



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

November 16, 2021

Elizabeth Runyon
Elizabeth.runyon@unchealth.unc.edu

Exempt from Review – Replacement Equipment

Record #: 3730
Date of Request: November 8, 2021
Facility Name: University of North Carolina Medical Center
FID #: 923517
Business Name: University of North Carolina Hospitals
Business #: 1900
Project Description: Replace an existing monoplane vascular hybrid imaging unit
County: Orange

Dear Ms. Runyon:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(f). Therefore, you may proceed to acquire without a certificate of need the GE UA Allia IGS 740 OR to replace the Siemens Artis Zee Ceiling Unit. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Kim Meymandi
Project Analyst

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR
Radiation Protection Section, DHSR
Construction Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

From: [Runyon, Elizabeth](#)
To: [Meymandi, Kimberly](#)
Subject: [External] UNCH monoplane vascular imaging equipment exemption
Date: Wednesday, November 10, 2021 10:45:26 AM

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Hi Kim,

To follow up on our conversation, I wanted to confirm that the proposed replacement equipment (as described in our 11/8 exemption notice) will be purchased for the sole purpose of replacing the comparable vascular imaging equipment currently in use. The existing equipment will be sold, traded in for disposal, or otherwise removed from North Carolina when the new replacement equipment is installed and operational.

Please let me know if you require any additional information and thank you again for your quick review of this request, I appreciate it!

Elizabeth

Elizabeth Frock Runyon
System Director of Regulatory Affairs and Special Counsel
UNC Health
211 Friday Center Drive, Chapel Hill, NC 27517
p (984) 215-3622
elizabeth.runyon@unchealth.unc.edu

----- Confidentiality Notice -----

The information contained in (or attached to) this electronic message may be legally privileged and/or confidential information. If you have received this communication in error, please notify the sender immediately and delete the message.



November 8, 2021

VIA ELECTRONIC MAIL

Ms. Micheala Mitchell, Chief
Ms. Kim Meymandi, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

Re: UNC Hospitals / Replacement Equipment Exemption for Monoplane Vascular Hybrid Imaging Unit / Orange County

Dear Ms. Mitchell and Ms. Meymandi:

UNC Hospitals (“UNCH”) provides this prior written notice of a project exempt from Certificate of Need (“CON”) review. UNCH intends to acquire a replacement monoplane vascular hybrid imaging unit and, upon replacement, place this equipment in a licensed OR located in the surgical tower currently under construction. UNCH requests written confirmation that this project, as described in detail below, is exempt from CON review.

The exemption for this replacement equipment project is pursuant to N.C. Gen. Stat. § 131E-184(f) (“Main Campus Replacement Equipment Exemption”). The Main Campus Replacement Equipment Exemption provides that:

(f) The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(22a) if all of the following conditions are met:

- (1) The equipment being replaced is located on the main campus.
- (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
- (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

According to N.C. Gen. Stat. § 131E-176(14n), “main campus” means all of the following for purposes of G.S. 131E- 184(f) and (g) only:

- a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.
- b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.

This project involves replacement of equipment that exceeds \$2,000,000, yet it meets all criteria of the Main Campus Replacement Equipment Exemption set forth in N.C. Gen. Stat. § 131E-184(f). The surgical tower that will house the replacement monoplane vascular hybrid imaging unit will be connected to the existing UNCH Main Campus Hospital Building from which UNCH provides clinical patient services and exercises financial and administrative control. See *Exhibit 1* for a map showing the location where the current equipment resides in the existing hospital and the planned location for the replacement equipment in the new surgical tower on the hospital's main campus.

As per Section (f)(2) of the Main Campus Replacement Equipment Exemption, the Department has previously issued a Certificate of Need for the equipment being replaced. See *Exhibit 2* for the CON issued for Project ID No. J-7884-07. Attached as *Exhibit 3* is an equipment comparison chart, showing the comparison of the existing equipment (acquired in 2008) to the proposed replacement equipment. Finally, UNCH, as the licensed health service facility that proposes to replace the monoplane vascular hybrid imaging unit, provides this correspondence as prior written notice that acquisition of a replacement equipment meets the criteria for exemption outlined in N.C. Gen. Stat. § 131E-184(f). Although projected capital costs for the replacement equipment itself are under \$2,000,000, total projected capital costs for the replacement and installation of the equipment in the surgical tower exceed \$2,000,000. See *Exhibit 4* for an estimate of project costs.

In consideration of the above, UNCH understands that this project is exempt from CON review, and requests written confirmation that the proposed replacement of the monoplane vascular hybrid imaging unit, and related renovation costs as described herein, are exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(f).

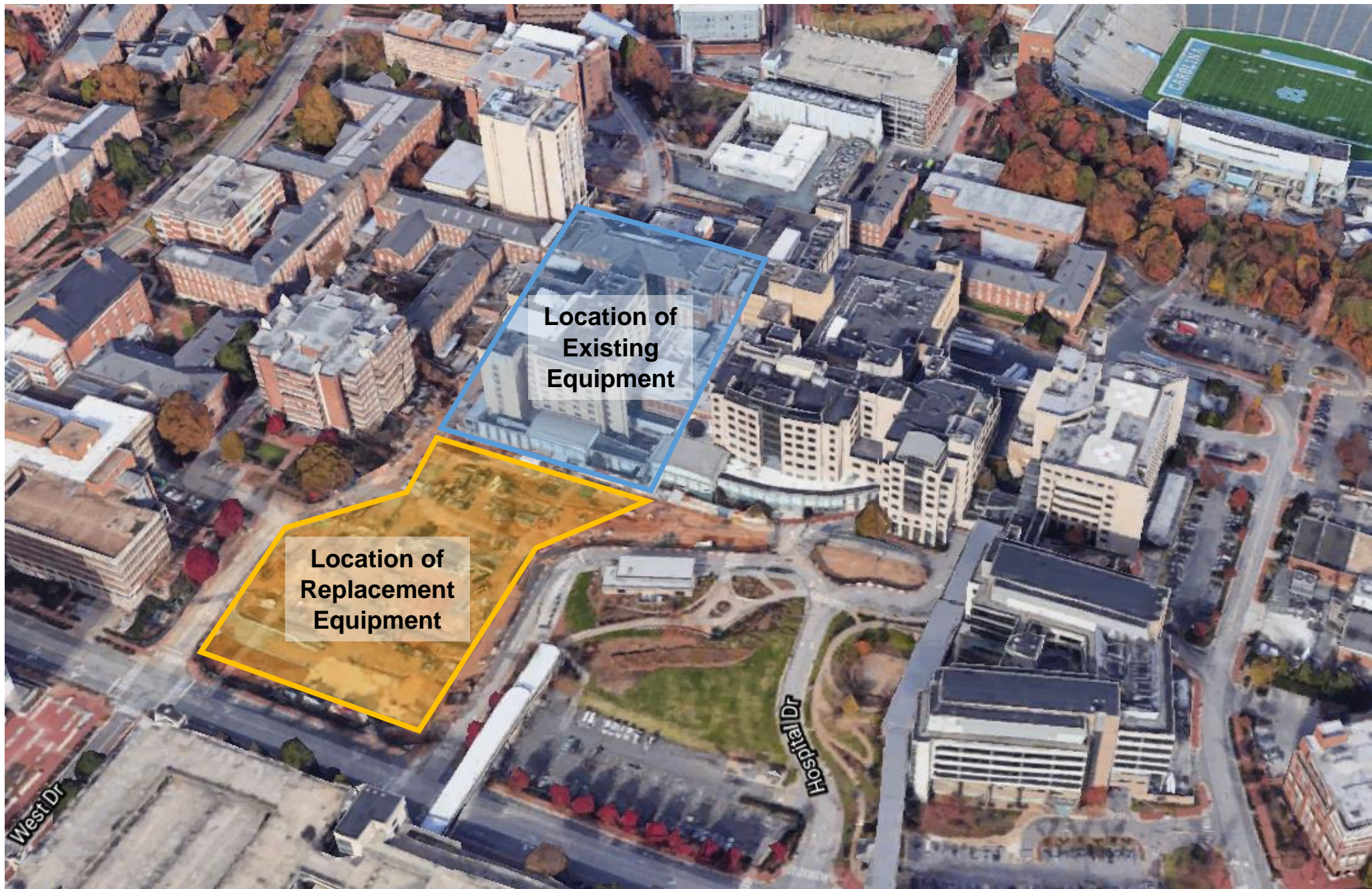
Please do not hesitate to contact me at elizabeth.runyon@unchealth.unc.edu if you require any additional information.

