

GuidePoint

Simplifying Reimbursement

Cardiology, Rhythm and Vascular

The Centers for Medicare and Medicaid Services (CMS) issued two final rules on November 1, 2011 for Calendar Year (CY) 2012. The first is the Hospital Outpatient Prospective Payment System\Ambulatory Surgical Centers and the second is the Physician Fee Schedule (PFS). Both rules address Medicare policies and payments which will be effective on January 1, 2012.

Hospital Outpatient: The final hospital inflation update is 1.9% for those that publicly report their performance on 23 quality measures in CY2012. Hospitals not submitting data would receive a negative 0.5% update. Urban hospitals and teaching hospitals are expected to see an estimated 1.9% increase based on CY2012 proposed changes.

Physician Fee Schedule: Medicare payment rates are projected to be reduced by 27.4% for services in 2012 if the Sustainable Growth Rate (SGR) goes into effect. Since this is the eleventh time the SGR formula suggests a payment cut, and all but CY2002 have been averted through legislative changes, it is expected that Congress and the Executive Branch will again find a temporary fix. For this reason, final fees in this document reflect the final RVU changes and the 2011 conversion factor (\$33.9764).

Ambulatory Surgical Center (ASC): CMS finalized a 1.5% update for CY2012 based on the Affordable Care Act productivity adjusted consumer price index for all urban consumers.

ASCs will now be subject to reporting quality measures. CMS is finalizing its proposal to implement a quality reporting program for ASCs, requiring reporting of 5 new quality measures in CY2012 that will be tied to the CY2014 payment determination. Additional measures will be implemented in CY2013 and CY2014. The measures to be implemented in 2012 are outcomes related, including transfer to hospital / hospital admission.

Tables: Tables at the end of this document include final CY2012 payment and changes for CRV related procedures for: 1) Ambulatory Payment Classification, 2) Ambulatory Surgical Center, and 3) Physician Fee Schedule (PFS).

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Hospital outpatient Payments (See Table I for Details)

CMS continues to focus on quality measures by “strengthening ties between payment and quality” through the addition of 3 new quality measures to the existing list of 23 key quality measures that will be implemented in 2014 and beyond. These new measures are Cardiac Rehabilitation Patient Referral from an Outpatient Setting, and two new structural measures; 1) Safe Surgery Checklist Use and 2) Hospital Outpatient Volume for Selected Outpatient Surgical Procedures.

Highlights for interventional cardiology, structural heart, cardiac rhythm management, electrophysiology and peripheral interventions are as follows.

Interventional Cardiology (IC)

- Drug-eluting stent procedure payments increase ~\$120 (1.6%) to \$7,398.
- Bare metal stent procedure payments increase slightly, ~\$26 (0.5%) to \$5,682.
- Diagnostic catheter rates experience small decrease ~\$7 (0.2%) to \$2,720.
 - CMS rejected suggested increased valuation from the CPT governing committee (RUC)

Structural Heart**Endovascular or Transthoracic Valves**

New category III CPT codes established for endovascular or transthoracic valves are effective January 1, 2012. Category III codes are temporary codes (2-3 years) for emerging technology, services, and procedures. All valve codes are on the “inpatient only” list and will not be reimbursed as an outpatient procedure. See the physician fee schedule section for a list of the codes (Table 3).

Cardiac Rhythm Management (CRM)

- In response to feedback from Boston Scientific and others, CMS decided not to create a new composite APC for CRT-D system implants as proposed. In addition, CMS decided not to cap the outpatient payment rate at the inpatient MS-DRG rate, which would have resulted in an 18% decrease in payment for CRT-D system implants. Rather, CMS is adding CRT-D system implants into the existing APC payment category for ICDs, effectively creating a single APC for ICD system and CRT-D system implants. The result is a payment increase of 11.2% for ICD system implants and a decrease of 7.2% for CRT-D system implants.
- Payment rates for ICD system implants and replacements increase 11.0% and 2.2%, respectively. Dual chamber pacemaker system implants increase 1.6%, while dual chamber pacemaker replacement payment rates decline 2.8%.
- The new category III CPT code for left atrial appendage closure (0281T) that goes into effect January 1, 2012 has been assigned to the “inpatient only” list and will not be reimbursed as an outpatient procedure.

Electrophysiology (EP)

- Payment for an ablation done in conjunction with an EP study, which includes most ablation procedures, increase 4.9%.
- CMS reported in this Final Rule that they will continue to pay for cardiac electrophysiologic evaluation and ablation services using the composite APC methodology. In CY2008 composite APCs were developed to provide single payment for groups of services that are typically performed together during a single encounter. A composite APC was created for cardiac electrophysiologic evaluation and ablation services (APC 8000) at that time. The CY2012 Proposed Rule included review of the composite APC methodology.

Peripheral Interventions (PI)

- Iliac stent CPT 37221 payment rate more than doubled to \$8,087. This change is the result of efforts by Boston Scientific and Advamed to change APC assignment to APC 229.
- PTA-only procedures (all, including LE) increase 22% to \$4,611.
- PI Stent and PTA (non-CAS) increase slightly to \$8,087.
- CPT 36147 Access AV Dialysis graft for evaluation is reassigned from APC 676 to APC 668 with a substantial increase in payment of \$668.
- Embolization (APC 82) increase 15% to \$7,356.

Overall Rates

For CRV-specific procedures, the non-weighted average hospital outpatient payment rates from Table 1 are:

- IC increases by 7.5%.
- PI increases by 1.9%
- CRM increases by 1.1%
- EP increases by 2.4%

Physician Payments (See Table 3 for Details)

Please note that the rates listed in this document do not include the approximately 27.4% reduction in rates which would be required by the Sustainable Growth Rate. CMS is required under law to implement this statutorily-based across-the-board cut because overall spending for physician services exceeded pre-determined spending levels, but Congress has repeatedly intervened to cancel this cut in previous years. While Congress is likely to act before January 1st to avert this large cut, the timing and how much of the cut will be restored is unclear at this point. Any effort to avert the cut will also be tied to deficit reduction efforts currently underway in Congress.

