

CY 2017 Medicare Final Rules Issued for Hospital Outpatient, Ambulatory Surgical Center and Physician Fee Schedule

Interventional Cardiology, Peripheral Interventions & Rhythm Management

On November 1, 2016, the Centers for Medicare and Medicaid Services (CMS) released the Calendar Year (CY) 2017 final policies and payment rates for Medicare's Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Centers (ASC). The final Physician Fee Schedule (PFS) was released on November 2, 2016. Final policy and payment rates will become effective January 1, 2017.

Hospital Outpatient: Total OPPS payments increased by 1.7%.

Ambulatory Surgical Center (ASC): Overall payment rates increased by 1.9%

Physician Fee Schedule: Overall physician payments increased by less than 1%.

At the end of this document are tables that list detailed national payment rates and national average changes for select Interventional Cardiology (IC), Peripheral Interventions (PI) and Rhythm Management (RM) related procedures.

Table 1: CY 2017 (OPPS) final payment rate table

Table 2: CY 2017 (ASC) final payment rate table

Table 3: CY 2017 (PFS) final payment rate table

Hospital Outpatient Prospective Payment System

CY 2017 OPPS rates will increase payments for outpatient hospital services by an estimated 1.7%. Approximately 3,906 hospitals are paid under the OPPS. Hospitals failing to meet the requirements of the hospital outpatient quality reporting program will continue to be subject to a 2.0% reduction.

Comprehensive APCs: Implemented in CY 2015, C-APCs provide a single all-inclusive payment for a primary service and all supporting adjunct services (similar to inpatient DRG payments). Medicare currently uses C-APCs to pay for pacemaker and similar procedures, ICD and similar procedures, electrophysiologic procedures, and endovascular procedures (coronary and peripheral). This policy only impacts the Outpatient Hospital Setting at this time. It does not apply to Ambulatory Surgery Centers.

Site Neutral Payments: CMS is finalizing policies to implement Section 603 of the Bipartisan Budget Act of 2015 that affect how Medicare pays for some items and services furnished by certain off-campus outpatient departments of a hospital provider ("provider-based departments" (PBDs). Unless grandfathered by the law, services provided at these PBDs will no longer be paid under OPPS beginning on January 1, 2017. The rule also finalized proposed limitations on relocation of excepted off-campus hospital outpatient departments, but makes a slight modification to allow for flexibility in instances of extraordinary circumstances outside a hospital's control.

Pass-through Payments: Device pass-through payments are intended to enable access to certain new medical devices that represent a substantial clinical improvement relative to existing diagnostic or therapeutic services. CMS is finalizing its proposal to be slightly more generous by ensuring that incremental payment is available for approved pass-through devices three full years (rather than the current two to three year eligibility). CMS will continue providing pass-through payment for drug-coated balloons in CY2017.

Highlights for interventional cardiology, peripheral interventions and rhythm management are as follows:

Interventional Cardiology

CMS moves diagnostic cath and angiographies as Level I in the vascular Comprehensive APC family. As a result, the PCI vascular family will have four levels instead of three with code group changes as listed in Table 1.

- Complex Percutaneous Coronary Interventions (PCIs) have been reassigned from APC 5193 to APC 5194 (DES CTO PCI, DES AMI PCI, Stent with Atherectomy). Payment rates will increase by 1.12% to \$14,776.
- Percutaneous Coronary Interventions (PCIs) have been reassigned from APC 5192 to APC 5193 (DES, BMS CTO, BMS, AMI, Atherectomy without stent). Payment rates will increase 2.16% to \$9,748
- Diagnostic cath and angiographies will be classified as Comprehensive APC 5191.
- WATCHMAN™ Left Atrial Appendage Closure implant procedure and TAVR procedure is restricted to the inpatient hospital site of service with a C status indicator for OPPS; therefore, there is no payment assigned when performed in the outpatient hospital.

Peripheral Interventions

- Arterial and venous thrombectomy payment rates will increase by 3.36% to \$3,923.
- Payment rates for percutaneous transluminal angioplasty (PTA) will increase by 5.03%, bringing the payment rate to \$4,823.
- Peripheral stenting payment rates will increase by 2.16% to \$9,748.
- Payment rates for combined PTA/stenting/atherectomy procedures will increase by 1.12% to \$14,776.
- Embolization payment rate will increase by 2.16% to \$9,748.

Rhythm Management

- RA/RV lead repositioning is reassigned from APC 5181 to APC 5182. Payments rate will increase 173% to \$2,360.
- Diagnostic cardiac catheterization is reassigned from APC 5188 to APC 5191. Payment rate will increase 11.12% to \$2,832.
- Ablation procedures performed in conjunction with a comprehensive EP study payment rates will increase by 7.82% to \$16,788.
- ICD/CRT-D/SICD System implant payment rates will remain relatively flat at \$30,514.
- ICD/CRT-D/SICD System replacement payment rates will remain relatively flat at \$21,991.
- Single and dual chamber pacemaker system implant and dual chamber pacemaker replacement payment rates will increase 1.47% to \$9,410.
- Single chamber pacemaker replacements payment rates will increase 4.13% to \$6,974.

See Table 1 at the end of this document for details on interventional cardiology, peripheral interventions, and rhythm management OPPS procedures.

Ambulatory Surgical Center (ASC)

For CY 2017, CMS is proposing an increase in payment rates by 1.9%. After considering all policy changes to ASCs, this would result in increased payments of \$177 million for ASCs in CY 2017 versus CY 2016 payments.

