interpretation, all endograft extension(s) proximal (near) to the aortic bifurcation and distally (away from aortic bifurcation) in the internal iliac, external iliac, and common femoral artery(ies), and any angioplasty/stenting performed in the treatment zone. However, selective catheterization of the renal artery(ies), the contralateral hypogastric (internal iliac) artery, and/or arterial families outside the treatment zone of the graft may be separately reported, as may intravascular ultrasound (37252, 37253) performed during endovascular aneurysm repair. The treatment zone includes those vessels that contain the endograft(s) placed during the operative session. Refer to Figure 1 for an illustration of the vessels typically involved.

Note that both codes include the placement of one or more extensions in the common iliac artery, internal or external iliac artery, and/or femoral artery, and therefore, coding for placement of extensions in these vessels may not be reported separately. Codes 34717 and 34718 are unilateral procedures. If performed bilaterally, stand-alone code 34718 should be reported with modifier 50, Bilateral procedure, appended; while add-on code 34717 should be reported twice, instead of appending modifier 50.

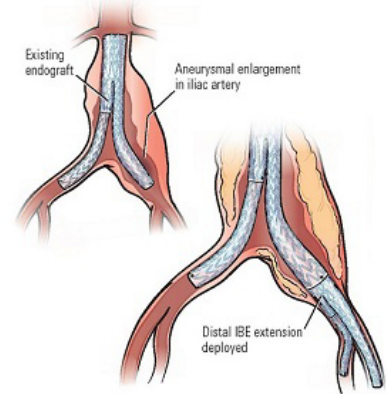
The following clinical examples and procedural descriptions reflect typical clinical situations for which these new codes would be appropriately reported.

**Figure 1. Endovascular Repair
34717, 34718**

A. Placement of iliac branch endoprosthesis (IBE) associated with placement of aorto-bi-iliac artery endoprosthesis (same session)



B. Placement of IBE, not associated with placement of aorto-bi-iliac endoprosthesis (different session)



Clinical Example (34717)

A 75-year-old male, who has coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), asymptomatic infrarenal abdominal aortic, and right common iliac artery aneurysms, undergoes endovascular repair of the iliac artery with an iliac branched endograft during endovascular repair with an aorto-iliac artery endograft. (Note: This is an add-on service. Only consider the additional work related to endovascular repair of the iliac artery with an iliac branched endograft.)

Description of Service (34717)

Bring the iliac branch endograft, catheters, and introducer sheaths to the operating table after verification of appropriate diameters and lengths once endovascular aneurysm repair (EVR) has been performed. The patient remains systemically anticoagulated. Use the entry wire(s) to enter the pre-existing sheath under fluoroscopic guidance. Place a multisided hole catheter and perform flush aorto-iliac angiography with interpretation. Insert a bifurcated iliac branch device into the common iliac limb after orientation to the internal iliac position. Selective wire access with catheter insertion into the internal iliac artery from a contralateral approach and through the iliac branch device, which has been partially deployed. Place an internal iliac endoprosthesis through the iliac branch bifurcated graft, and mate to it above and into the main internal iliac artery below. Deploy the iliac branch device into the external iliac artery. Deploy the external iliac artery endoprosthesis to mate with the bifurcated device and into the distal external iliac or femoral artery. Place a large compliant balloon over the wire and into the iliac endograft(s) to perform balloon dilation at the proximal and distal seal zones of the endograft. Perform an aortogram (do not report separately) and immediately interpret for adequacy of the graft position, patency of appropriate branches (internal iliac, external iliac), presence or absence of endoleaks, and type of endoleak, if present. Assess the patency of collateral vessels (lumbar, internal iliac) that may contribute to persistent endoleaks. Perform adjunctive balloon angioplasty for endoleak treatment, as necessary. When the graft is in appropriate position and free of endoleak on angiogram, remove the catheters and guide-wires.

Clinical Example (34718)

A 75-year-old male with CAD and COPD who had previously undergone endovascular repair with placement of an aorto-iliac artery endograft now presents with a new right common iliac aneurysm. Endovascular repair with an iliac branched endograft is performed to preserve flow into his pelvis and right leg.

Description of Service (34718)

Bring the endograft, catheters, and introducer sheaths to the operating table after verification of appropriate diameters and lengths. Systemically anticoagulate the patient. Use the entry wire(s) to enter the introducer needle under fluoroscopic guidance. Place the sheaths in the access vessels. Place a multisided hole catheter and perform flush aorto-iliac angiography with interpretation. Insert a bifurcated iliac branch device into the common iliac limb after orientation to the internal iliac position. Selective wire access with catheter insertion into the internal iliac artery from a contralateral approach and through the iliac branch device, which has been partially deployed. Place an internal iliac endoprosthesis through the iliac branch bifurcated graft, and mate to it above and into the main internal iliac artery below. Deploy the iliac branch device into the external iliac artery. Deploy the external iliac artery endoprosthesis to mate with the bifurcated device and into the distal external iliac or femoral artery. Place a large compliant balloon over the wire into the iliac

endograft(s) to perform balloon dilation at the proximal and distal seal zones of the endograft. Perform an aortogram (do not report separately) and immediately interpret for adequacy of the graft position, patency of appropriate branches (internal iliac, external iliac), presence or absence of endoleaks, and type of endoleak, if present. Assess the patency of collateral vessels (lumbar, internal iliac) that may contribute to persistent endoleaks. Perform adjunctive balloon angioplasty for endoleak treatment, as necessary. When the graft is in appropriate position and free of endoleak on angiogram, remove the catheters and guidewires. ◆