For CY2012, physicians who participate in the Physician Quality Reporting System (PQRS) will receive a .5 percent bonus on all Medicare payments for CY2012.

Value-Based Modifier

CMS published more details on the value-based modifier that is designed to reward physicians for providing higher quality and more efficient care. The Value Modifier is applied to physician payment rates and compares the quality of care furnished to the cost of that care. A payment adjustment to certain physicians and physician groups on January 1, 2015 is required by the Affordable Care Act. CMS finalized CY2013 as the initial performance period for purposes of adjusting payments in CY2015.

- For individual physicians, CMS finalized its proposal to use the Physician Quality Reporting System core set (which focuses on cardiovascular conditions) and the core, alternative core, and additional EHR Incentive Program measures (which focus on several chronic conditions and preventive measures).
- For physicians in group practices, CMS finalized its proposal to use the core set of the Group Practice Reporting Option (GPRO) measures (which also focus on chronic conditions and preventive measures) and measures of preventable hospital admissions for two ambulatory care sensitive conditions; heart failure and chronic obstructive pulmonary disease.
 - Group practice size proposal to change the definition of "group practice" to recognize groups with 25 or more eligible professionals finalized. Previously groups needed to have a minimum of 200 professionals to meet the GPRO definition.

CMS also finalized a policy on the cost measures that will be used in the Value Modifier. The cost measures will include risk- and geographic-adjusted total per capita cost measures and per capita cost measures for certain conditions including chronic obstructive pulmonary disease, heart failure, coronary artery disease, and diabetes.

See page 1 and 22 for important information about the uses and limitations of this document.

Imaging Payment Reductions

CMS finalizes a reduction in payment by 50% for the professional component of certain CT imaging services (CT, MRI, Ultrasound) provided at the same session on the same day by the same physician. Since 2007, Medicare has reduced the payment for the technical component of these services in a similar fashion.

Highlights for interventional cardiology, structural heart, cardiac rhythm management, electrophysiology and peripheral interventions are as follows.

IC

Coronary Stenting

- DES & BMS stent payment decreases \$37 (4.2%) to \$836.

Structural Heart

Endovascular or Transthoracic Valves

As noted in the outpatient payment section, new category III CPT codes established for endovascular and transthoracic valves are effective January 1, 2012. The Category III codes are temporary codes (2-3 years) for emerging technology, services, and procedures; however a prospective payment value is not established. Fees are priced by the third party payer and may vary. The new codes include:

Aortic:

- 0256T Implantation of catheter-delivered prosthetic aortic heart valve; endovascular approach
- 0257T Implantation of catheter-delivered prosthetic aortic heart valve; open thoracic approach (eg, transapical, transventricular)
- 0258T Transthoracic cardiac exposure (eg, sternotomy, thoracotomy, subxiphoid) for catheter-delivered aortic valve replacement; without cardiopulmonary bypass
- 0259T Transthoracic cardiac exposure (eg, sternotomy, thoracotomy, subxiphoid) for catheter-delivered aortic valve replacement; with cardiopulmonary bypass

Pulmonary

- 0262T Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach

CRM & EP

- CRM implant procedures: decrease an average of 4.9%
- Device monitoring procedures: decrease an average of 4.1%
- EP and Ablation procedures: decrease an average of 3.9%
- New category III CPT code for left atrial appendage closure goes into effect January 1, 2012
 - 0281T, percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation.

PI

- In-facility (outpatient, etc.) peripheral iliac PTA reimbursement decrease slightly to \$427; office increases nearly 4% to \$3,294.
- In-facility peripheral iliac stent with PTA reimbursement decrease slightly to \$520; office increases slightly to \$4,919.
- In-facility embolization reimbursement decrease nearly 3% to \$913.

In this final rule, CMS is in the third year of a four year transition to significantly lower rates for CRV-related and other specialties. As you may recall, in CY2010, CMS implemented significant changes to the physician payment methodology used to calculate physician fees. These changes were based on the Agency's interest in increasing the base-rate reimbursement of general practitioners and internists. The overall average change for select CRV related procedures is as follows:

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Division-specific Physician Fee Schedule Information (Table 3 Non-Weighted Average)

	In-Facility	In-Office
IC Decrease	2.6%	N/A
PI Decrease	2.7%	2.1%
CRM Decrease	4.9%	N/A
EP Decrease	3.9%	N/A

Ambulatory Surgical Center (See Table 2 for Details)

ASC payment rates are approximately 65% of Medicare outpatient APC hospital rates for the same procedure, unless designated as a device intensive procedure. The overall increase in ASC payments is 1.5%.

ASCs will now be subject to reporting quality measures. CMS is finalizing its proposal to implement a quality reporting program for ASCs, requiring reporting of 5 new quality measures in CY2012 that will be tied to the CY2014 payment determination. Additional measures will be implemented in CY2013 and CY2014. The measures to be implemented in CY2012 are outcomes related, including transfer to hospital / hospital admission.

Highlights for cardiac rhythm management and peripheral interventions are as follows.

CRM

While most CRM procedures are allowed in the ASC setting, very few are actually performed there.

- CRT-D system implants increase 8.0%.
- ICD system implants and ICD pulse generator replacement payment rates increase by 11.1% and 2.7%, respectively.
- Dual chamber pacemaker system implant payment rates increase 2.2% while dual chamber pacemaker replacement payment rates decrease 2.0%.

PI

- Iliac stent procedures parallels hospital outpatient, with a more than double increase to \$4,661.
- 4 new peripheral, non-lower extremity codes are added to the allowed list of ASC procedures.