Highlights for interventional cardiology, peripheral interventions and rhythm management are as follows:

Interventional Cardiology

- IC procedures are not allowed in the ASC, so no applicable changes.

Peripheral Interventions

- Payment rates for Fem/Pop intervention are increasing by approximately 25% while other PI procedures are relatively flat.

Rhythm Management

- Ablation procedures are not allowed in the ASC, so no applicable changes.
- ICD/CRT-D system implant payment rates will remain relatively flat at \$26,772.
- SICD system implant payment rates will remain relatively flat at \$26,729.
- Single chamber pacemaker system implant payment rates will decrease 1.62% to \$7,540.
- Dual chamber pacemaker system implant payment rates will increase 1.10% to \$7,748.
- Single chamber pacemaker replacement payment rates will decrease 1.63% to \$5,693.

- Dual chamber pacemaker replacement payment rates will remain flat at \$7,700.

See Table 2 at the end of this document for details on interventional cardiology, peripheral interventions, and rhythm management ASC procedures.

Physician Fee Schedule (PFS)

CMS is continuing its emphasis on physicians providing primary and chronic care services. Specifically, CMS will improve payment for primary care services for patients with multiple chronic conditions, mental and behavioral health issues, and cognitive impairment conditions. These policy changes will result in an estimated \$140 million in additional funding in CY 2017 to physicians providing these services. The annual update would generally have been flat, but with various policy changes, the average increase will be very slightly less than 1% from CY 2016 to CY 2017.

Note that many of the components normally included in the final physician fee schedule rule, including physician quality measures, were addressed in the final rule, released on October 14, 2016, for a new program called the Quality Payment Program (QPP). This program will determine an individual physician's payment rates based on the physician's quality and cost reporting or the physician's participation in an Advanced Alternative Payment Model.

WATCHMAN™ CPT® I Code: Effective January 1, 2017, the WATCHMAN™ Left Atrial Appendage Closure implant procedure will be reported with CPT 33340 (Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation). The physician payment rate will be \$833.34, up from \$773 in the proposed rule. The final rate is based upon the final work relative value units (RVUs) of 14.00 and total RVUs are 23.22 for the new CPT I code describing this service, effective January 1, 2017. Like all physician rates, the amount paid will be adjusted for geographic cost differences.

New CPT Codes effective January 1, 2017 also include three for paravalvular leak. The new codes include 93590 Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve; 93591 Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve; and 93592 Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)

Revisions include changes to the current IVUS CPT codes as the description was changed effective January 1, 2017 to include OCT. New descriptions are as follows:

- 92978 Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)
- 92979 Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) 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)

Medicare Shared Savings Program: CMS is finalizing several changes to the Medicare Shared Savings Program to encourage more participation in Accountable Care Organizations (ACOs). These changes include:

- Updates to ACO quality measures and reporting requirements measures to align with the final Quality Payment Program (QPP); and
- Modifications to the ACO assignment algorithm when a beneficiary has designated an ACO professional as primarily responsible for their overall care so that the ACO can better manage overall care provided to the beneficiary.

Global Surgical Package: As required by Congress, CMS is finalizing a data-collection exercise regarding office visits provided to the patient during a 10 or 90 day global surgical period. CMS is finalizing a data collection method that significantly reduces the reporting burden on physicians compared to the proposed rule most notably by using existing CPT code 99024 instead of the proposed 8 new G-Codes to collect the office visit volume. CMS is also delaying the mandatory requirement for this data to be reported until July 1, 2017.

Open Payments Program: The Open Payments program collects and reports data on financial relationships between health care providers and industry. CMS received comments from the public on a range of topics related to the Open Payment program for future rulemaking. In the final rule, no Open Payments program changes are being proposed or finalized. Example topics in the Open Payments program include:

- 1) Inclusiveness of payment categories to facilitate the reporting of all payment types and transfers of value;
- 2) Number of years that ownership interests have to be reported;
- 3) How many years of open payment data are relevant on the website; and
- 4) Manufacturer registration.

Highlights for interventional cardiology, peripheral interventions and rhythm management are as follows:

Interventional Cardiology

- Percutaneous Coronary Intervention (PCI) payment rates remain relatively stable.
 - o Chronic Total Occlusion (CTO) and Acute Myocardial Infarction (AMI): PCIs payment rates will decrease by 1.6% to \$695 and 1.7% to \$696 respectively.
 - o Atherectomy with stent payment rates will decrease by 1.6% to \$694.
- Stent/Percutaneous Transluminal Coronary Angioplasty (PTCA) payment rates will decrease 1.9% to \$619.

Structural Heart

- Transcatheter Aortic Valve Replacement (TAVR) range of payment rates remain flat with a combined average increase of 0.5% and a range of \$1,421 - \$2,014.

Peripheral Interventions

- 37246 and +37247 are new codes for 2017, which will be used to report arterial percutaneous transluminal angioplasty (PTA)
- 37248 and +37249 are also new codes for 2017, which will be used to report venous PTA
- 36901 through 36909 are new codes for 2017, which will be used to report diagnostic services and interventions within the dialysis circuit
- Final physician payment rates for in-hospital procedures decreased 2.26%.
- Final physician payment rates for in-office procedures decreased 2.14%.