Sincerely,



Elizabeth Runyon
System Director of Regulatory Affairs & Special Counsel
UNC Health

Exhibit 1: Location of Monoplane Vascular Hybrid Imaging Unit



Location of Existing Equipment

Location of Replacement Equipment

STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED
for
Project Identification Number J-7884-07
FID#923517

ISSUED TO: University of North Carolina Hospitals at Chapel Hill
Planning & Program Development
6021 East Wing, 101 Manning Dr.
Chapel Hill, NC 27514

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Acquire one vascular interventional radiology unit for existing operating room/Orange County

CONDITIONS: See Reverse Side

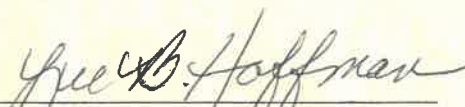
PHYSICAL LOCATION: 101 Manning Dr.
Chapel Hill, NC 27514

MAXIMUM CAPITAL EXPENDITURE: \$2,462,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2008

This certificate is effective as of the 15th day of October, 2007.



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in its certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
3. University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 2, 2007.

TIMETABLE

Order Equipment and Completion of construction _____ January 2, 2008 & October 1, 2008
Contract Award _____ July 15, 2008
Operation of Equipment _____ October 1, 2008

EXHIBIT 3: EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment)	Monoplane Surgical Hybrid	Monoplane Surgical Hybrid
Manufacturer	Siemens	GE
Model number	Artis Zee Ceiling Unit	UA Allia IGS 740 OR
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	Main OR 22 SN#146391	Surgical Tower 3rd floor Rm 14
Is the equipment mobile or fixed?	Fixed	Fixed
Date of acquisition	10/2008	Projected – 12/2022
Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?	New	New
Total projected capital cost of the project <Attach a signed Projected Capital Cost form>	NA	Attached
Total cost of the equipment	\$1,440,000	\$1,970,463
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	Main OR 22	Surgical Tower 3rd floor Rm 14
Document that the existing equipment is currently in use	Yes	NA
Will the replacement equipment result in any increase in the average charge per procedure ?	NA	No
If so, provide the increase as a percent of the current average charge per procedure	NA	NA
Will the replacement equipment result in any increase in the average operating expense per procedure ?	NA	No
If so, provide the increase as a percent of the current average operating expense per procedure	NA	NA
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>	Case info attached	NA
Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>	NA	No changes from attached case info

Row Labels
Ile Angiogram With Embolectomy [34201]
(blank)
Angio Extrem Bilat-Rad S & I With Iliac Stent [75716]
36245
Angiogram Poss Stent [75726]
(blank)
Angiography, Visceral, Selective Or Supraselective (With Or Without Flush Aortogram), Radiological Supervision And Interpretation [75726], Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Femoral Artery [35302], Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial
(blank)
Aortic Endarterectomy [37799]
(blank)
Aortic Iliac Stent [37221]
34705
37221
Aorto Bifem Bypass [35646]
(blank)
Aorto-Mesenteric Bypass [35631]
(blank)
Arteriogram [75710], Embolect/Thrombec; Axillary/Brachial Art-Arm Incs [34101]
(blank)
Arteriovenous Anastomosis, Open; By Forearm Vein Transposition [36820]
36820
36820
64450
36821
64415
Arteriovenous Anastomosis, Open; By Forearm Vein Transposition [36820], Ligation Or Banding Of Angioaccess Arteriovenous Fistula, Upper Extremity [37607uex]
36818
37607
36820
37607
Arteriovenous Anastomosis, Open; By Forearm Vein Transposition [36820], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites
36820
Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition [36819]
36819

36819
10140
36819
64415
36819
64420
(blank)

Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition [36819], Excision Of Infected Graft; Extremity, Upper Extremity [35903uex]

36819
35903
64450

Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition [36819], Revision, Arteriovenous Fistula W/ Thrombectomy, Autogenous Or Nonautogenous Dialysis Graft (Sep. Proc) [36833], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites [76937], Transluminal Balloon

36833
36907

Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition [36819], Thrombectomy Arterial/Venous Graft [35875], Create Av Fistula (Separate

36830
35875

Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition [36819], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access

36819
(blank)

Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition Stage 1 [36819]

36819

Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition Stage 2 [36819]

36819
(blank)

Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition Stage 2 [36819], Insertion Of Tunneled Centrally Inserted Central Venous Catheter,

(blank)

Arteriovenous Anastomosis, Open; By Upper Arm Cephalic Vein Transposition [36818]

36818
36818
64415
36818
64450
36821
64415
36832

Arteriovenous Anastomosis, Open; By Upper Arm Cephalic Vein Transposition [36818], Ligation Or Banding Of Angioaccess Arteriovenous Fistula [37607]

36821

64415

Arteriovenous Anastomosis, Open; By Upper Arm Cephalic Vein Transposition [36818], Revision, Arteriovenous Fistula W/ Thrombectomy, Autogenous Or

36818

36833

Arteriovenous Anastomosis, Open; Direct, Any Site [36821]

36819

36821

(blank)

Arteriovenous Anastomosis, Open; Direct, Any Site [36821], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites [76937]

36819

36821

64450

Arteriovenous Anastomosis, Open; Direct, Any Site [36821], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites [76937], Create Av

36830

Arteriovenous Anastomosis, Open; Direct, Any Site, Upper Extremity [36821uex]

36819

36821

64415

36821

64450

Arteriovenous Anastomosis, Open; Direct, Any Site, Upper Extremity [36821uex], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites

36821

Ax Bifem Bypass With Common Femoral And Profunda Endarterectomy [35654]

(blank)

Ax-Fem-Pop Bypass Revision And Angio [35883], Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial [35321], Transluminal Balloon Angioplasty, Open Or Percutaneous, Including All Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within Same Artery; Initial Artery [37246], Transluminal Balloon Angioplasty, Open Or Percutaneous, Including All Imaging And Radiologic Supervision And Interpretation

(blank)

Bilateral Common Femoral Endarterctomy [35371], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral [35372], Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Femoral Artery [35302], Ultrasound Guidance For Vasc Access Requiring Us Eval Of

(blank)

Bronch, Rigid Or Flexible, Inc Fluoro Guidance, When Performed; With Ebus Guided Transtracheal And/Or Transbronchial Sampling, One Or Two Mediastinal And/Or Hilar Lymph Node Stations Or Structures [31652], Bronchoscopy, Rigid/Flexible, Include Fluoro Guide When Performed; W/Bronch/Endobronch Bx, Single/Mult Site [31625], Bronchoscopy, Rigid Or Flexible, Include Fluoroscopic Guidance When Performed; W/Bronchial Alveolar Lavage [31624], Bronchoscopy,

(blank)

Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Therapeutic Aspiration Of Tracheobronchial Tree, Subsequent, Same

31625

31624

Bypass Gft Not Vein; Fem-Ant Tib/Post Tib/Peronl [35666]

(blank)

Bypass Gft W/Other Than Vein; Axilry-Bifemoral [35621]

(blank)

Bypass Gft W/Other Than Vein; Axilry-Fem-Fem [35654]

(blank)

Bypass Gft W/Other Than Vein; Axilry-Fem-Fem [35654], Angio Extrem Bilat-Rad S & I [75716]

(blank)

Bypass Gft W/Other Than Vein; Axilry-Fem-Fem [35654], Embolect/Thrombec; Pop-Tibio-Per Art By Leg Incs [34203], Thromboendarterectomt, With Or Without Patch Graft; Common Femoral [35371], Reoperation, Femoral-Popliteal Or Femoral(Popliteal)-Anterior Tibial, Posterior Tibial, Peroneal Artery [35700]

(blank)

Bypass Gft W/Other Than Vein; Axilry-Femoral [35621]

(blank)

Bypass Gft W/Other Than Vein; Axilry-Femoral [35621], Bypass Gft W/Other Than Vein; Femoral-Pop [35656]

(blank)

Bypass Gft W/Other Than Vein; Axilry-Femoral [35621], Repair Initial Inguinal Hernia, Age 5 Years Or Older; Reducible [49505]

(blank)

Bypass Gft W/Other Than Vein; Axilry-Femoral [35621], Thromboendarterectomt, With Or Without Patch Graft; Common Femoral [35371],

(blank)

Bypass Gft W/Other Than Vein; Axilry-Femoral [35621], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral [35372]

(blank)

Bypass Gft W/Other Than Vein; Axilry-Femoral. R Ax [35621], Debridement; Skin & Subcutaneous Tissue [11042], Angio Extrem Unilat-Rad S & I [75710]