Table Index

At the end of the document the following three tables list detailed changes for select CRV device related procedures:

Table 1: CRV Hospital Outpatient CY2012 Final Payment Rates

Table 2: CRV ASC CY2012 Final Payment Rates

Table 3: CRV Physician CY2012 Final Fee Schedule (Please note: Rates subject to change and do NOT reflect the 27.4% SGR Reduction Expected to be Addressed by Congress; payment rates calculated using a 2011 conversion factor of \$33.9764.)

Comments or Questions

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CRM and EP: 1-800-CARDIAC; ask for the Reimbursement Support Line

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TABLE 1: HOSPITAL OUTPATIENT

Table 1: CY2012 Hospital Outpatient Final Payment Rates for Select Procedures					
APC	Descriptor	CY2012 Final Rate	CY2011 Final Rates	\$ Variance 2012 vs 2011	% YoY Change
CRM					
89	Pacemaker – Single Chamber System	\$7,850	\$7,812	\$39	0.5%
90	Pacemaker – Single Chamber PG Only	\$6,597	\$6,584	\$13	0.2%
655	Pacemaker – Dual Chamber System or LV Lead Only	\$9,638	\$9,485	\$154	1.6%
654	Pacemaker – Dual Chamber PG Only	\$7,236	\$7,445	(\$210)	-2.8%
107	ICD PG Only	\$23,916	\$23,405	\$512	2.2%
108	ICD System Implant	\$29,835	\$26,830	\$3,006	11.2%
108	CRT-D System Implant	\$29,835	\$32,145	(\$1,310)	-7.2%
APC 0108 for CY2012 includes ICD system implant described by procedure 33249 or CRT-D system implant described by procedures 33249 (ICD system) and 33225 (LV Lead) when performed on the same day. The CY2011 final rate for APC 0108 for CRT-D system implants is the sum of CY2011 APC 0108 and 50% of APC 0418.					
EP					
8000	Evaluation and Ablation Composite	\$11,311	\$10,787	\$524	4.9%
80	Diagnostic Cardiac Catheterization	\$2,720	\$2,727	(\$7)	-0.2%
84	Level I EP Procedures	\$695	\$710	(\$14)	-2.0%
85	Level II EP Procedures	\$3,730	\$3,695	\$35	1.0%
86	Level III EP Procedures	\$8,529	\$8,447	\$82	1.0%
Interventional Cardiology					
80	Diagnostic Cardiac Catheterization	\$2,720	\$2,727	(\$7)	-0.2%
82	Coronary or Non-Coronary Atherectomy	\$7,356	\$6,387	\$970	15.2%
83	Coronary Angioplasty, Valvuloplasty and Level I Endovascular Revascularization of the Lower Extremity	\$4,611	\$3,780	\$831	22.0%
104	Transcatheter Placement of Intracoronary Stent	\$5,682	\$5,656	\$26	0.5%
656	Transcatheter Placement of Intracoronary Drug-Eluting Stents	\$7,398	\$7,279	\$120	1.6%
Peripheral Interventions					
82	Coronary or Non-Coronary Atherectomy	\$7,356	\$6,387	\$970	15.2%
83	Coronary Angioplasty, Valvuloplasty and Level I Endovascular Revascularization of the Lower Extremity	\$4,611	\$3,780	\$831	22.0%
88	Thrombectomy	\$2,873	\$2,874	(\$0)	0.0%
91	Level II Vascular Ligation (Vena Cava Filter Procedure)	\$3,097	\$3,030	\$67	2.2%
152	Level I Percutaneous Abdominal and Biliary Procedures (Biliary Stenting)	\$2,040	\$2,186	(\$145)	-6.7%
161	Level II Cystourethroscopy and other Genitourinary Procedures	\$1,223	\$1,210	\$13	1.1%
229	Level II Endovascular Revascularization of the Lower Extremity	\$8,087	\$8,025	\$62	0.8%
319	Level III Endovascular Revascularization of the Lower Extremity	\$14,217	\$13,899	\$318	2.3%
415	Level II Endoscopy Lower Airway	\$2,024	\$1,972	\$52	2.6%
427	Level II Tube Changes and Repositioning	\$1,137	\$1,124	\$13	1.2%
652	Insertion of Intraperitoneal and Pleural Catheters	\$2,160	\$2,135	\$24	1.1%
653	Vascular Reconstruction/Fistula Repair with Device (AV Fistula Graft)	\$3,067	\$3,106	(\$39)	-1.3%
668	Level I Angiography and Venography	\$658	\$719	(\$61)	-8.4%
676	Thrombolysis and Other Device Revisions	\$161	\$162	(\$1)	-0.3%
2616	Brachytx, non-str, Yttrium-90	\$15,733	\$16,569	(\$836)	-5.0%

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TABLE 2: AMBULATORY SURGERY CENTER (ASC)