Rhythm Management

- Physician payment rates for single and dual pacemaker system implants will decrease by a combined average of 1.98% and a payment range of \$469 - \$543.
- Defibrillator implant physician payment rates will decrease by 0.77% to \$955.
- S-ICD implant physician payment rates remain stable with a payment rate of \$615.
- Physician payment rates for ablation procedures for SVT, VT, and AF will decrease by a combined average of 0.43% and a payment range of \$874 - \$1,174.

See Table 3 at the end of this document for details on interventional cardiology, peripheral interventions, and rhythm management PFS procedures.

COMMENTS / QUESTIONS

If you have questions or would like additional information contact:

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SOURCE INFORMATION

Read the full FY 2017 Final OPPI Rule (CMS-1656-FC) at the following link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1656-FC.html>

Read the full FY 2017 Final Physician Fee Schedule (CMS-1654-F) at the following Link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html>

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Table 1: CY2017 Hospital Outpatient Final Payment Rates for Select Procedures						
Final 2017 OPPS Rates Compared to Final 2016						
APC	Status Indicator ¹	Descriptor	CY2017 Final Rate	CY2016 Final Rate	Variance 2017 Final vs. 2016 Final	% YoY Change
Interventional Cardiology						
5191 (5188 in 2016)	J1	Level 1 Endovascular Procedures	\$2,832	\$2,549	\$283	11.12%
		Diagnostic Cardiac Catheterization				
5192 (5191 in 2016)	J1	Level 2 Endovascular Procedures	\$4,823	\$4,592	\$231	5.03%
		POBA				
		Complexity Adjustments: Right heart cath + Right heart cath (93451 + 93451), Left hrt cath w/ventrclgrphy + L hrt artery/ventricle angio (93452 + 93458), Coronary artery angio s&l + Coronary artery angio s&i (93454 + 93454), L hrt artery/ventricle angio + L hrt artery/ventricle angio (93458 + 93458), L hrt art/grft angio + L hrt artery/ventricle angio (93459 + 93458)				
5193 (5192 in 2016)	J1	Level 3 Endovascular Procedures	\$9,748	\$9,542	\$206	2.16%
		DES w/ PTCA (C9600), DES Bypass Graft (C9604), BMS w/ PTCA (92928), BMS Bypass Graft (92937), BMS AMI PCI (92941), BMS CTO PCI (92943), PTCA/Atherectomy (92924)				
		Complexity Adjustments: Prq cardiac angioplast 1 art + Prq cardiac angioplast 1 art (92920 + 92920), Prq cardiac angioplast 1 art + Cath place cardio brachytx (92920 + 92974), Prq cardiac angioplast 1 art + R hrt coronary artery angio (92920 + 93456), Revision of aortic valve + R&l hrt cath w/ventriclgrphy (92986 + 93453), Revision of aortic valve + R&l hrt art/ventricle angio (92986 + 93460)				
5194 (5193 in 2016)	J1	Level 4 Endovascular Procedures	\$14,776	\$14,612	\$164	1.12%
		DES CTO PCI (C9607), DES AMI PCI (C9606), DES w/Atherectomy (C9602), BMS w/Atherectomy (92933)				
		Complexity Adjustments: Prq card angio/athrect 1 art + DES (92924 + C9600), Prq card revasc mi 1 vsl + Prq card stent w/angio 1 vsl (92941 + 92928) DES + DES (C9600 + C9600), DES Bypass Graft + DES (C9604 + C9600), DES Bypass Graft + DES Bypass Graft (C9604 + C9604), DES + Implant pat-active ht record (C9600 + 33282)				
BSC currently has no stents FDA-approved for CTOs						
Peripheral Interventions						
5183	T	Level 3 Vascular Procedures Arterial Mechanical Thrombectomy (37184), Venous Mechanical Thrombectomy (37187)	\$3,923	\$3,795	\$127	3.36%
5192 (5191 in 2016)	J1	Level 2 Endovascular Procedures	\$4,823	\$4,592	\$231	5.03%
		Iliac PTA (37220), FemPop PTA (37224), Dialysis Circuit PTA (36902), Dialysis Circuit Thombectomy (36904)				

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5193 (5192 in 2016)	J1	Level 3 Endovascular Procedures	\$9,748	\$9,542	\$206	2.16%
		TibPer PTA (37228), Iliac Stent (37221), FemPop Atherectomy (37225), FemPop Stent (37226), Vasc Embolization (37241-37244), Dialysis Circuit Thrombectomy + PTA (36905), Dialysis Circuit Stent + PTA (36903)				
5194 (5193 in 2016)	J1	Level 4 Endovascular Procedures	\$14,776	\$14,612	\$164	1.12%
		FemPop Stent & Atherectomy (37227), TibPer Atherectomy (37229), TibPer Stent (37230), TibPer Stent & Atherectomy (37231), Dialysis Circuit Thrombectomy + Stent + PTA (36906)				
		Complexity Adjustments: Iliac Stent + Vasc Stent (37221 + 37236), FemPop Ather + Iliac Stent (37225 + 37221), FemPop Ather + FemPop Stent (37225 + 37226), FemPop Ather + Vasc Stent (37225 + 37236), FemPop Stent + Iliac Stent (37226 + 37221), FemPop Stent + FemPop Stent (37226 + 37226), FemPop Stent + Vasc Stent (37226 + 37236), Vasc Stent + Vasc Stent (37238 + 37238), Vasc Stent + Vasc Embolization (37238 + 37241), Vasc Embolization + Iliac Stent (37242 + 37221), Vasc Embolization + Vasc Embolization (37242 + 37243)				
BSC currently has no stent approved for use in the veins of the lower extremities						
Rhythm Management						
5191 (5188 in 2016)	J1	Diagnostic Cardiac Catheterization	\$2,832	\$2,549	\$283	11.12%
5211	J1	Level 1 Electrophysiologic Procedures	\$866	\$845	\$21	2.54%
		Right ventricular recording (93603)				
		Induction of arrhythmia (93618)				
		DFT testing not at implant (93642)				
5212	J1	Level 2 Electrophysiologic Procedures	\$5,004	\$4,698	\$306	6.52%
		Bundle of HIS recording (93600)				
		Intra-atrial recording (93602)				
		Intra-atrial pacing (93610)				
		Intraventricular pacing (93612)				
		Comprehensive EP study without induction (93619)				
		Comprehensive EP study with induction (93620)				
		EP follow up study (93624)				
		AV Node Ablation (93650)				