(blank)

Bypass Gft W/Other Than Vein; Femoral-Femoral [35661]

(blank)

Bypass Gft W/Other Than Vein; Femoral-Femoral [35661], Endovascular Repair Of Iliac Artery With Endograft Including Pre-Procedure Sizing And Device Selection,

(blank)

Bypass Gft W/Other Than Vein; Femoral-Femoral [35661], Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(ies) By Deployment Of Aorto-Bi-Iliac Endograft Including Pre-Procedure Sizing And Device Selection [34705], Thromboendarterectomt, With Or Without Patch Graft; Common Femoral [35371],

(blank)

Bypass Gft W/Other Than Vein; Femoral-Femoral [35661], Revascularization, Endovascular, Open/Percut, Iliac Artery, Ea Add`L Ipsilateral Iliac; W/Translumin Angio [37222], Thromboendarterectomt, With Or Without Patch Graft; Common Femoral [35371], Revision, Femoral Anastomosis Of Synthetic Arterial Bypass

(blank)

Bypass Gft W/Other Than Vein; Femoral-Femoral And Iliac Stent [35661], Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(ies) By Deployment Of Aorto-Bi-Iliac Endograft Including Pre-Procedure Sizing And Device Selection [34705], Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial Vessel;

(blank)

Bypass Gft W/Other Than Vein; Femoral-Femoral With Iliac Stent [35661], Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial Vessel; W/Translum Stent, W/Angioplasty [37221], Revascularize, Endovasc, Open/Percut, Iliac Artery, Ea Add`L Ipsilateral; W/Translumin Stent, W/Angioplasty [37223],

(blank)

Bypass Gft W/Other Than Vein; Femoral-Pop [35656]

(blank)

Bypass Gft W/Other Than Vein; Femoral-Pop [35656], Thromboendarterectomy, With Or Without Patch Graft; Common Femoral [35371]

(blank)

Bypass Gft W/Other Than Vein; Femoral-Pop [35656], Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Artery [35303]

(blank)

Bypass Gft W/Other Than Vein; Femoral-Pop [35656], Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peroneal Artery, Initial Vessel

(blank)

Bypass Gft W/Other Than Vein; Femoral-Pop [35656], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral [35372], Debridement; Skin & Subcutaneous Tissue [11042], Intro Of Needle Or Intracatheter, Upper Or Lower Extremity Artery [36140], Angio Extrem Unilat-Rad S & I [75710]

(blank)

Bypass Gft W/Other Than Vein; Femoral-Pop With Iliac Stent [35656], Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial Vessel; W/Translum Stent,

(blank)

Bypass Gft W/Other Than Vein; Iliofemoral [35665]

(blank)

Bypass Gft W/Other Than Vein; Iliofemoral [35665], Revision Lower Extremity Arterial Bypass, Without Thrombectomy, Open; With Vein Patch Angioplasty [35879], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral [35372], Angio Extrem Bilat-Rad S & I [75716]

(blank)

Bypass Graft W/Other Than Vein; Aortobifemoral [35646], Bypass Gft W/Other Than Vein; Femoral-Pop [35656], Splenectomy; Tot (Separt Proc) [38100]

(blank)

Bypass Graft With Other Than Vein; Carotid-Subclavian [35606]

(blank)

Bypass Graft With Other Than Vein; Carotid-Subclavian [35606], Tevar [33891]

(blank)

Bypass Graft, With Other Than Vein; Aortoceliac, Aortomesenteric, Aortorenal [35631]

(blank)

Bypass Graft, With Other Than Vein; Aortoiliac [35637]

(blank)

Bypass Graft, With Vein; Axillary-Axillary [35518]

(blank)

Bypass Graft, With Vein; Axillary-Femoral-Femoral [35533]

(blank)

Bypass Graft, With Vein; Axillary-Femoral-Femoral [35533]

(blank)

Bypass Graft, With Vein; Brachial-Ulnar Or -Radial [35523]

(blank)

Bypass Graft, With Vein; Femoral-Anterior Tibial, Posterior Tibial, Peroneal Artery Or Other Distal Vessels [35566]

(blank)

Bypass Graft, With Vein; Femoral-Anterior Tibial, Posterior Tibial, Peroneal Artery Or Other Distal Vessels [35566], Angio Extrem Unilat-Rad S & I [75710]

(blank)

Bypass Graft, With Vein; Femoral-Anterior Tibial, Posterior Tibial, Peroneal Artery Or Other Distal Vessels [35566], Embolectomy Or Thrombectomy, With Or

(blank)

Bypass Graft, With Vein; Femoral-Femoral [35558], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral [35372]

(blank)

Bypass Graft, With Vein; Femoral-Popliteal [35556]

(blank)

Bypass Graft, With Vein; Femoral-Popliteal [35556], Angio Extrem Unilat-Rad S & I [75710]

(blank)

Bypass Graft, With Vein; Femoral-Popliteal [35556], Angio Extrem Unilat-Rad S & I [75710], Thromboendarterectomy, With Or Without Patch Graft; Common

(blank)

Bypass Graft, With Vein; Femoral-Popliteal [35556], Application Of A Uniplane (Pins Or Wires In One Plane) Unilateral, External Fixation System [20690],

(blank)

Bypass Graft, With Vein; Femoral-Popliteal [35556], Debridement; Skin & Subcutaneous Tissue Lower Extremity [11042]lex

(blank)

Bypass Graft, With Vein; Femoral-Popliteal [35556], Thromboendarterectomy, With Or Without Patch Graft; Common Femoral [35371]

(blank)

Bypass Graft, With Vein; Femoral-Popliteal [35556], Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Femoral Artery [35302]

(blank)

Bypass Graft, With Vein; Popliteal-Tibial, -Peroneal Artery Or Other Distal Vessels [35571]

(blank)

Bypass Graft, With Vein; Radial-Radial [35523], Harvest Of Upper Extremity Vein, 1 Segment, For Upeer Extremity Bypass [35500]

(blank)

Bypass Right Popliteal To Tibial [35671]

(blank)

Carotid Angiogram [36222]

(blank)

Celiac Artery Stent [37236], Angiography, Visceral, Selective Or Supraselective (With Or Without Flush Aortogram), Radiological Supervision And Interpretation

37236

Celiac Artery Stenting [37236]

(blank)

Creat Shunt; Ventriculo-Peritoneal/Pleural [62223]

(blank)

Create Av Fistula (Separate Proc); Nonautogenous Graft (Eg, Biological Collagen, Thermoplastic Graft) [36830], Thrombectomy Arterial/Venous Graft [35875]

(blank)

Create Av Fistula (Separate Proc); Nonautogenous Graft (Eg, Biological Collagen, Thermoplastic Graft) [36830], Transluminal Balloon Angioplasty (Except Dialysis Circuit), Open Or Perc, Including Imaging And Radiological Supervision And Interpret Necessary To Perform Angioplasty Within Same Vein; Initial Vein [37248], Insertion Of Tunneled Centrally Inserted Central Venous Catheter, Without Subcutaneous Port/Pump >= 5 Yrs O [36558], Percutaneous Transluminal Mechanical

(blank)

Create Av Fistula (Separate Proc); Nonautogenous Graft (Eg, Biological Collagen, Thermoplastic Graft) [36830], Ultrasound Guidance For Vasc Access Requiring Us

36818

36821

64415

36830

36830

64450

(blank)

Create Av Fistula (Separate Proc); Nonautogenous Graft (Eg, Biological Collagen, Thermoplastic Graft) [36830], Ultrasound Guidance For Vasc Access Requiring Us

36821

15836

64417

Create Av Fistula (Separate Proc); Autog Gft, Upper Extremity [36825uex], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites [76937]

36819

Decompression Fasciotomy, Leg; Anteri &/Or Lateral, & Posterior Compartment, Debride Nonviable Muscle/Nerve [27894]

(blank)

Descending Thoracic Aorta Gft W/Wo Bypass [33875]

33875

Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Abdominal Aorta [35081]

(blank)

Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Abdominal Aorta [35081], Endovas Rep Descend Thorac Aort; No Cover Lt Subclav Art Orig, 1st

(blank)

Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Abdominal Aorta [35081], Pediatric Exploratory Laparotomy-Celiotomy, With Or Without Biopsy [49000ped], Colectomy, Partial; With Resection, With Colostomy Or Ileostomy And Creation Of Mucofistula [44144], Pediatric Insertion Of Peripherally Inserted Central Venous Access Device, With Subcutaneous Port; < 5 Yrs Of Age [36570ped], Pediatric Neg Press Wound Tx (Vac Assist) Incl Topicals, Per Session, Tsa