Table 2: ASC CY2012 Final Payment Rates for Select Procedures						
	CPT® Code*	Abbreviated (Partial) Description	CY2012 Final Payment	CY2011 Final Payment	\$ Variance 2012 vs. 2011	% Variance 2012 vs. 2011
PERIPHERAL INTERVENTIONS						
PTA	35476	Transluminal balloon angioplasty, percutaneous; venous	\$1,118	\$2,126	(\$1,009)	-47.4%
	35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	\$1,429	\$2,126	(\$697)	-32.8%
Iliac Revascularization	37220	Transluminal balloon angioplasty, percutaneous; iliac	\$2,657	\$2,126	\$531	25.0%
	37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$4,661	\$2,126	\$2,534	119.2%
	37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$2,657	\$2,126	\$531	25.0%
Thrombectomy	36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	\$1,767	\$1,747	\$20	1.2%
	34490	Thrombectomy, with or without catheter; axillary and subclavian vein, by arm incision	\$1,656	\$1,616	\$40	2.4%
Trach Branch Stent	31631	Bronchoscopy (rigid or flexible); with tracheal dilation and placement of tracheal stent	\$1,166	\$1,109	\$57	5.2%
Biliary Stenting	47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$2,360	\$1,230	\$1,131	91.9%
Embolization	37204	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	\$4,239	\$3,592	\$647	18.0%
	37210	Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete procedure	\$4,661	\$4,514	\$146	3.2%
Drainage	47510	Insert catheter, bile duct	\$1,176	\$1,230	(\$54)	-4.4%
	47511	Insert bile duct drain	\$1,176	\$1,230	(\$54)	-4.4%
	47525	Change bile duct catheter	\$655	\$632	\$23	3.7%
	47530	Revise/reinsert bile tube	\$655	\$632	\$23	3.7%
	49421	Insert abdom drain, perm	\$1,245	\$1,201	\$43	3.6%
	50392	Insert kidney drain	\$705	\$681	\$24	3.5%
	49423	Exchange drainage catheter	\$655	\$632	\$23	3.7%
CRM						
CRM	33208	Pacemaker - dual chamber system implant	\$8,574	\$8,393	\$181	2.2%
	33225	Insert LV pacing lead	\$8,574	\$9,373	(\$799)	-8.53%
	33249	ICD system implant	\$28,175	\$25,360	\$2,815	11.1%
	G0448	CRT-D system implant	\$32,462	\$30,047	\$2,415	8.0%

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[1] Please Note: Boston Scientific Corporation does not have an atherectomy device that is FDA-approved for the peripheral vasculature.

TABLE 3: PHYSICIAN FEE SCHEDULE

Table 3: Physician Fee Schedule CY2012 Final Rule Payment Rates

Note: Rates Subject to Change and Do NOT Reflect the 27.4% SGR Reduction; payment rates calculated using a 2011 conversion factor of \$33.9764.

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	CPT®	Modifier	Abbreviated (Partial) Description	FR2012 In-Facility \$ Total	\$ Variance FR2012 vs 2011	% Variance FR2012 vs 2011	FR2012 In-Office \$ Total	\$ Variance FR2012 vs 2011	% Variance FR2012 vs 2011
CARDIAC RHYTHM MANAGEMENT									
Device Implant Procedures	33206		Insertion of heart pacemaker and atrial electrode	\$467	(\$16)	-3.31%			
	33207		Insertion of heart pacemaker and ventricular electrode	\$496	(\$18)	-3.57%			
	33208		Insertion of heart pacemaker with transvenous electrode	\$535	(\$20)	-3.61%			
	33212		Insertion of pulse generator only with existing single lead	\$339	(\$19)	-5.32%			
	33213		Insertion of pulse generator only with existing dual lead	\$357	(\$51)	-12.49%			
	33221		Insertion of pulse generator only with existing multiple leads	\$357	NA	NA			
	33214		Upgrade of pacemaker system	\$492	(\$17)	-3.40%			
	33215		Reposition pacing-defib lead	\$311	(\$12)	-3.79%			
	33216		Insert lead pace-defib, one	\$383	(\$16)	-3.92%			
	33217		Insert lead pace-defib, dual	\$382	(\$15)	-3.77%			
	33218		Repair of single lead, pacer or ICD	\$401	(\$15)	-3.68%			
	33220		Repair of 2 leads, pacer or ICD	\$404	(\$15)	-3.65%			
	33223		Revise pocket, pacing-defib gen only	\$423	(\$17)	-3.79%			
	33224		Insert pacing lead & connect	\$517	(\$21)	-3.85%			
	33225		L ventric pacing lead add-on	\$465	(\$20)	-4.13%			
	33226		Reposition l ventric lead	\$498	(\$20)	-3.87%			
	33227		Removal and replacement of pacemaker gen, single lead	\$341	NA	NA			
	33228		Removal and replacement of pacemaker gen, dual lead	\$356	NA	NA			
	33229		Removal and replacement of pacemaker gen, multiple lead	\$370	NA	NA			
	33233		Removal of pacemaker system gen only	\$243	(\$10)	-3.90%			
	33234		Removal of pacemaker system lead, single	\$496	(\$19)	-3.69%			
	33235		Removal pacemaker electrode with existing single lead	\$649	(\$24)	-3.59%			
	33240		Insert pulse generator	\$393	(\$98)	-19.93%			
	33230		Insert ICD pulse generator with existing dual leads	\$385	NA	NA			
	33231		Insert ICD pulse generator with existing multiple leads	\$399	NA	NA			
	33241		Remove pulse generator	\$228	(\$10)	-4.28%			
	33262		Removal and replacement of defib gen, single lead	\$371	NA	NA			
	33263		Removal and replacement of defib gen, dual lead	\$385	NA	NA			
33264		Removal and replacement of defib gen, multiple lead	\$400	NA	NA				
33244		Remove eltrd, transven	\$871	(\$35)	-3.86%				