Table 1: CY2017 Hospital Outpatient Final Payment Rates for Select Procedures						
Final 2017 OPPS Rates Compared to Final 2016						
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5213	J1	Level 3 Electrophysiologic Procedures	\$16,778	\$15,561	\$1,217	7.82%
		SVT ablation with EP study (93653)				
		VT ablation with EP study (93654)				
		A Fib ablation with EP study (93656)				
5221	T	Level1 Pacemaker and Similar Procedures	\$2,559	\$2,490	\$69	2.76%
		Repair single transvenous electrode (33218)				
		Repair 2 transvenous electrodes (33220)				
		Removal of transvenous pacemaker electrode - single (33234)				
		Removal of transvenous pacemaker electrode - dual (33235)				
		Removal of ICD pulse generator only (33241)				
		Removal of ICD electrode(s) (33244)				
		Removal of S-ICD electrode (33272)				
		Repositioning of S-ICD electrode (33273)				
5222	J1	Level 2 Pacemaker and Similar Procedures	\$6,974	\$6,697	\$277	4.13%
		Insertion of single chamber pacemaker generator only (33212)				
		Insertion of single transvenous electrode, pacemaker or ICD (33216)				
		Insertion of 2 transvenous electrodes, pacemaker or ICD (33217)				
		Single chamber pacemaker change out (33227)				
		Removal of pacemaker generator only (33233)				
		Insertion of S-ICD electrode (33271)				
5223	J1	Level 3 Pacemaker and Similar Procedures	\$9,410	\$9,273	\$136	1.47%
		Insertion of single and dual chamber pacemaker (33206,33207, 33208)				
		Insertion of dual chamber pacemaker generator only (33213)				
		Upgrade of single to dual chamber pacemaker (33214)				
		LV lead insertion with attachment to previously placed device (33224)				
		Dual chamber pacemaker change out (33228)				
		Removal of PM generator + LV pacing lead add-on (33233 + 33225)				
		Implant pat-active ht record + EP Eval (33282 + 93619)				

Table 1: CY2017 Hospital Outpatient Final Payment Rates for Select Procedures						
Final 2017 OPPS Rates Compared to Final 2016						
APC	Status Indicator ¹	Descriptor	CY2017 Final Rate	CY2016 Final Rate	Variance 2017 Final vs. 2016 Final	% YoY Change
5224	J1	Level 4 Pacemaker and Similar Procedures	\$16,760	\$16,914	-\$155	-0.91%
		Insertion of multiple lead pacemaker generator only (33221)				
		Multiple lead pacemaker change out (33229)				
		Insert PM ventricular + LV lead add-on (33207 + 33225), Insert PM atrial & Vent + LV pacing lead add-on (33208 + 33225), Insert PM atrial & vent + Ablate heart dys focus (33208 + 93650), Insert pacing lead & connect + Insert 1 electrode pm-defib (33224+ 33216), Remv & replc pm gen dual lead + LV pacing lead add-on (33228 + 33225)				
5231	J1	Level 1 ICD and Similar Procedures	\$21,991	\$21,930	\$61	0.28%
		Insertion of single and dual lead defibrillator pulse generator only (33240,33230)				
		Single or dual lead ICD change out (33262, 33263)				
5232	J1	Level 2 ICD and Similar Procedures	\$30,514	\$30,490	\$25	0.08%
		Insertion of multiple lead defibrillator pulse generator only (33231)				
		Insertion of single or dual chamber transvenous ICD system (33249)				
		Multiple lead ICD change out (33264)				
		Insertion of subcutaneous ICD system (33270)				
		CRT-D system implant (33249 + 33225)				

¹ **Status Indicator** (Source: CMS OPPS Addendum D1)

J1 - Hospital part B services paid through comprehensive APC

T - Procedure or service, multiple procedure reduction applies

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2017 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2017 Final Payment	CY2016 Final Payment	Variance 2017 Final vs. 2016 Final	
		\$	\$	\$	%
Peripheral Interventions					
Iliac Artery Revascularization					
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$2,209	\$2,288	(\$78)	-3.41%
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$6,048	\$5,984	\$63	1.06%
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)	\$0	\$0	NA	NA
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)	\$0	\$0	NA	NA
Femoral/Popliteal Artery Revascularization					
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$3,473	\$2,288	\$1,185	51.81%
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within same vessel, when performed	\$7,449	\$5,984	\$1,465	24.48%
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$6,569	\$5,984	\$585	9.78%
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	\$10,869	\$9,819	\$1,050	10.70%
Tibial / Peroneal Artery Revascularization					
37228	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$4,187	\$5,984	(\$1,797)	-30.04%
37229	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$10,065	\$9,819	\$246	2.51%
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	\$10,088	\$9,819	\$269	2.74%