(blank)

Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Abdominal Aorta [35081], Suture Sm Intestine; Sngl Perforation [44602], Enterectomy Sm Intes; Sngl Resect & Anastom [44120], Neg Press Wound Tx (Vac Assist) Incl Topicals, Per Session, Tsa Greater Than/= 50 Cm Squared [97606]

(blank)

Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Abdominal Aorta Involving Visceral Vessels [35091]

(blank)

Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Common Femoral Artery [35141]

(blank)

Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Iliac Artery [35131]

(blank)

Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Other Arteries [35151]

36832

Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Other Arteries [35151], Bypass Graft, With Vein; Femoral-Anterior Tibial, Posterior Tibial, Peroneal Artery Or Other Distal Vessels [35566], Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Common Femoral Artery [35141]

(blank)

Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Radial Or Ulnar Artery [35045]

(blank)

Embolect/Thrombec; Axilry/Brachial Art-Arm Incs [34101]

(blank)

Embolect/Thrombec; Axilry/Brachial Art-Arm Incs [34101], Angio Extrem Unilat-Rad S & I [75710]

(blank)

Embolect/Thrombec; Axilry/Brachial Art-Arm Incs [34101], Decomp Fasciot Forearm; W/Debrid Nonviable Muscl [25023], Repr Bld Vess W/Gft Other Than Vein;

(blank)

Embolect/Thrombec; Carotid Art By Neck Incs [34001], Thromboendarterectomy; Including Patch Graft, If Performed;Carotid, Vertebral, Subclavian, By Neck

(blank)

Embolect/Thrombec; Pop-Tibio-Per Art By Leg Incs [34203]

(blank)

Embolect/Thrombec; Pop-Tibio-Per Art By Leg Incs [34203], Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Decomp Fasciotomy Leg; Post Compart Only [27601], Thromboendarterectomy, Including Patch Graft, If Performed; Tibioperoneal Trunk Artery

(blank)

Embolect/Thrombec; Renal/Celiac Art By Abd Incs [34151], Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201]

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Angio Extrem Unilat-Rad S & I [75710]

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Bypass Gft W/Other Than Vein; Femoral-

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Bypass Graft, With Other Than Vein; Aortofemoral [35647], Decompression Fasciotomy Leg; Anterior &/Or Lateral Compartments, W/Debridement Nonviable Muscle &/Or Nerve [27892]

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Decomp Fasciot Leg; Ant &/ Lat & Post Compart [27602], Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial Vessel; W/Translum Stent, W/Angioplasty [37221]

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Decomp Fasciotomy Leg; Ant &/Or Lat

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Decomp Fasciotomy Leg; Ant &/Or Lat Compart Only [27600], Angiography, Visceral, Selective Or Supraselective (With Or Without Flush Aortogram), Radiological Supervision And Interpretation [75726], Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial Vessel; W/Translum Stent, W/Angioplasty [37221], Revascularize, Endovasc, Open/Percut, Iliac

37221

37224

27600

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Decompression Fasciotomy, Leg; Anteri

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Decompression Fasciotomy, Leg; Anteri &/Or Lateral, & Posterior Compartment, Debride Nonviable Muscle/Nerve [27894], Aortography, Abdominal Plus Bilateral Iliofemoral Lower Extremity, Catheter,

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Revascularization, Endovascular,

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Revascularization, Endovascular, Open/Percut, Iliac Artery, Ea Add`L Ipsilateral Iliac; W/Translumin Angio [37222], Thromboendarterectomy, Including Patch Graft, If Performed; Superficial

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Revascularize, Endovasc, Open/Perc, Femoral. Popliteal Artery, Unilat; W/Translumin Stent, Incl Angioplasty [37226], Transluminal Balloon Angioplasty, Open Or Percutaneous, Including All Imaging And Radiologic Supervision And Interpretation Necessary To Perform Angioplasty Within Same Artery; Each Additional Artery [37247], Primary Perc Transluminal

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Revascularize, Endovasc, Open/Percut,

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Thromboendarterectomy, With Or

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peroneal Artery, Initial Vessel [35305], Angio Extrem Unilat-Rad S & I [75710], Decompression Fasciotomy, Leg; Anteri &/Or Lateral, &

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Thromboendarterectomy, With Or

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision Endarterectomy [34201]

(blank)

Embolectomy Or Thrombectomy, With Or Without Catheter; Innominate, Subclavian Artery, By Thoracic Incision [34051], Transcath Placement Intravasc Stent(S), Intrathoracic Common Carotid Artery Or Innominate Artery By Retrograde Treatment, Via Open Ipsilateral Cervical Carotid Artery Exposure [37217], Neg Press

(blank)

Emergent Bypass Gft W/Other Than Vein; Femoral-Femoral [35661], Emergent Bypass Gft W/Other Than Vein; Femoral-Pop [35656], Muscle, Myocutaneous, Or

(blank)

Endov Repair Of Visceral Aorta W/Fenestrated [34841]

(blank)

Endovas Rep Descend Thorac Aort; No Cover Lt Subclav Art Orig, 1st Endopros/Descend Thoracic Ext To Celiac [33881]

(blank)

Endovas Rep Descend Thorac Aort; No Cover Lt Subclav Art Orig, 1st Endopros/Descend Thoracic Ext To Celiac [33881], Open Femoral Artery Exposure For Delivery Of Endovascular Prosthesis, By Groin Incision, Unilateral (List Separately In Addition To Code For Primary Procedure) [34812]

(blank)

Endovascular Aaa Repair [35082]

(blank)

Endovascular Repair Of Iliac Artery With Endograft Including Pre-Procedure Sizing And Device Selection, For Other Than Rupture (For Aneurysm, Pseudoaneurysm,

(blank)

Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(ies) By Deployment Of Aorto-Bi-Iliac Endograft Including Pre-Procedure Sizing And Device Selection [34705], Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Abdominal Aorta Involving Visceral Vessels [35091]

(blank)

Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(ies) By Deployment Of Aorto-Bi-Iliac Endograft Including Pre-Procedure Sizing And Device Selection

(blank)

Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(ies) By Deployment Of Aorto-Bi-Iliac Endograft Including Pre-Procedure Sizing And Device Selection [34705], Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial Vessel; W/Translum Stent, W/Angioplasty [37221], Revascularize, Endovascular,

(blank)

Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(ies) By Deployment Of Aorto-Bi-Iliac Endograft Including Pre-Procedure Sizing And Device Selection [34705], Revascularize, Endovascular, Open/Percut, Iliac Artery, Unilat, Initial Vessel, W/Transluminal Angioplasty [37220], Transluminal Balloon Angioplasty,

(blank)

Endoven Ablation Tx Incomp Vein, Extrem, Incl Image Guide/Monitor, Percutan, Laser; 1st Vein Treated [36478]

36478

Endoven Ablation Tx Incomp Vein, Extrem, Incl Image Guide/Monitor, Percutan, Laser; 1st Vein Treated [36478], Stab Phlebectomy Of Varicose Veins, 1 Extremity:

36478

37765

36478

37799

37765

36478

Endvas Rep Desc Thor Aort; W/Cvr L Sbclv Art Orgn, Init Endprsthes W/Desc Thor Aort Ext, If Req, To Cel Art [33880], Angiography, Visceral, Selective Or Supraselective (With Or Without Flush Aortogram), Radiological Supervision And Interpretation [75726], Instillation, Via Chest Tube/Catheter, Agent For

(blank)

Endvas Rep Desc Thor Aort; W/Cvr L Sbclv Art Orgn, Init Endprsthes W/Desc Thor Aort Ext, If Req, To Cel Art [33880], Descending Thoracic Aorta Gft W/Wo Bypass

(blank)

Evar [34701]

(blank)

Evar [34812], Fem Fem Bypass [35661]

(blank)

Evla Of Left Gsv [36478]

36478

Evlt Of Left Gsv [36478]

36478

(blank)

Evlt Of Left Gsv [36478], Debridement; Skin, Subcutaneous Tissue, Muscle, & Bone [11044]

36478

11042

Evlt Of Left Gsv [36478], Lig Divis &/Or Exc Varicose Vein Cluster One Leg [37785]

36478

37785

Evlt Of Left Gsv [36478], Ligation & Division Of Long Saphenous Vein At Saphenofemoral Junction, Or Distal Interruptions [37700], Stab Phlebectomy Of Varicose

36478

37766

Evlt Of Left Gsv [36478], Stab Phlebectomy Of Varicose Veins, 1 Extremity: 10-20 Stab Incisions [37765]