Table 3: Physician Fee Schedule CY2012 Final Rule Payment Rates

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	CPT®	Modifier	Abbreviated (Partial) Description	FR2012 In-Facility \$ Total	\$ Variance FR2012 vs 2011	% Variance FR2012 vs 2011	FR2012 In-Office \$ Total	\$ Variance FR2012 vs 2011	% Variance FR2012 vs 2011
	33249		Eltrd/insert pace-defib	\$924	(\$39)	-4.02%			
Device Evaluation	93641	26	Electrophysiology evaluation	\$331	(\$14)	-4.14%			
	93288		PM Interrogation in person all lead configurations				\$38	(\$25)	-63.25%
	93288	TC					\$28	\$11	62.75%
	93288	26					\$15	(\$25)	-63.25%
	93279		PM Programming eval 1 lead				\$51	(\$2)	-3.87%
	93279	TC					\$18	(\$0)	-1.85%
	93279	26					\$33	(\$2)	-4.95%
	93280		PM Programming eval 2 lead				\$59	(\$3)	-4.92%
	93280	TC					\$20	(\$1)	-4.76%
	93280	26					\$39	(\$2)	-5.00%
	93281		PM Programming eval 3 lead				\$68	(\$4)	-5.63%
	93281	TC					\$23	(\$1)	-5.48%
	93281	26					\$45	(\$3)	-5.71%
	93289		ICD interrogation in person all lead configurations				\$66	(\$3)	-3.98%
	93289	TC					\$20	(\$1)	-4.76%
	93289	26					\$45	(\$2)	-3.62%
	93282		ICD Programming eval 1 lead				\$63	(\$3)	-5.10%
	93282	TC					\$21	(\$1)	-4.62%
	93282	26					\$42	(\$2)	-5.34%
	93283		ICD Programming eval 2 lead				\$81	(\$4)	-4.78%
	93283	TC					\$24	(\$1)	-5.33%
	93283	26					\$57	(\$3)	-4.55%
	93284		ICD Programming eval 3 lead				\$90	(\$5)	-5.02%
	93284	TC					\$28	(\$1)	-4.71%
	93284	26					\$63	(\$3)	-5.15%
	93291		ILR Innterrogation in person				\$36	(\$2)	-4.46%
	93291	TC					\$15	(\$1)	-4.35%
	93291	26					\$21	(\$1)	-4.55%
	93285		ILR Programming eval				\$42	(\$2)	-4.62%
	93285	TC					\$16	(\$1)	-4.00%

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Table 3: Physician Fee Schedule CY2012 Final Rule Payment Rates

Note: Rates Subject to Change and Do NOT Reflect the 27.4% SGR Reduction; payment rates calculated using a 2011 conversion factor of \$33.9764.

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CPT®	Modifier	Abbreviated (Partial) Description	FR2012 In-Facility \$ Total	\$ Variance FR2012 vs 2011	% Variance FR2012 vs 2011	FR2012 In-Office \$ Total	\$ Variance FR2012 vs 2011	% Variance FR2012 vs 2011
93285	26					\$26	(\$1)	-5.00%
93290		ICM Interrogation in person				\$30	(\$1)	-2.22%
93290	TC					\$10	(\$0)	-3.45%
93290	26					\$20	(\$0)	-1.64%
93292		Wearable defib Interrogation in person				\$33	(\$2)	-4.95%
93292	TC					\$11	(\$1)	-5.71%
93292	26					\$21	(\$1)	-4.55%
93286		PM Peri-px eval and programming				\$26	(\$1)	-2.56%
93286	TC					\$12	(\$0)	-2.86%
93286	26					\$14	(\$0)	-2.33%
93287		ICD Peri-px eval and programming				\$34	(\$0)	-0.98%
93287	TC					\$13	\$0	0.00%
93287	26					\$21	(\$0)	-1.56%
93293		TTM rhythm strip pacemaker eval				\$54	(\$2)	-3.03%
93293	TC					\$39	(\$1)	-2.54%
93293	26					\$15	(\$1)	-4.26%
93228		Wearable defib mobile telemetry w/phy r&l w/report				\$25	(\$0)	-1.32%
93294		PM Remote Interrogation 90 days all lead config				\$33	(\$2)	-4.90%
93295		ICD Remote interrogation 90 days all lead config				\$65	(\$3)	-4.48%
93296		PE- Remote data aquisition PM or ICD				\$30	(\$3)	-9.37%
93297		ICM Remote interrogation eval 30 days				\$25	(\$1)	-2.63%
93298		ILR Remote interrogation eval 30 days				\$27	(\$1)	-4.88%

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EP									
Diagnostic Catheterization	93462		Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)	\$201	(\$3)	-1.33%	NA		
	93609	26	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (list separately in addition to code for primary procedure)	\$279	(\$12)	-4.09%	NA		
	93613		Intracardiac electrophysiologic 3-dimensional mapping (list separately in addition to code for primary procedure)	\$390	(\$17)	-4.17%	NA		
	93619	26	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	\$410	(\$18)	-4.29%	NA		
	93620	26	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	\$647	(\$29)	-4.23%	NA		
	93621	26	with left atrial pacing and recording from coronary sinus or left atrium (Use 93621 in conjunction with 93620—list separately in addition to code for primary procedure)	\$117	(\$5)	-4.18%	NA		
	93622	26	with left ventricular pacing and recording (Use 93622 in conjunction with 93620—list separately in addition to code for primary procedure)	\$173	(\$7)	-3.79%	NA		
	93623	26	Programmed stimulation and pacing after intravenous drug infusion (list separately in addition to code for primary procedure)	\$159	(\$7)	-4.09%	NA		
	93650		Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	\$595	(\$25)	-4.11%	NA		
	93651		Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, single or in combination	\$906	(\$39)	-4.13%	NA		

Some of the codes presented above may be used to code for a variety of procedures (diagnostic and therapeutic) employed in the field of electrophysiology, including atrial fibrillation, atrial flutter, AV Node, SVT and VT ablations. Please note: Boston Scientific currently has no ablation catheter FDA-approved for the treatment of atrial fibrillation.