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2017 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2017 Final Payment	CY2016 Final Payment	Variance 2017 Final vs. 2016 Final	
		\$	\$	\$	%
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	\$9,935	\$9,819	\$115	1.18%
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)	\$0	\$0	NA	NA
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)	\$0	\$0	NA	NA
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 (List separately in addition to code for primary procedure)	\$0	\$0	NA	NA
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 (List separately in addition to code for primary procedure)	\$0	\$0	NA	NA
Vascular Stent					
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	\$4,187	\$5,984	(\$1,797)	-30.04%
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	\$0	\$0	NA	NA
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	\$6,334	\$5,984	\$350	5.85%
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	\$0	\$0	NA	NA
BSC currently has no stent approved for use in the veins of the lower extremities					

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2017 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2017 Final Payment	CY2016 Final Payment	Variance 2017 Final vs. 2016 Final	
		\$	\$	\$	%
Dialysis Circuit (New codes for 2017)					
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report	\$369	NA	NA	NA
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$3,119	NA	NA	NA
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s) peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	\$6,026	NA	NA	NA
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	\$3,119	NA	NA	NA
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$6,026	NA	NA	NA

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2017 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2017 Final Payment	CY2016 Final Payment	Variance 2017 Final vs. 2016 Final	
		\$	\$	\$	%
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	\$9,342	NA	NA	NA
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	\$0	NA	NA	NA
36908	Transcatheter placement of an intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	\$0	NA	NA	NA
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	\$0	NA	NA	NA
Thrombectomy					
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$2,964	\$2,122	\$842	39.68%
37187		\$2,119	\$2,122	(\$4)	-0.17%
Biliary Stenting					
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$3,002	\$2,303	\$699	30.35%
49421	Insert abdom drain, perm	\$1,453	\$1,461	(\$8)	-0.56%
49423	Exchange drainage catheter	\$608	\$675	(\$68)	-10.03%

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2017 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2017 Final Payment	CY2016 Final Payment	Variance 2017 Final vs. 2016 Final	
		\$	\$	\$	%
Rhythm Management					
33206	Pacemaker - single chamber system, atrial lead	\$7,587	\$7,664	(\$77)	-1.00%
33207	Pacemaker - single chamber system, ventricular lead	\$7,540	\$7,664	(\$124)	-1.62%
33208	Pacemaker - dual chamber system implant	\$7,748	\$7,664	\$84	1.10%
33240	Insertion of ICD / S-ICD pulse generator only with existing lead	\$19,090	\$19,581	(\$492)	-2.51%
33249	ICD system implant	\$26,772	\$26,658	\$114	0.43%
33270	S-ICD system implant	\$26,729	\$26,658	\$72	0.27%
33249 + 33225	CRT-D System implant (33249 & 33225 when performed on the same day)	\$26,772	\$26,658	\$114	0.43%
33227	Pacemaker - single chamber replacement	\$5,693	\$5,787	(\$94)	-1.63%
33228	Pacemaker - dual chamber replacement	\$7,700	\$7,664	\$36	0.48%
33229	Pacemaker - multiple lead replacement	\$13,119	\$12,616	\$504	3.99%
33262	Defibrillator - single chamber replacement	\$19,274	\$19,581	(\$307)	-1.57%
33263	Defibrillator - dual chamber replacement	\$19,473	\$19,581	(\$108)	-0.55%
33264	Defibrillator - multiple lead replacement	\$27,117	\$26,658	\$459	1.72%

Table 3: Physician Fee Schedule (PFS) CY2017 Final Rule Payment Rates

Final 2017 PFS Rates Compared to Final 2016

CPT®	Modifier	Abbreviated (Partial) Description	2017 Final	Variance 2017 Final		2017 Final	Variance 2017 Final	
			In-Facility Rate		vs. 2016 Final	In-Office Rate		vs. 2016 Final
			\$	\$	%	\$	\$	%
Interventional Cardiology								
Diagnostic Catheterization								
93451	26	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$136	(\$13)	-8.66%	NA	NA	NA
93451			NA	NA	NA	\$737	(\$58)	-7.35%
93452	26	Left heart catheterization including intraprocedural injection(s) for left ventriculography; imaging supervision and	\$248	(\$13)	-4.85%	NA	NA	NA
93452			NA	NA	NA	\$839	(\$57)	-6.41%
93453	26	Combined right heart cath and left heart catheterization including intraprocedural injection(s) for left ventriculography,	\$332	(\$13)	-3.72%	NA	NA	NA
93453			NA	NA	NA	\$1,089	(\$68)	-5.85%
93454	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$252	(\$13)	-4.92%	NA	NA	NA
93454			NA	NA	NA	\$851	(\$59)	-6.43%
93455	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$293	(\$13)	-4.22%	NA	NA	NA
93455			NA	NA	NA	\$995	(\$64)	-6.03%
93456	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$327	(\$12)	-3.68%	NA	NA	NA
93456			NA	NA	NA	\$1,076	(\$64)	-5.59%
93457	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$368	(\$12)	-3.25%	NA	NA	NA
93457			NA	NA	NA	\$1,219	(\$69)	-5.36%
93458	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$310	(\$13)	-3.98%	NA	NA	NA
93458			NA	NA	NA	\$1,025	(\$66)	-6.08%
93459	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$352	(\$13)	-3.51%	NA	NA	NA
93459			NA	NA	NA	\$1,137	(\$70)	-5.77%
93460	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$394	(\$12)	-3.03%	NA	NA	NA
93460			NA	NA	NA	\$1,225	(\$69)	-5.34%
93461	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$435	(\$13)	-2.81%	NA	NA	NA
93461			NA	NA	NA	\$1,402	(\$78)	-5.27%
93462		Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$219	\$1	0.57%	\$219	\$1	0.57%
93463		Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, 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)	\$101	\$1	0.59%	\$101	\$1	0.59%
93464	26	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and	\$89	\$1	0.64%	NA	NA	NA
93464			NA	NA	NA	\$259	(\$19)	-6.74%
93531	26	Combined right heart catheterization and retrograde left heart cath, for congenital cardiac anomalies	\$446	\$0	0.07%	\$446	\$0	0.07%
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	\$556	\$3	0.50%	\$556	\$3	0.50%
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	\$371	\$2	0.62%	\$371	\$2	0.62%