36478

36478

37766

37765

36478

Evlt Of Left Leg Perforators [36478]

36478

Evlt Of Left Ssv [36478]

36478

Evlt Of Let Gsv [36478]

36478

Evlt Of Right Gsv [36478]

36478

36478

37799

Evlt Of Right Gsv [36478], Stab Phlebectomy Of Varicose Veins, 1 Extremity: 10-20 Stab Incisions [37765]

36478

37765

36478

37766

36478

37799

37765

37765

36478

Evlt Of The Left Greater Saphenous Vein [36478], Lig Divis &/Or Exc Varicose Vein Cluster One Leg [37785]

36478

37785

Excision Of Carotid Body Tumor; With Excision Of Carotid Artery [60605]

(blank)

Excision Of Infected Graft; Abdomen [35907], Cystourethroscopy, With Insertion Of Indwelling Ureteral Stent (Eg, Gibbons Or Double-J Type) [52332], Chg X-Ray

(blank)

Excision Of Infected Graft; Extremity [35903], Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(ies) By Deployment Of Aorto-Iliac Endograft Including Pre-Procedure Sizing And Device Selection [34705], Muscle, Myocutaneous, Or Fasciocutaneous Flap; Trunk [15734], Muscle, Myocutaneous, Or Fasciocutaneous

(blank)

Excision Of Infected Graft; Extremity [35903], Repr Bld Vessel W/Vein Gft; Upper Extrem [35236]

(blank)

Explor Penetrating Wound (Separt Proc); Extrem Concern For Arterial Injury [20103], Decomp Fasciotomy Hand [26037], Bypass Graft, With Vein; Brachial-Brachial [35525], Exploration Not Followed By Surgical Repair, Artery; Upper Extremity (Eg, Axillary, Brachial, Radial, Ulnar) [35702]

(blank)

Explor Penetrating Wound (Separt Proc); Extrem [20103], Bypass Graft, With Vein; Axillary-Brachial [35522], Ligation, Division, & Stripping, Long(Greater)

(blank)

Exploratory Laparotomy, Exploratory Celiotomy With Or Without Biopsy(S) [49000], Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Escharotomy; Ea Add Incision [16036], Enterectomy Sm Intes; Sngl Resect & Anastom [44120], Splenectomy; Tot (Separt Proc) [38100], Neg Press Wound Tx (Vac Assist) Incl Topicals, Per Session, Tsa Greater Than/= 50 Cm Squared [97606], Suture Lg Intestine; Wo Colostomy [44604],

(blank)

Exploratory Laparotomy, Exploratory Celiotomy With Or Without Biopsy(S) [49000], Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or Renal [35341], Embolect/Thrombec; Pop-Tibio-Per Art By Leg Incs [34203], Enterectomy Sm Intes; Ea Add Resect & Anastom [44121]

(blank)

Fevar [34848], Bypass Gft W/Other Than Vein; Femoral-Pop [35656]

(blank)

Hero Graft [36830], Duplex Scan Of Arterial Inflow And Venous Outflow For Preoperative Vessel Assessment Prior To Creation Of Hemodialysis Access; Complete Unilateral Study [93986], Transluminal Balloon Angioplasty (Except Dialysis Circuit), Open Or Perc, Including Imaging And Radiological Supervision And Interpret

36830

High Ligation Of Right Ssv [37700], Stab Phlebectomy Of Varicose Veins, 1 Extremity: 10-20 Stab Incisions [37765]

37700

36478

37765

Icd Laser Lead Extraction [33244], Insertion Of A Single Transvenous Electrode, Permanent Pacemaker Or Cardioverter-Defibrillator [33216], Removal Of Permanent Pacemaker Pulse Generator Only [33233], Fluoroscopic Guidance For Central Venous Access Device Placement, Replacement, Or Removal [77001]

33249

33244

33241

36556

Icd Lead Extraction & Replacment [33234], Icd Lead Reimplant [33207], Creation Pericardial Window/Part Resect Drain [33025], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556], Fluoroscopic Guidance For Central Venous Access Device Placement, Replacement, Or

(blank)

Iliac Artery Aneurysm Repair [35131]

(blank)

Iliac Reconstruction [35131], Cystourethroscopy, With Insertion Of Indwelling Ureteral Stent (Eg, Gibbons Or Double-J Type) [52332]

(blank)

Iliofemoral Bypass [35665]

(blank)

Ins Of Ivc Filter, Endovasc Approach Inc Vascular Acc, Vessel Selection, And Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Img

(blank)

Insertion Of Ventricular Assist Device, Percutaneous, Including Radiological Supervision And Interpretation; Left Heart, Arterial Access Only [33990], Left Heart Catheterization Including Intraprocedural Injection For Left Ventriculography, Imaging S&I [93452], Explor Postop Hemorr Thrombosis/Infec; Chest [35820]

(blank)

In-Situ Vein Bypass; Femoral-Pop [35583], Thromboendarterectomt, With Or Without Patch Graft; Common Femoral [35371], Ultrasound Guidance For Vasc Access

(blank)

Insrt Intra-Aortic Balloon Asst Device-Fem Open [33970], Fluoro, Sep Proc, Up To 1hr [76000]

(blank)

L Fem To At Bypass [35566]

(blank)

L Femoral Endarterectomy W Poss Stent [35371]

(blank)

Laser Lead Extraction [33235], Rv Lead Replacement Gen Change [1180005022], Removal Of Permanent Pacemaker Pulse Generator Only [33233], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556], Fluoroscopic Guidance For Central Venous Access Device Placement,

(blank)

Laser Lead Extraction [33244], Ep Insert Single Lead Only (Icd/Pm)Ventricular [1180005029], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556], Fluoroscopic Guidance For Central Venous Access Device Placement, Replacement, Or Removal [77001]

33216

33244

36556

Laser Lead Extraction [33244], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556], Fluoroscopic Guidance For Central Venous Access Device Placement, Replacement, Or Removal [77001], Removal Of Permanent Pacemaker Pulse Generator Only [33233], Arterial

(blank)

Laser Lead Extraction Icd [33235], Insert Or Replace Permanent Pacing Cardioverter-Defibrillator System With Transvenous Lead, 1 Or 2 Chamber [33249], Insertion Of Temporary Indwelling Bladder Catheter; Simple (Eg, Foley) [51702], Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion (Separate Procedure); Percutaneous [36620], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556], Removal Of Pacing Cardioverter-Defibrillator Pulse Generator Only [33241], Fluoroscopic Guidance For Central Venous Access Device Placement, Replacement, Or Removal [77001],

(blank)

Laser Lead Extraction Icd Generator Removal [33244], Removal Of Pacing Cardioverter-Defibrillator Pulse Generator Only [33241], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556], Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion

(blank)

Left Carotid Subclavian Bypass [35506]

(blank)

Left Carotid-Subclavian Bypass [35506]

(blank)

Left Carotid-Subclavian Bypass [35606]

(blank)

Left Cfa Endarterectomy [35371]

(blank)

Left Cfa Profunda Plasty Poss Fem Pop Bk Bypass [35371], Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg

(blank)

Left Common Femoral Artery Endarterectomy W/Profundo Plasty [35371]

(blank)

Left Common Femoral Endarterectomy And Left Sfa Stent [35371]

(blank)

Left Fem Pop Ak Bypass [35656], Thromboendarterectomy, With Or Without Patch Graft; Common Femoral [35371]

(blank)

Left Femoral Endarterectomy [35371]

(blank)

Left Femoral Endarterectomy, Bilateral Iliac Stents And Left Fem Pop Bypass [35371]

(blank)

Left Femoral Endarterectomy. Left Femoral To Bk Pop Bypass And Iliac Stenting. [35371], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda)

(blank)

Left Femoral Pseudoaneurysm Repair With Possible Endovascular Intervention [35141]

(blank)

Left Fem-Posterior Tibial Bypass [35666], Left Fem-Profunda Bypass [35566]

(blank)

Left Fem-Tib Byass [35656]

(blank)

Left Hero Graft Placement [36830], Insertion Of Tunneled Centrally Inserted Central Venous Catheter, Without Subcutaneous Port/Pump >= 5 Yrs O [36558]

(blank)

Left Iliac Artery Aneurysm Repair [35131]

(blank)

Left Popliteal Artery Aneurysm Repair [35151]

(blank)

Left Popliteal Artery Entrapement Release [35226]

(blank)

Left Popliteal To Pedal Bypass [35656]

(blank)

Left Tcar [37215]

(blank)

Left Transmetatarsal Amputation, Left Heel Debridement (11044), And Left Calcaneotomy (28118) [28805], Ostectomy Calcan [28118], Debridement; Skin,