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	93652		for treatment of ventricular tachycardia	\$986	(\$42)	-4.13%	NA		
	93662	26	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (list separately in addition to code for primary procedure)	\$142	(\$6)	-4.34%	NA		
INTERVENTIONAL CARDIOLOGY									
Diagnostic Catheterization	93451	26	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$146	(\$2)	-1.37%	\$146	(\$2)	-1.37%
	93451			\$800	\$37	4.85%			
	93452	26	Left heart catheterization including intraprocedural injection(s) for left ventriculography; imaging supervision and interpretation, when performed	\$257	(\$4)	-1.44%	\$257	(\$4)	-1.44%
	93452			\$881	\$33	3.93%			
	93453	26	Combined right heart cath and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	\$336	(\$5)	-1.49%	\$336	(\$5)	-1.49%
	93453			\$1,153	\$44	3.98%			
	93454	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpret	\$258	(\$4)	-1.55%	\$258	(\$4)	-1.55%
	93454			\$908	\$34	3.89%			
	93455	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	\$298	(\$4)	-1.46%	\$298	(\$4)	-1.46%
	93455			\$1,060	\$40	3.96%			
	93456	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart cath	\$331	(\$5)	-1.52%	\$331	(\$5)	-1.52%
	93456			\$1,136	\$42	3.85%			
	93457	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	\$371	(\$6)	-1.53%	\$371	(\$6)	-1.53%
	93457			\$1,288	\$48	3.89%			
	93458	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging	\$315	(\$5)	-1.49%	\$315	(\$5)	-1.49%

Some of the codes presented above may be used to code for a variety of procedures (diagnostic and therapeutic) employed in the field of electrophysiology, including atrial fibrillation, atrial flutter, AV Node, SVT and VT ablations. Please note: Boston Scientific currently has no ablation catheter FDA-approved for the treatment of atrial fibrillation.

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93458		supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed				\$1,096	\$41	3.90%
93459	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	\$355	(\$5)	-1.42%	\$355	(\$5)	-1.42%
93459		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed				\$1,210	\$45	3.88%
93460	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	\$395	(\$6)	-1.52%	\$395	(\$6)	-1.52%
93460		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography				\$1,294	\$47	3.76%
93461	26	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$436	(\$6)	-1.46%	\$436	(\$6)	-1.46%
93461		Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, million, or other agent), including assessing hemodynamic measurements before, during , after, and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)				\$1,484	\$55	3.88%
93462		Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, million, or other agent), including assessing hemodynamic measurements before, during , after, and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	\$201	(\$3)	-1.33%	\$201	(\$3)	-1.33%
93463		Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	\$106	(\$2)	-1.57%	\$106	(\$2)	-1.57%
93464	26	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	\$93	(\$2)	-1.79%	\$93	(\$2)	-1.79%
93464		Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)				\$266	\$14	5.66%

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	93531	26	Combined right heart catheterization and retrograde left heart cath, for congenital cardiac anomalies	\$462	(\$17)	-3.61%	\$462	(\$17)	-3.61%
	93532	26	Combined right heart catheterization and transseptal left heart cath through intact septum with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$552	(\$18)	-3.22%	\$552	(\$18)	-3.22%
	93533	26	Combined right heart catheterization and transseptal left heart cath through existing septal opening, with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$370	(\$13)	-3.37%	\$370	(\$13)	-3.37%
Diagnostic Catheter Injection	93563		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	\$55	(\$1)	-1.82%	\$55	(\$1)	-1.82%
	93564		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	\$56	(\$1)	-1.19%	\$56	(\$1)	-1.19%
	93565		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective left ventricular or left arterial angiography (List separately in addition to code for primary procedure)	\$43	(\$0)	-0.79%	\$43	(\$0)	-0.79%
	93566		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	\$42	(\$1)	-1.57%	\$179	\$10	6.02%
	93567		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for supravalvular aotography (List separately in addition to code for primary procedure)	\$48	(\$1)	-1.40%	\$145	\$5	3.65%

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	93568		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	\$44	(\$0)	-0.77%	\$162	\$10	6.22%
PTCA	92982		Percutaneous transluminal coronary balloon angioplasty; single vessel	\$620	(\$27)	-4.20%	NA	NA	NA
	92984		Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary proc)	\$166	(\$7)	-4.13%	NA	NA	NA
Atherectomy	92995		Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or w/o balloon angioplasty; single vessel	\$682	(\$30)	-4.24%	NA	NA	NA
	92996		Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or w/o balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	\$182	(\$8)	-4.46%	NA	NA	NA
BM & DE Stent	92980		Transcatheter placement of an intracoronary stent(s), percutaneous, with or w/o other therapeutic intervention, any method; single vessel	\$836	(\$37)	-4.24%	NA	NA	NA
	92981		Transcatheter placement of an intracoronary stent(s), percutaneous, with or w/o other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)	\$232	(\$10)	-4.20%	NA	NA	NA
Valvuloplasty	92986		Percutaneous balloon valvuloplasty; aortic valve	\$1,384	(\$57)	-3.94%	NA	NA	NA
	92987		Percutaneous balloon valvuloplasty; mitral valve	\$1,426	(\$61)	-4.09%	NA	NA	NA
	92990		Percutaneous balloon valvuloplasty; pulmonary valve	\$1,115	(\$42)	-3.61%	NA	NA	NA
IVUS	92978	26	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	\$91	(\$4)	-4.61%	\$91	(\$4)	-4.61%
	92979	26	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	\$73	(\$3)	-4.42%	\$73	(\$3)	-4.42%