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final In-Facility Rate	Variance 2017 Final vs. 2016 Final		2017 Final In-Office Rate	Variance 2017 Final vs. 2016 Final	
			\$	\$	%	\$	\$	%
Diagnostic Cath Injection								
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)	\$47	(\$0)	-0.52%	\$47	(\$0)	-0.52%
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)	\$48	\$0	0.98%	\$164	(\$10)	-5.54%
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)	\$55	\$0	0.90%	\$139	(\$5)	-3.26%
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)	\$50	\$0	0.97%	\$147	(\$9)	-5.74%
Angioplasty without Stent								
92920		Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	\$556	(\$12)	-2.16%	NA	NA	NA
92921		Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
Atherectomy without Stent								
92924		Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	\$664	(\$11)	-1.68%	NA	NA	NA
92925		Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
Stent with Angioplasty								
92928		Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	\$619	(\$12)	-1.93%	NA	NA	NA
92929		Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final In-Facility Rate	Variance 2017 Final vs. 2016 Final		2017 Final In-Office Rate	Variance 2017 Final vs. 2016 Final	
			\$	\$	%	\$	\$	%
Stent with Atherectomy								
92933		Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	\$694	(\$12)	-1.65%	NA	NA	NA
92934		Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
Bypass Graft								
92937		Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	\$618	(\$12)	-1.93%	NA	NA	NA
92938		Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
Acute Myocardial Infarction								
92941		Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	\$696	(\$12)	-1.64%	NA	NA	NA
Chronic Total Occlusion								
92943		Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	\$695	(\$12)	-1.69%	NA	NA	NA
92944		Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
Thrombectomy								
92973		Percutaneous transluminal coronary thrombectomy mechanical	\$185	\$0	0.24%	NA	NA	NA

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final In-Facility Rate	Variance 2017 Final vs. 2016 Final		2017 Final In-Office Rate	Variance 2017 Final vs. 2016 Final	
			\$	\$	%	\$	\$	%
IVUS								
92978	26	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	\$100	\$0	0.24%	\$100	\$0	0.24%
92979	26	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) 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)	\$80	\$1	0.69%	\$80	\$1	0.69%
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)	\$100	\$1	0.60%	\$100	\$1	0.60%
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)	\$80	\$1	0.69%	\$80	\$1	0.69%
Valvuloplasty								
92986		Percutaneous balloon valvuloplasty; aortic valve	\$1,377	(\$9)	-0.62%	NA	NA	NA
92987		Percutaneous balloon valvuloplasty; mitral valve	\$1,422	(\$8)	-0.54%	NA	NA	NA
92990		Percutaneous balloon valvuloplasty; pulmonary valve	\$1,134	\$6	0.52%	NA	NA	NA
Transcatheter Aortic Valve Replacement								
33361		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	\$1,421	\$4	0.31%	NA	NA	NA
33362		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	\$1,550	\$2	0.14%	NA	NA	NA
33363		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	\$1,632	\$24	1.49%	NA	NA	NA
33364		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	\$1,693	\$6	0.38%	NA	NA	NA
33365		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	\$1,862	\$5	0.29%	NA	NA	NA
33366		Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	\$2,014	\$5	0.24%	NA	NA	NA

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final In-Facility Rate	Variance 2017 Final vs. 2016 Final		2017 Final In-Office Rate	Variance 2017 Final vs. 2016 Final	
			\$	\$	%	\$	\$	%
33367		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (e.g., femoral vessels) (list separately in addition to code for primary procedure)	\$653	\$1	0.18%	NA	NA	NA
33368		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (e.g., femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	\$780	(\$0)	-0.04%	NA	NA	NA
33369		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (e.g., aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	\$1,031	\$0	0.03%	NA	NA	NA
Paravalvular Leak Repair								
93590		Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	\$1,245	NA	NA	NA	NA	NA
93591		Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	\$1,034	NA	NA	NA	NA	NA
93592		Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	\$455	NA	NA	NA	NA	NA
Watchman™ Left Atrial Appendage Closure (LAAC) Procedure								
33340		Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	\$833	NA	NA	NA	NA	NA
Peripheral Interventions								
Non-Coronary Angioplasty								
37246		Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	\$369	NA	NA	\$2,175	NA	NA