(blank)

Ligation & Division Of Long Saphenous Vein At Saphenofemoral Junction, Or Distal Interruptions [37700], Stab Phlebectomy Of Varicose Veins, 1 Extremity: 10-20

37700
37765
37765
37700

Ligation Or Banding Of Angioaccess Arteriovenous Fistula [37607]

(blank)

Ligation Or Banding Of Angioaccess Arteriovenous Fistula [37607], Create Av Fistula (Separate Proc); Nonautogenous Graft (Eg, Biological Collagen, Thermoplastic

36830
37607
64450

Ligation Or Banding Of Angioaccess Arteriovenous Fistula [37607], Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Common Femoral Artery [35141]

(blank)

Ligation Or Banding Of Angioaccess Arteriovenous Fistula [37607], Thrombectomy Art/Venous Gft; W/Revis Gft [35876], Ultrasound Guidance For Vasc Access

(blank)

Ligation Or Banding Of Angioaccess Arteriovenous Fistula [37607], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites [76937]

37607
64450

Ligation Or Banding Of Angioaccess Arteriovenous Fistula, Upper Extremity [37607uex]

(blank)

Ligation Or Biopsy, Temporal Artery [37609]

37609

Lle Agram W/ Left Iliac Stent [36245], Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial Vessel; W/Translum Stent, W/Angioplasty [37221]

36245

Lle Angiogram [75710]

37226

Lle Bypass Revision [35883], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral [35372], Transluminal Balloon Angioplasty, Open Or Percutaneous, Including All Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within Same Artery; Initial Artery

(blank)

Lle Powered Phlebectomy To Varicose Ein At Medial Thigh [37785]

37785

Lue Avg And Venogram [36830], Venography, Extremity, Unilateral, Radiological Supervision And Interpretation [75820]

36830

Lue Hero Graft [36830], Insertion Of Tunneled Centrally Inserted Central Venous Catheter, Without Subcutaneous Port/Pump >= 5 Yrs O [36558], Removal Of Tunneled Central Venous Catheter, Without Subcutaneous Port Or Pump [36589], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites

36830
36558
36589

Lue Hero Graft [36830], Venography, Caval, Inferior, With Serialography, Radiological Supervision And Interpretation [75825], Venography, Extremity, Unilateral,

36830

Open Aaa Repair [33877]

(blank)

Open Aaa Repair [35081]

(blank)

Open Aneurysm Repair [35081]

(blank)

Open Infrarenal Aaa Repair [35102]

(blank)

Open Left Common Femoral Artery Repair And Endovascular Repair Of Iliac Artery [35141]

(blank)

Open Median Arcuate Ligament Release And Celiac Ganglionectomy [37799]

(blank)

Open Sac Exploration With Ligation Of Lumbar Arteries [37799]

(blank)

Percutaneous Transluminal Mechanical Thrombectomy And/Or Infusion For Thrombolysis, Dialysis Circuit, Any Method [36904], Bypass Gft W/Other Than Vein; Femoral-Pop [35656], Decompression Fasciotomy, Leg; Anteri &/Or Lateral, & Posterior Compartment, Debride Nonviable Muscle/Nerve [27894]

(blank)

Place Proximal Extension Prosthesis Endovasc Repair Descend Thoracic Aorta, Radiology Supervision & Interp [75958], Bypass Graft With Other Than Vein; Carotid-

(blank)

Pm Laser Lead Extraction [33244], Neg Press Wound Tx (Vac Assist) Incl Topicals, Per Session, Tsa Greater Than/= 50 Cm Squared [97606], Removal Of Pacing Cardioverter-Defibrillator Pulse Generator Only [33241], Insertion Tunneled Central Insert Central Venous Access Device, Require 2 Caths Via 2 Separate Sites; W/ Su [36566], Fluoroscopic Guidance For Central Venous Access Device Placement, Replacement, Or Removal [77001], Fluoro, Sep Proc, Up To 1hr [76000], Arterial

(blank)

Popliteal Bypass [35656]

(blank)

Priority Endoven Ablation Tx Incomp Vein, Extrem, Incl Image Guide/Monitor, Percutan, Laser; 1st Vein Treated [36478], Venography, Extremity, Unilateral,

36478

Priority Angio Extrem Unilat-Rad S & I [75710]

37226

Priority Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition [36819]

36819

36821

64415

Priority Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition Stage 1 [36819]

36819

Priority Arteriovenous Anastomosis, Open; By Upper Arm Cephalic Vein Transposition [36818], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential

36818

Priority Arteriovenous Anastomosis, Open; Direct, Any Site [36821]

36821

Priority Arteriovenous Anastomosis, Open; Direct, Any Site [36821], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites [76937]

36821

62320

Priority Bypass Gft W/Other Than Vein; Axilry-Femoral [35621]

(blank)

Priority Bypass Gft W/Other Than Vein; Femoral-Pop [35656]

(blank)

Priority Bypass Gft W/Other Than Vein; Femoral-Pop [35656], Amputation, Metatarsal, With Toe Single [28810]

(blank)

Priority Bypass Graft W/Other Than Vein; Aortobifemoral [35646], Bypass Gft W/Other Than Vein; Femoral-Pop [35656]

(blank)

Priority Bypass Graft W/Other Than Vein; Aortobifemoral [35646], Right Renal Thromboendarterectomy [35341]

(blank)

Priority Evla Of Left Gsv [36478], Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Incl Imaging Guidance And Monitoring, Percutaneous, Laser;

36478

36479

Priority Evlt Of Left Gsv [36478], Priority Venography, Extremity, Unilateral, Radiological Supervision And Interpretation [75820]

36478

37221

Priority Hardware Removal Spine [20680lum], Plantar Ulceration Debridement [11042lex]

20680

11042

Priority Hero Graft [36830]

36830

36558

Priority Icd Lead Extraction [33241], Remov Sing Or Dual Chamb Cardiovert-Defib Electrode; Trasven Extract [33244], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556], Fluoroscopic Guidance For Central Venous Access Device Placement, Replacement, Or Removal [77001],

(blank)

Priority Laser Lead Extraction [33235], Removal Of Permanent Pacemaker Pulse Generator Only [33233], Neg Press Wound Tx (Vac Assist) Incl Topicals, Per Session,

(blank)

Priority Lle Sfa To Pt Bypass [35656]

(blank)

Priority Open Ligation Of Aaa Endoleak Repair [37799]

(blank)

Priority Right Fem Tibial Artery Bypass [35671]

(blank)

Priority Right Iliofemoral Bypass [35665]

(blank)

Priority Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Femoral Artery [35302], Revascularize, Endovasc, Open/Percut, Iliac Artery,

(blank)
Priority Thromboendarterectomy; Including Patch Graft, If Performed; Carotid, Vertebral, Subclavian, By Neck Incision [35301]

(blank)
Priority Transcath Place Intravascular Stent(S), Cervical Carotid Artery, Percutaneous; W/Distal Embolic Protection [37215]

(blank)
R Conduit & Tevar [33880]

(blank)
R Tf Tavr [33361], Cath Tavr [1180004043]

(blank)
Remov Sing Or Dual Chamb Cardiovert-Defib Electrode; Trasven Extract [33244], Removal Of Pacing Cardioverter-Defibrillator Pulse Generator Only [33241]

(blank)
Remov Sing Or Dual Chamb Cardiovert-Defib Electrode; Trasven Extract [33244], Rv Lead Reimplant [33249], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556], Remove Pacing Cardioverter-Defibrillator Pulse Generator, Replace Pacing Cardiovert-Defib; Single Lead Syst

36556
Remov Transven Pacemkr Electrode(S); 1 Lead Syst [33234], Ep Upgrade Icd To Bi-V Icd (Gen And Lead) [1180005113], Removal Of Permanent Pacemaker Pulse Generator Only [33233], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556], Fluoroscopic Guidance For Central

33249
33233
Remov Transven Pacemkr Electrode(S); 1 Lead Syst [33234], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556]

(blank)
Remov Transven Pacemkr Electrode(S); 1 Lead Syst [33234], Insertion Of Pacing Cardioverter-Defibrillator Pulse Generator Only; With Existing Multiple Leads

33234
33231
Remov Transven Pacemkr Electrode(S); Dual Lead [33235], Removal Of Permanent Pacemaker Pulse Generator Only [33233], Insertion Of Non-Tunneled Centrally