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FFR	93571	26	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	\$91	(\$4)	-4.29%	\$91	(\$4)	-4.29%
	93572	26	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	\$73	(\$3)	-4.02%	\$73	(\$3)	-4.02%
PERIPHERAL INTERVENTIONS									
Non-Coronary Angioplasty	35472		Transluminal balloon angioplasty, percutaneous; aortic	\$378	(\$10)	-2.62%	\$2,079	(\$60)	-2.81%
	35475		Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	\$501	(\$12)	-2.25%	\$2,342	\$20	0.85%
	35476		Transluminal balloon angioplasty, percutaneous; venous	\$318	(\$7)	-2.20%	\$1,772	\$18	1.01%
Radiological S&I (Non-Coronary Angioplasty)	75962	26	Transluminal balloon angioplasty, peripheral artery other than cervical carotid, renal or other visceral artery, iliac or lower extremity, radiological S&I	\$26	(\$1)	-3.80%	\$26	(\$1)	-3.80%
	75962			NA	NA	NA	\$179	(\$34)	-15.95%
	75964	26	Transluminal balloon angioplasty, each additional peripheral artery other than cervical carotid, renal or other visceral artery, iliac or lower extremity, S&I (List separately in addition to code for primary procedure)	\$18	(\$0)	-1.85%	\$18	(\$0)	-1.85%
	75964			NA	NA	NA	\$116	(\$17)	-12.79%
	75966	26	Transluminal balloon angioplasty, renal/visceral artery, radiological S&I	\$64	(\$3)	-4.08%	\$64	(\$3)	-4.08%
	75966			NA	NA	NA	\$218	(\$38)	-14.72%
	75968	26	Transluminal balloon angioplasty, renal/visceral, each additional artery, S&I (List separately in addition to code for primary procedure)	\$17	(\$1)	-3.77%	\$17	(\$1)	-3.77%
	75968			NA	NA	NA	\$112	(\$18)	-14.10%
	75978	26	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological S&I	\$26	(\$1)	-2.56%	\$26	(\$1)	-2.56%
	75978			NA	NA	NA	\$183	(\$30)	-14.17%

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Iliac Artery Revascularization	37220		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$427	(\$9)	-2.10%	\$3,294	\$122	3.85%
	37221		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$520	(\$11)	-1.98%	\$4,919	\$232	4.96%
	37222		Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	\$194	(\$4)	-2.23%	\$945	\$30	3.31%
	37223		Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$220	(\$5)	-2.27%	\$2,696	\$115	4.45%
Femoral/Popliteal Artery Revascularization	37224		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$470	(\$10)	-2.12%	\$3,962	\$151	3.97%
	37225		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within same vessel, when performed	\$635	(\$12)	-1.84%	\$11,250	\$493	4.58%
	37226		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$522	(\$11)	-2.04%	\$9,490	\$486	5.40%
	37227		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$767	(\$15)	-1.87%	\$15,217	\$674	4.63%
Tibial/Peroneal Artery Revascularization	37228		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$575	(\$12)	-2.03%	\$5,661	\$237	4.38%
	37229		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$743	(\$15)	-1.93%	\$11,126	\$461	4.32%

BSC has no atherectomy devices FDA-approved for use in the peripheral vasculature and no stents FDA-approved for use in the infrainguinal or infrapopliteal regions of the lower extremities.

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	37230		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$717	(\$14)	-1.95%	\$8,813	\$434	5.18%
	37231		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$779	(\$16)	-1.97%	\$14,170	\$725	5.39%
	37232		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	\$208	(\$4)	-2.08%	\$1,266	\$48	3.90%
	37233		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$342	(\$7)	-1.95%	\$1,537	\$48	3.19%
	37234		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$285	(\$6)	-2.10%	\$4,055	\$176	4.53%
	37235		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$404	(\$9)	-2.14%	\$4,325	\$181	4.36%
Catheter Access	36140		Introduction of needle or intracatheter; extremity artery	\$106	(\$3)	-2.80%	\$477	(\$11)	-2.23%
	36147		Access av dial grft for eval	\$189	(\$3)	-1.77%	\$876	\$49	5.92%
	36148		Access av dial grft for proc	\$50	(\$1)	-2.01%	\$269	\$9	3.39%
	36160		Introduction of needle or intracatheter, aortic, translumbar	\$131	(\$3)	-2.27%	\$538	\$10	1.93%
	36200		Introduction of catheter, aorta	\$159	(\$4)	-2.71%	\$678	\$18	2.73%
Catheter Placement	36215		Selective catheter placement, arterial system; each first order thoracic or brachio-cephalic branch, within a vascular family	\$249	(\$7)	-2.79%	\$1,173	\$1	0.09%
	36216		Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$283	(\$7)	-2.46%	\$1,303	\$14	1.05%

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	36217		Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$336	(\$8)	-2.37%	\$2,154	\$49	2.32%
	36218		Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (list in addition to code for initial second or third order vessel as appropriate)	\$54	(\$1)	-1.86%	\$198	\$3	1.57%
	36245		Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$252	(\$9)	-3.52%	\$1,128	(\$109)	-8.79%
	36246		Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$279	(\$9)	-3.07%	\$1,037	(\$212)	-16.95%
	36247		Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$332	(\$11)	-3.08%	\$1,751	(\$212)	-10.82%
	36248		Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	\$52	(\$2)	-3.14%	\$160	(\$4)	-2.49%
Carotid	37215		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	\$1,128	(\$39)	-3.35%	NA	NA	NA
	37216		Transcatheter placement of intravascular stent(s), cervical carotid artery, perc; without distal embolic protection	\$1,018	(\$11)	-1.02%	NA	NA	NA
Thrombectomy	36870		Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	\$308	(\$5)	-1.73%	\$1,938	\$48	2.52%
	34101		Thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	\$638	(\$10)	-1.52%	NA	NA	NA
	34111		Thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	\$639	(\$9)	-1.36%	NA	NA	NA
	34201		Thrombectomy, with or without catheter; femoral\popliteal, aortoiliac artery, by leg incision	\$1,087	(\$11)	-1.02%	NA	NA	NA
	34490		Thrombectomy, with or without catheter; axillary and subclavian vein, by arm incision	\$650	(\$5)	-0.73%	NA	NA	NA
Non-Coronary IVUS	37250		Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	\$112	(\$3)	-2.95%	NA	NA	NA

Table 3: Physician Fee Schedule CY2012 Final Rule Payment Rates

Note: Rates Subject to Change and Do NOT Reflect the 27.4% SGR Reduction; payment rates calculated using a 2011 conversion factor of \$33.9764.

