**Endovascular Repair of Abdominal Aortic Aneurysm (EVAR)**

**Coverage, Coding and Reimbursement Overview — Hospital (Facility) Inpatient**

2019 Edition — All Reimbursement Amounts are Listed at National Unadjusted Medicare Rates and Do Not Include the 2% Sequestration Reduction

**HOSPITAL (FACILITY) INPATIENT OVERVIEW**

*Hospital inpatient rates effective October 1, 2018 through September 30, 2019.*

### DESCRIPTION

 Procedures which treat iliac aneurysms with the IBE, which also include treatment of a AAA, are typically captured under the DRGs for “Aortic and Heart Assist Procedures”, MS-DRGs 268-269.

 Procedures which treat isolated iliac aneurysms by IBE with the GORE® EXCLUDER® AAA Endoprosthesis are typically captured under the DRGs for “Other Major Cardiovascular Procedures”, MS-DRGs 270-272.

For IBE cases that also involve treatment of an aortic aneurysm, report the appropriate associated codes separately.

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>MS-DRG</th>
<th>Relative Weight</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restriction of Abdominal Aorta with Intraluminal Device, Percutaneous Approach</td>
<td>268</td>
<td>6.7037</td>
<td>$40,929</td>
</tr>
<tr>
<td>Restriction of Right Common Iliac Artery with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach</td>
<td>270</td>
<td>5.0617</td>
<td>$30,904</td>
</tr>
<tr>
<td></td>
<td>271</td>
<td>3.4938</td>
<td>$21,331</td>
</tr>
<tr>
<td></td>
<td>272</td>
<td>2.6181</td>
<td>$15,985</td>
</tr>
<tr>
<td>Restriction of Right Common Iliac Artery with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach</td>
<td>04VC3EZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restriction of Right Common Iliac Artery with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach</td>
<td>04VC4EZ</td>
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<td></td>
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A. ICD-10-PCS descriptions are from the Medical and Surgical section unless otherwise specified. Abbreviated ICD-10-PCS descriptions. See ICD-10-PCS codebook for complete descriptions.

B. MS-DRG assignment is determined by the patient ICD-10 diagnoses and procedure code(s). Listed are examples of possible MS-DRGs. Injury and trauma not listed.

C. Hospital reimbursement varies significantly based on a number of variables. Relative weight is provided as a constant used in the calculation of individual hospital reimbursement. Relative weights per CMS 1694-F Table 5.

D. Rates per CMS 1694-F.

E. Percutaneous approach is entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layers necessary to reach the site of the procedure. Refer to the 2019ICD-10-PCS Code Tables and Index for definitions of methods of Approach, www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-PCS-and-GEMs.html

*Devices typically utilized for inpatient procedures are generally not reported with C codes. Inpatient-only procedures (Status C) are listed in Addendum E, “Final HCPCS Codes That Would Be Paid Only as Inpatient Procedures for CY 2018”, of the Hospital Outpatient Prospective Payment System Final Rule (OPPS). Refer to Addendum E of CMS-1678-FC: Hospital Outpatient Prospective Payment-Final Rule with Comment. Baltimore, MD: Centers for Medicare and Medicaid Services-US Department of Health & Human Services; 2018. www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1678-FC.html.
### ENDOVASCULAR REPAIR - ILIAC ANEURYSM (ISOLATED)

<table>
<thead>
<tr>
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<th>ICD-10-PCS CODE RANGE</th>
<th>REIMBURSEMENT</th>
</tr>
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<tr>
<td>Restriction of Right Common Iliac Artery with Intraluminal Device,</td>
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<td>$30,904</td>
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**MS-DRG Descriptions**

- **DRG 268**: Aortic and heart assist procedures except pulsation balloon with MCC
- **DRG 269**: Aortic and heart assist procedures except pulsation balloon without MCC
- **DRG 270**: Other major cardiovascular procedures with MCC
- **DRG 271**: Other major cardiovascular procedures with CC
- **DRG 272**: Other major cardiovascular procedures without CC/MCC