(blank)
Remov Transven Pacemkr Electrode(S); Dual Lead [33235], Temporary Pacemaker Insertion [1180005093], Neg Press Wound Tx (Vac Assist) Incl Topicals, Per Session, Tsa Less Than/= 50 Cm Squared [97605], Removal Of Permanent Pacemaker Pulse Generator Only [33233], Fluoroscopic Guidance For Central Venous Access Device Placement, Replacement, Or Removal [77001], Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion (Separate

(blank)
Removal Of Axillary-Bifemoral Graft [36832]

(blank)
Removal Of Pacing Cardioverter-Defibrillator Pulse Generator Only [33241], Remov Sing Or Dual Chamb Cardiovert-Defib Electrode; Trasven Extract [33244], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556], Fluoroscopic Guidance For Central Venous Access Device

(blank)
Removal Of Permanent Intraperitoneal Cannula Or Catheter [49422]

49422
Removal Of Permanent Intraperitoneal Cannula Or Catheter [49422], Cystourethroscopy, With Removal Of Foreign Body, Calculus Or Ureteral Stent From Urethra

49422
52310

52310

49422

Removal Of Permanent Pacemaker Generator [33233], Remov Transven Pacemkr Electrode(S); Dual Lead [33235], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556], Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion (Separate Procedure);

(blank)

Removal Of Permanent Pacemaker Pulse Generator Only [33233], Remov Transven Pacemkr Electrode(S); 1 Lead Syst [33234], Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older [36556], Fluoroscopic Guidance For Central Venous Access Device Placement, Replacement, Or Removal

(blank)

Removal Of Transplanted Renal Allograft [50370]

(blank)

Remove Pd Cath [62355], Arteriovenous Anastomosis, Open; Direct, Any Site, Upper Extremity [36821uex]

36821

Reoperation, Femoral-Popliteal Or Femoral(Popliteal)-Anterior Tibial, Posterior Tibial, Peroneal Artery [35700]

(blank)

Repair Blood Vessel With Graft Other Than Vein; Lower Extremity [35286]

(blank)

Repair Thoracoabdominal Aortic Aneurysm With Graft, With Or Without Cardiopulmonary Bypass [33877], Thromboendarterectomt, With Or Without Patch Graft;

(blank)

Repr Bld Vessel Direct; Neck [35201]

(blank)

Revascularization, Endovascular, Open/Perc, Femoral, Popliteal Artery, Unilateral; W/Transluminal Angio [37224]

(blank)

Revascularize, Endovasc, Open/Perc, Tibia, Peroneal Art, Unilat, Init Vessel, Possible Above Knee Amputation [37231]

(blank)

Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial Vessel; W/Translum Stent, W/Angioplasty [37221]

(blank)

Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial Vessel; W/Translum Stent, W/Angioplasty [37221], Angio Extrem Unilat-Rad S & I [75710],

(blank)

Revascularize, Endovascular, Open/Perc. Femoral, Popliteal Artery, Unilateral; W/Atherectomy, Incl Angiopl [37225], Thromboendarterectomy, Including Patch

(blank)

Revascularize, Endovascular, Open/Percut, Iliac Artery, Unilat, Initial Vessel, W/Transluminal Angioplasty [37220]

(blank)

Revision Of Avf With Interposition Eptfe Graft. [36833]

37607

Revision Of Hero Graft [36830]

36830

Revision Of Left Bc Fistula [36832], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites [76937], Insertion Of Non-Tunneled Centrally

36832

Right Ak Fem Pop Bypass [35656]

(blank)
Right Arm Avf Creation [36821], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites [76937]

36821
Right Avg [36830], Dir Repair Aneurysm Or Exc & Graft Insert, W/Wo Patch Graft; Other Arteries [35151]

36830
Right Brachial Artery Angioplasty [37226], Rue Arteriogram With Brachial Artery Cutdown [37236]

(blank)
Right Brachial Cephalic Transposition Stage 2 [36818]

36832
Right Brachiocephalic Avf [36818]

36818
Right Carotid Endarterectomy [35301]

(blank)
Right Carotid Tcar [37215], Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites [76937]

(blank)
Right Cia Stent Placement [37221]

(blank)
Right Common Femoral Artery Endarterectomy W/ Angioplasty Of Sfa Stent [35371]

(blank)
Right Common Femoral Endarterectomy [35371]

(blank)
Right Common Femoral Endarterectomy [35371], Right Common Iliac Stenting With Possible Left Common Iliac Stenting. [34808]

(blank)
Right Common Femoral Endarterectomy, Possible Rith Iliac Stent Placement [35371]

(blank)
Right Common Femoral Exposure With Interposition Graft Placement [35371]

(blank)
Right Comon Femoral Endarterectomy W/Angiogram Poss Intervention [35371], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral

(blank)
Right Fem Below The Knee Pop Bypass [35656]

(blank)
Right Fem-Above Knee Pop With Ptfе Bypass [35656]

(blank)
Right Femoral Ak Bypass [35656]

(blank)
Right Femoral Endarterectomy With Profunda Plasty And Angiogram W/Poss Intervention [35371], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral [35372], Thromboendarterectomy, With Or Without Patch Graft; Iliac [35351], Biopsy, Soft Tissue Of Leg Or Ankle Area; Deep (Subfascial Or

(blank)
Right Femoral To Above Knee Popliteal Bypass [35656]

(blank)

Right Gsv Aneurysm Ligation [37722]

37722

Right Hero Graft [36830]

36830

36558

Right Hero Graft [36830], Removal Of Tunneled Central Venous Catheter, Without Subcutaneous Port Or Pump [36589], Insertion Of Tunneled Centrally Inserted

(blank)

Right Iliofem Bypass [35665]

(blank)

Right Lower Extremity Fem-Distal Bypass [35656]

(blank)

Right Profundaplasty With Right External Iliac Stent [35371]

(blank)

Right Sfa To At Bypass [35656]

(blank)

Right Tcar [37215]

(blank)

Right Thromboendarterectomy, With Or Without Patch Graft; Common Femoral With Right Sfa Stent And Bilateral Cfa Cutdown [35371], Aortoiliac Endograft With Endologix Device [35637], Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial Vessel; W/Translum Stent, W/Angioplasty [37221]

(blank)

Rle Embolectomy, Rle Angio, R Fsa Stenting, Balloon Angio [35371]

(blank)

Rle Graft Excision [35903lex]

37607

Rt Cea [35301]

(blank)

Rt Tcar [37215]

(blank)

Rue Hero Graft [36830], Insertion Of Tunneled Centrally Inserted Central Venous Catheter, Without Subcutaneous Port/Pump >= 5 Yrs O [36558], Ultrasound

(blank)

Rue Hero Graft [36830], Removal Of Tunneled Central Venous Catheter, Without Subcutaneous Port Or Pump [36589], Insertion Of Tunneled Centrally Inserted Central Venous Catheter, Without Subcutaneous Port/Pump >= 5 Yrs O [36558], Venography, Caval, Inferior, With Serialography, Radiological Supervision And

36830

36589

36558

Rv Lead Extraction Reimplant [33234], Rv Lead Reimplant [33216]

33233

33207

Sfj Ligation [37700], Stab Phlebectomy Of Varicose Veins, 1 Extremity: 10-20 Stab Incisions [37765]

37700

37765

Tavr Tf [33361], Cath Tavr [1180004043]

(blank)

Tavr Tf [33361], Cath Tavr [1180004043], Insertion Of New Or Replacement Permanent Pacemaker With Transvenous Electrode(S); Atrial & Ventricular [33208]

(blank)

Thoracotomy; With Exploration [32100], Esophagostomy Fistulization-Ext; Cerv Approach [43352], Laparoscopy, Surgical; Jejunostomy (Eg, For Decompression Or Feeding) [44186], Suture &/Or Lig Thoracic Duct; Thoracic Approach [38381], Open Treatment Of Rib Fracture(S) With Internal Fixation, Includes Thoracoscopic

(blank)

Thrombectomy Art/Venous Gft; W/Revis Gft [35876]

(blank)

Thrombectomy Art/Venous Gft; W/Revis Gft [35876], Fistulagram [36903], Incision & Removal Of Foreign Body, Subcutaneous Tissues; Complicated [10121]

36903

35876

Thrombectomy Art/Venous Gft; W/Revis Gft [35876], Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial [35321], Transluminal Balloon Angioplasty, Central Dialysis Segment, Performed Thru Dialysis Circuit, Including All Imaging And Radiological Supervision And Interpretation Required To Perform

36833

36907

49429

Thrombectomy Arterial/Venous Graft [35875], Transluminal Balloon Angioplasty, Central Dialysis Segment, Performed Thru Dialysis Circuit, Including All Imaging