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final In-Facility Rate	Variance 2017 Final vs. 2016 Final		2017 Final In-Office Rate	Variance 2017 Final vs. 2016 Final	
			\$	\$	%	\$	\$	%
37247		Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	\$183	NA	NA	\$880	NA	NA
37248		Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	\$318	NA	NA	\$1,507	NA	NA
37249		Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	\$156	NA	NA	\$646	NA	NA
Dialysis Circuit								
36901		Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report	\$151	NA	NA	\$581	NA	NA
36902		Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$225	NA	NA	\$1,235	NA	NA

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final In-Facility Rate	Variance 2017 Final vs. 2016 Final		2017 Final In-Office Rate	Variance 2017 Final vs. 2016 Final	
			\$	\$	%	\$	\$	%
36903		Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s) peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	\$308	NA	NA	\$5,663	NA	NA
36904		Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	\$355	NA	NA	\$1,801	NA	NA
36905		Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$445	NA	NA	\$2,304	NA	NA
36906		Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	\$519	NA	NA	\$6,867	NA	NA
36907		Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	\$130	NA	NA	\$739	NA	NA

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final In-Facility Rate	Variance 2017 Final vs. 2016 Final		2017 Final In-Office Rate	Variance 2017 Final vs. 2016 Final	
			\$	\$	%	\$	\$	%
36908		Transcatheter placement of an intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	\$194	NA	NA	\$2,722	NA	NA
36909		Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	\$184	NA	NA	\$1,985	NA	NA
Iliac Artery Revascularization								
37220		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$423	(\$15)	-3.37%	\$3,114	(\$112)	-3.48%
37221		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$523	(\$15)	-2.83%	\$4,617	(\$139)	-2.92%
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)	\$197	(\$1)	-0.31%	\$874	(\$32)	-3.57%
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)	\$225	(\$1)	-0.40%	\$2,590	(\$54)	-2.06%
Femoral/Popliteal Artery Revascularization								
37224		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$467	(\$14)	-2.97%	\$3,777	(\$138)	-3.51%
37225		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within same vessel, when performed	\$638	(\$15)	-2.29%	\$11,063	(\$181)	-1.61%
37226		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$551	(\$15)	-2.68%	\$9,065	(\$182)	-1.97%
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	\$769	(\$16)	-2.05%	\$14,987	(\$200)	-1.31%

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final	Variance 2017 Final		2017 Final	Variance 2017 Final	
			In-Facility Rate		vs. 2016 Final	In-Office Rate		vs. 2016 Final
			\$	\$	%	\$	\$	%
Tibial / Peroneal Artery Revascularization								
37228		Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$573	(\$15)	-2.63%	\$5,409	(\$153)	-2.75%
37229		Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$746	(\$15)	-2.03%	\$10,906	(\$179)	-1.61%
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	\$737	(\$13)	-1.77%	\$8,333	(\$141)	-1.66%
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	\$800	(\$16)	-2.01%	\$13,493	(\$146)	-1.07%
37232		Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code fore primary procedure)	\$213	(\$1)	-0.27%	\$1,207	(\$32)	-2.55%
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 fore primary procedure)	\$346	(\$2)	-0.49%	\$1,459	(\$37)	-2.50%
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 (List separately in addition to code fore primary procedure)	\$300	\$0	0.12%	\$3,948	(\$10)	-0.25%
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 (List separately in addition to code fore primary procedure)	\$416	(\$10)	-2.46%	\$4,242	\$73	1.75%
Vascular Stent								
37236		Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	\$464	(\$13)	-2.63%	\$4,017	(\$185)	-4.40%

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final In-Facility Rate	Variance 2017 Final vs. 2016 Final		2017 Final In-Office Rate	Variance 2017 Final vs. 2016 Final	
			\$	\$	%	\$	\$	%
37237		Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	\$224	(\$0)	-0.08%	\$2,454	(\$58)	-2.31%
37238		Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	\$314	(\$15)	-4.66%	\$4,190	(\$95)	-2.23%
37239		Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	\$159	\$1	0.92%	\$2,035	(\$38)	-1.84%
BSC currently has no stent approved for use in the veins of the lower extremities								
Catheter Access								
36140		Introduction of needle or intracatheter; extremity artery	\$94	(\$13)	-12.42%	\$430	(\$17)	-3.70%
36160		Introduction of needle or intracatheter, aortic, translumbar	\$129	\$0	0.24%	\$500	(\$4)	-0.76%
36200		Introduction of catheter, aorta	\$147	(\$14)	-8.49%	\$572	(\$65)	-10.2%
Catheter Placement								
36215		Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$244	(\$1)	-0.35%	\$1,143	(\$5)	-0.42%
36216		Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$284	(\$4)	-1.51%	\$1,181	(\$36)	-2.92%
36217		Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$337	(\$5)	-1.44%	\$1,934	(\$69)	-3.46%
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)	-2.35%	\$189	(\$7)	-3.78%
36245		Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$251	(\$14)	-5.20%	\$1,324	(\$74)	-5.26%
36246		Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$268	(\$14)	-4.87%	\$838	(\$73)	-7.97%
36247		Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$318	(\$14)	-4.30%	\$1,523	(\$88)	-5.44%