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	CPT®	Modifier	Abbreviated (Partial) Description	FR2012 In-Facility \$ Total	\$ Variance FR2012 vs 2011	% Variance FR2012 vs 2011	FR2012 In-Office \$ Total	\$ Variance FR2012 vs 2011	% Variance FR2012 vs 2011
	37251		Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)	\$84	(\$2)	-2.37%	NA	NA	NA
Radiological S&I IVUS	75945	26	Intravascular ultrasound (peripheral vessel) radiological supervision and interpretation; initial vessel	\$20	(\$1)	-3.28%	\$20	(\$1)	-3.28%
	75946	26	each additional non-coronary vessel (List separately in addition to code for primary procedure)	\$20	(\$1)	-3.23%	\$20	(\$1)	-3.23%
Transcatheter Placement of Intravascular Stents	37205		Transcatheter placement of an intravascular stent(s), (except carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel	\$441	(\$16)	-3.56%	\$4,338	(\$12)	-0.27%
	37206		Transcatheter placement of an intravascular stent(s), (except carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	\$218	(\$7)	-3.16%	\$2,593	(\$22)	-0.84%
	37207		Transcatheter placement of an intravascular stent(s), (except carotid, vertebral, iliac, and lower extremity arteries), open; initial vessel	\$445	(\$10)	-2.09%	NA	NA	NA
	37208		Transcatheter placement of an intravascular stent(s), (except carotid, vertebral, iliac, and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)	\$215	(\$5)	-2.16%	NA	NA	NA
Radiological S&I (intravascular stent)	75960	26	Transcatheter introduction of intravascular stent(s), (except carotid, vertebral, iliac, and lower extremity artery) percutaneous and/or open, radiological supervision and interpretation, each vessel	\$40	(\$1)	-3.31%	\$40	(\$1)	-3.31%
	75960			NA	NA	NA	\$161	(\$34)	-17.31%
Angiograms	75710	26	Angiography, extremity, unilateral, radiological supervision and interpretation	\$55	(\$2)	-3.01%	\$55	(\$2)	-3.01%
	75710			NA	NA	NA	\$208	(\$26)	-11.03%
	75716	26	Angiography, extremity, bilateral, radiological supervision and interpretation	\$64	(\$2)	-3.08%	\$64	(\$2)	-3.08%
	75716			NA	NA	NA	\$245	(\$25)	-9.41%
	75726	26	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	\$56	(\$2)	-2.96%	\$56	(\$2)	-2.96%
	75726			NA	NA	NA	\$207	(\$25)	-10.82%
	75731	26	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$56	(\$2)	-3.51%	\$56	(\$2)	-3.51%
	75731			NA	NA	NA	\$200	(\$35)	-14.99%
75733	26	Angiography, adrenal, bilateral, selective,	\$65	(\$3)	-4.52%	\$65	(\$3)	-4.52%	

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	75733		radiological supervision and interpretation	NA	NA	NA	\$241	(\$31)	-11.39%
	75736	26	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	\$55	(\$2)	-3.59%	\$55	(\$2)	-3.59%
	75736			NA	NA	NA	\$205	(\$27)	-11.60%
TrachBronch Stent (Wallgraft Endoprosthesis)	31631		Bronchoscopy; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	\$232	(\$2)	-1.01%	NA	NA	NA
Biliary Stenting	47556		Biliary endoscopy, percutaneous via T-Tube or other tract; with dilation of biliary duct stricture(s) with stent	\$425	(\$13)	-3.02%	NA	NA	NA
Radiological S&I (Biliary stenting)	74363	26	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	\$44	(\$1)	-3.01%	\$44	(\$1)	-3.01%
Transhepatic Shunts (TIPS)	37182		Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein cath, portography with hemodynamic evaluation, intrahepatic tract formation/dilation, stent placement and all associated imaging and guidance and documentation)	\$852	(\$28)	-3.13%	NA	NA	NA
	37183		Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS)(includes venous access, hepatic and portal vein cath, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilation, stent placement and all associated imaging and guidance and documentation)	\$403	(\$13)	-3.19%	\$5,935	\$931	18.60%
Embolization	37204		Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	\$913	(\$27)	-2.86%	NA	NA	NA
	37210		Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete procedure	\$535	(\$18)	-3.32%	\$3,655	\$38	1.06%

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	75894	26	Transcatheter therapy, embolization, any method, radiological S&I	\$66	(\$2)	-2.99%	\$66	(\$2)	-2.99%
	75898	26	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	\$84	(\$3)	-3.13%	\$84	(\$3)	-3.13%
Drainage	47510		Introduction of percutaneous transhepatic catheter for biliary drainage	\$473	(\$12)	-2.38%	NA	NA	NA
	47511		Introduction of percutaneous transhepatic stent for internal and external biliary drainage	\$583	(\$17)	-2.83%	NA	NA	NA
	47525		Change of percutaneous biliary drainage catheter	\$91	(\$8)	-7.93%	\$513	(\$2)	-0.33%
	47530		Revision and/or reinsertion of transhepatic tube	\$355	(\$10)	-2.70%	\$1,441	(\$7)	-0.49%
	49421		Insertion of intraperitoneal cannula or catheter for drainage or dialysis; permanent	\$249	(\$20)	-7.44%	NA	NA	NA
	50392		Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	\$180	(\$5)	-2.76%	NA	NA	NA
	49423		Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	\$73	(\$2)	-3.14%	\$573	\$2	0.42%
	75980	26	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation	\$71	(\$2)	-3.24%	\$71	(\$2)	-3.24%
	75982	26	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation	\$71	(\$2)	-3.24%	\$71	(\$2)	-3.24%
	75984	26	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	\$35	(\$1)	-2.83%	\$35	(\$1)	-2.83%

Important Information--Please Note:

- Please note: this coding information may include some codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved.
- National average base payment amounts. Final payment rates may change due to geographic wage differences.
- Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. 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.

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