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Common Femoral [35371]

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Common Femoral [35371], Iliac Angioplasty And Stenting [37221], Thromboendarterectomy, With Or

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Common Femoral [35371], Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial Vessel;

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Common Femoral [35371], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda)

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Common Femoral [35371], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral [35372], Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Angio Extrem Unilat-Rad

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Common Femoral [35371], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral [35372], Revision, Femoral Anastomosis Of Synthetic Arterial Bypass Graft In Groin Open; W/Nonautogenous Patch Graft [35883]

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Common Femoral [35371], Transluminal Balloon Angioplasty, Open Or Percutaneous, Including All Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within Same Artery; Initial Artery [37246], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral [35372], Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Femoral Artery [35302], Transluminal Balloon Angioplasty, Open Or Percutaneous, Including All Imaging And Radiologic Supervision And Interpretation Necessary To Perform Angioplasty

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Common Femoral And Fem Pop With Vein And Angiogram [35371], Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral [35372], Bypass Graft, With Vein; Femoral-Popliteal [35556], Repair Blood Vessel With Graft Other Than Vein;

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Common Femoral And Right Femoral To Ak Bypass [35371]

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Common Femoral Of Aortofemoral Bypass [35371], Bypass Gft W/Other Than Vein; Femoral-Pop Bk Bypass

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Common Femoral With Iliac Stent [35371], Revascularization, Endovascular, Open/Percut, Iliac Artery, Ea

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Common Femoral, Right Lower Extremity Angiogram, Possible Fasciotomy [35371]

(blank)

Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Artery [35303]

(blank)

Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Femoral Artery [35302], Revascularize, Endovasc, Open/Percut, Iliac Artery, Unilat, Initial

(blank)

Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or Renal [35341]

(blank)

Thromboendarterectomy; Including Patch Graft, If Performed; Carotid, Vertebral, Subclavian, By Neck Incision [35301]

(blank)

Trans Carotid Artery Revascularization [37215]

(blank)

Transcath Place Intravascular Stent(S), Cervical Carotid Artery, Percutaneous; W/Distal Embolic Protection [37215]

(blank)

Transcath Place Intravascular Stent(S), Cervical Carotid Artery, Percutaneous; W/Distal Embolic Protection [37215], Ultrasound Guidance For Vasc Access Requiring

(blank)

Transcath Placement Of Intravascular Stent(S), Intrathoracic Common Carotid Artery Or Innominate Artery, Open Or Perc Antegrade Approach, When Performed,

(blank)

Transcatheter Aortic Valve Replacement [33361], Cath Tavr [1180004043]

(blank)

Transluminal Balloon Angioplasty (Except Dialysis Circuit), Open Or Perc, Including Imaging And Radiological Supervision And Interpret Necessary To Perform Angioplasty Within Same Vein; Each Addl Vein [37249], Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Initial Noncoronary Vessel [37252], Transcath Therapy, Arterial Or Venous Infusion For

(blank)

Triple Arthrodesis [28715], Arthrodesis Midtars/Tarsometat Mx/Transverse [28730], Gastrocnemius Recession [27687]

(blank)

Ugi Endo, Include Esophagus, Stomach, & Duodenum &/Or Jejunum; Dx W/Wo Collection Specimn, By Brush Or Wash [43235], Bronchoscopy, Rigid Or Flexible,

(blank)

Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites [76937], Arteriovenous Anastomosis, Open; Direct, Any Site [36821]

36821

Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites [76937], Create Av Fistula (Separate Proc); Nonautogenous Graft (Eg, Biological

36830

Ultrasound Guidance For Vasc Access Requiring Us Eval Of Potential Access Sites [76937], Create Av Fistula (Separt Proc); Autog Gft, Upper Extremity [36825uex]

36821

64415

36821

64445

Unlisted Proc Abd Peritoneum & Omentum [49999], Revision, Femoral Anastomosis Of Synthetic Arterial Bypass Graft In Groin Open; W/Nonautogenous Patch

(blank)

Urgent - Bypass Graft With Other Than Vein; Carotid-Subclavian [35606]

(blank)

Urgent - Incision & Drainage Of Abscess; Complicated Or Multiple Foot [10061lex]

(blank)

Urgent - Revision, Arteriovenous Fistula W/ Thrombectomy, Autogenous Or Nonautogenous Dialysis Graft (Sep. Proc) Fistula Revision Possible Plication [36833]

(blank)

Urgent Amputation, Toe; Metatarsophalangeal Joint [28825]

(blank)

Urgent Bypass Gft W/Other Than Vein; Femoral-Pop [35623], Urgent Amputa Thigh Thru Femur Any Level [27590]

(blank)

Urgent Bypass Graft, With Vein; Carotid-Contralateral Carotid And Carotid To Subclavian Artery Bypass With Graft [35509]

(blank)

Urgent Carotid Left Subclavian Bypass [35506]

(blank)

Urgent Decompression Fasciotomy, Leg Closure, Debridement, Wound Vac [27894], Neg Press Wound Tx (Vac Assist) Incl Topicals, Per Session, Tsa Less Than/= 50

(blank)

Urgent Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201]

(blank)

Urgent Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision [34201], Possible Revision Bypass [35656]

(blank)

Urgent Icd Laser Lead Extraction [33244], Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(S); Ventricular [33207]

(blank)

Urgent Left Axilry Bifem Bypass [35654]

(blank)

Urgent Left Carotid Subclavian Bypass [35506], Urgent Left Subclavian Artery Embolization [75894]

(blank)
Urgent Open Left Femoral Graft Excision [35656], Muscle, Myocutaneous, Or Fasciocutaneous Flap; Lower Extremity [15738]

15738

Urgent Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta [35331]

(blank)

Venography, Extremity, Unilateral, Radiological Supervision And Interpretation [75820]

(blank)

Venography, Extremity, Unilateral, Radiological Supervision And Interpretation [75820], Lle Debridement Of Ulcer On Ankle [11044]

11044

Grand Total

Projected Capital Cost Form

Building Purchase Price	\$0
Purchase Price of Land	\$0
Closing Costs	\$0
Site Preparation	\$0
Construction/Renovation Contract(s)	\$515,180
Landscaping	\$0
Architect / Engineering Fees	\$46,000
Medical Equipment	\$1,970,463
Non-Medical Equipment	\$46,641
Furniture	\$0
Consultant Fees (specify)	\$0
Financing Costs	\$0
Interest during Construction	\$0
Other (Philips XPer Flex Cardio Control Room)	\$47,250
Other (IT Costs for Control Room)	\$2,500
Total Capital Cost	\$2,628,034

CERTIFICATION BY A LICENSED ARCHITECT OR ENGINEER

I certify that, to the best of my knowledge, the projected capital cost for the proposed project is complete and correct.

Michelle McNutt  Digitally signed by Michelle McNutt
DN: C=US, E=mmcnutt@eypae.com, CN=Michelle McNutt

Date Signed: 11/03/2021

Signature of Licensed Architect or Engineer

CERTIFICATION BY AN OFFICER OR AGENT FOR THE PROPONENT

I certify that, to the best of my knowledge, the projected total capital cost for the proposed project is complete and correct and that it is our intent to carry out the proposed project as described.

Signature of Officer/Agent

Date Signed: _____

Title of Officer/Agent

From: [Runyon, Elizabeth](#)
To: [Mitchell, Micheala L](#); [Meymandi, Kimberly](#)
Cc: [Waller, Martha K](#); [McVay, Marjorie](#)
Subject: [External] UNCH main campus replacement equipment exemption
Date: Monday, November 8, 2021 12:49:10 PM
Attachments: [2021.11.8 Vascular Hybrid Replacement Exemption Letter.pdf](#)
Importance: High

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Ms. Mitchell and Ms. Meymandi,
Attached please find UNC Hospitals main campus replacement equipment exemption notice. This notice is for replacement of monoplane vascular imaging equipment at UNC Hospitals main campus in Chapel Hill.

Due to supply chain challenges and the importance of placing an order as soon as possible, your expedited response to this exemption notice would be greatly appreciated.

Please let me know if you have any questions or require any additional information, and thank you in advance for your prompt assistance.

Best regards,
Elizabeth

Elizabeth Frock Runyon
System Director of Regulatory Affairs and Special Counsel
UNC Health
211 Friday Center Drive, Chapel Hill, NC 27517
p (984) 215-3622
elizabeth.runyon@unchealth.unc.edu

----- Confidentiality Notice -----

The information contained in (or attached to) this electronic message may be legally privileged and/or confidential information. If you have received this communication in error, please notify the sender immediately and delete the message.