

## ELUVIA™ DRUG-ELUTING STENT 2021 CODING AND REIMBURSEMENT GUIDE

The procedure codes listed below are applicable to Femoral / Proximal Popliteal cases involving Eluvia.

Claims must contain the appropriate CPT/HCPCS/ICD-10-PCS code(s) for the specific site of service to indicate the items and services that are furnished. The tables below contain a list of possible CPT/HCPCS/ICD-10-PCS codes that may be used to bill for Eluvia. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered.

### HOSPITAL OUTPATIENT

CPT®	Abbreviated Description	APC	Payment <sup>1</sup>	MD-In Facility <sup>1</sup>
37226	Femoral/Popliteal PTA + Stent	5193	\$10,043	\$493
37227	Femoral/Popliteal PTA, Atherectomy + Stent	5194	\$16,094	\$686

C-codes are used to report devices used in combination with device-related procedures for hospital outpatient services.

- As Eluvia is a new and novel technology, Boston Scientific believes that currently available C-codes do not accurately describe it.
- However, the closest applicable C-code to report the use of Eluvia is C1874, defined as “Stent, coated/covered, with delivery system”.

The Medicare Reimbursement values for each MS-DRG, while specific to your hospital, do not include pass-through payments or New Technology Add-On Payment (NTAP) as these are calculated on a case-by-case basis.

### HOSPITAL INPATIENT

CPT®	Abbreviated Description	MS DRG <sup>4</sup>	Payment <sup>5</sup>	MD-In Facility <sup>1</sup>
37226	Femoral/Popliteal PTA + Stent	• 252	\$21,931	\$493
37227	Femoral/Popliteal PTA, Atherectomy + Stent	• 253	\$17,499	\$686
		• 254	\$11,975	

- Denotes DRG assigned to patient w/ MCC (Major Complications or Comorbidities)
- Denotes DRG assigned to patient w/ CC (Complications or Comorbidities)
- Denotes DRG assigned to patient w/o MCC or CC

Hospitals may use the ICD-10-PCS codes on the next page to report the use of Eluvia. For dates of service starting October 1, 2020, IPPS-participating acute care hospitals will be eligible to receive a NTAP.

[See our Eluvia NTAP Guide for additional information.](#)

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ICD-10-PCS	Description
<b>Right Femoral Artery:</b>	
X27H385	Dilation, Right Femoral Artery w/ Sustained Release DES, Perc Approach
X27H395	Dilation, Right Femoral Artery w/ 2 Sustained Release DESs, Perc Approach
X27H3B5	Dilation, Right Femoral Artery w/ 3 Sustained Release DESs, Perc Approach
X27H3C5	Dilation, Right Femoral Artery w/ 4 or > Sustained Release DESs, Perc Approach
<b>Left Femoral Artery:</b>	
X27J385	Dilation, Left Femoral Artery w/ Sustained Release DES, Perc Approach
X27J395	Dilation, Left Femoral Artery w/ 2 Sustained Release DESs, Perc Approach
X27J3B5	Dilation, Left Femoral Artery w/ 3 Sustained Release DESs, Perc Approach
X27J3C5	Dilation, Left Femoral Artery w/ 4 or > Sustained Release DESs, Perc Approach
<b>Proximal Right Popliteal Artery:</b>	
X27K385	Dilation, Proximal Right Popliteal Artery w/ Sustained Release DES, Perc Approach
X27K395	Dilation, Proximal Right Popliteal Artery w/ 2 Sustained Release DESs, Perc Approach
X27K3B5	Dilation, Proximal Right Popliteal Artery w/ 3 Sustained Release DESs, Perc Approach
X27K3C5	Dilation, Proximal Right Popliteal Artery w/ 4 or > Sustained Release DESs, Perc Approach
<b>Proximal Left Popliteal Artery:</b>	
X27L385	Dilation, Proximal Left Popliteal Artery w/ Sustained Release DES, Perc Approach
X27L395	Dilation, Proximal Left Popliteal Artery w/ 2 Sustained Release DESs, Perc Approach
X27L3B5	Dilation, Proximal Left Popliteal Artery w/ 3 Sustained Release DESs, Perc Approach
X27L3C5	Dilation, Proximal Left Popliteal Artery w/ 4 or > Sustained Release DESs, Perc Approach

The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

#### Sources:

- 2021 Physician Fee Schedule. CMS-1734-F. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f> 2021 Conversion Factor of \$34.8931.
- 2021 ASC Payment. CMS-1736-FC ASC. <https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notices/cms-1736-fc>
- 2021 OPSS Payment. CMS-1736-FC. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc>
- MS-DRG V38.1. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/MS-DRG-Classifications-and-Software>
- 2022 IPPS Payment. CMS-1752-F. <https://public-inspection.federalregister.gov/2021-16519.pdf>

See important notes on the uses and limitations of this information on page 3.

## IMPORTANT INFORMATION

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