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			\$	\$	%	\$	\$	%
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)	\$51	(\$1)	-1.15%	\$155	(\$1)	-0.68%
Carotid Artery Stenting								
37215		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	\$1,044	(\$9)	-0.89%	NA	NA	NA
37216		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	\$0	\$0	NA	\$0	\$0	NA
Vena Cava Filters								
37191		Insertion of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$236	(\$13)	-5.37%	\$2,609	(\$78)	-2.92%
37192		Repositioning of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$379	(\$5)	-1.35%	\$1,628	\$45	2.82%
37193		Retrieval (removal) of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$368	(\$15)	-3.80%	\$1,555	(\$80)	-4.90%
Thrombectomy								
37184		Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$472	(\$11)	-2.22%	\$2,260	(\$66)	-2.85%
37185		Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	\$177	\$0	0.24%	\$718	(\$21)	-2.78%
37186		Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	\$259	(\$3)	-1.00%	\$1,359	(\$50)	-3.53%

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			\$	\$	%	\$	\$	%
37187		Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$412	(\$15)	-3.55%	\$2,004	(\$104)	-4.92%
37188		Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	\$292	(\$15)	-4.79%	\$1,710	(\$105)	-5.77%
Thrombolysis								
37211		Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	\$404	(\$14)	-3.45%	NA	NA	NA
37212		Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$352	(\$16)	-4.25%	NA	NA	NA
37213		Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed	\$245	(\$13)	-5.18%	NA	NA	NA
37214		Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	\$129	(\$13)	-9.13%	NA	NA	NA
Non-Coronary IVUS								
37252		Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention; including radiological supervision and interpretation; initial non-coronary vessel (List separately in addition to code for primary procedure)	\$97	(\$0)	-0.14%	\$1,401	(\$24)	-1.70%
37253		Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention; including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	\$78	\$1	0.70%	\$211	(\$11)	-4.78%

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			\$	\$	%	\$	\$	%
Angiograms								
75710	26	Angiography, extremity, unilateral, radiological supervision and interpretation	\$57	(\$0)	-0.39%	\$57	(\$0)	-0.39%
75710			NA	NA	NA	\$164	(\$1)	-0.85%
75716	26	Angiography, extremity, bilateral, radiological supervision and interpretation	\$65	(\$1)	-0.85%	\$65	(\$1)	-0.85%
75716			NA	NA	NA	\$189	(\$1)	-0.52%
75726	26	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and	\$57	\$0	0.24%	\$57	\$0	0.24%
75726			NA	NA	NA	\$151	(\$0)	0.00%
75731	26	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$58	\$0	0.24%	\$58	\$0	0.24%
75731			NA	NA	NA	\$174	(\$0)	-0.18%
75733	26	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	\$65	\$0	0.24%	\$65	\$0	0.24%
75733			NA	NA	NA	\$188	\$2	1.20%
75736	26	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	\$56	(\$0)	-0.40%	\$56	(\$0)	-0.40%
75736			NA	NA	NA	\$162	(\$1)	-0.43%
Bronchoscopy								
31631		Bronchosopy; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	\$238	(\$0)	-0.07%	NA	NA	NA
Biliary Stenting								
47556		Biliary endoscopy, percutaneous via T-Tube or other tract; with dilation of biliary duct stricture(s) with stent	\$434	(\$1)	-0.26%	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	\$0	0.24%	\$44	\$0	0.24%
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)	\$865	(\$4)	-0.43%	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)	\$395	(\$15)	-3.62%	\$5,908	(\$127)	-2.11%
Embolization								
37241		Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage	\$464	(\$9)	-1.81%	\$4,818	(\$57)	-1.17%
37242		Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor	\$504	(\$13)	-2.47%	\$7,554	(\$275)	-3.51%

Final 2017 PFS Rates Compared to Final 2016

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			\$	\$	%	\$	\$	%
37243		Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	\$595	(\$15)	-2.47%	\$9,817	(\$127)	-1.27%
37244		Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	\$701	(\$14)	-1.92%	\$6,846	(\$81)	-1.17%
Drainage								
47531		Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	\$74	(\$26)	-25.72%	\$319	(\$60)	-15.95%
47532		Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	\$224	(\$1)	-0.40%	\$817	(\$17)	-2.09%
47533		Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	\$281	(\$37)	-11.73%	\$1,260	(\$101)	-7.43%
47534		Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	\$391	(\$31)	-7.34%	\$1,501	(\$177)	-10.56%
47535		Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	\$208	(\$35)	-14.25%	\$1,035	(\$90)	-8.02%
47536		Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	\$139	(\$14)	-9.13%	\$703	(\$128)	-15.40%
47537		Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	\$101	(\$2)	-2.19%	\$373	(\$37)	-9.11%

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final In-Facility Rate	Variance 2017 Final vs. 2016 Final		2017 Final In-Office Rate	Variance 2017 Final vs. 2016 Final	
			\$	\$	%	\$	\$	%
47538		Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access	\$248	(\$94)	-27.58%	\$4,392	(\$192)	-4.20%
47539		Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter	\$449	(\$13)	-2.87%	\$4,860	(\$149)	-2.97%
47540		Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	\$465	(\$87)	-15.70%	\$4,982	(\$226)	-4.35%
47541		Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	\$350	\$56	19.04%	\$1,195	(\$7)	-0.60%
47542		Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	\$142	\$4	2.56%	\$470	(\$56)	-10.67%
47543		Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	\$167	(\$8)	-4.49%	\$587	(\$762)	-56.48%
47544		Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	\$169	(\$55)	-24.46%	\$1,108	\$277	33.27%

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final	Variance 2017 Final		2017 Final	Variance 2017 Final	
			In-Facility Rate		vs. 2016 Final	In-Office Rate		vs. 2016 Final
			\$	\$	%	\$	\$	%
Rhythm Management								
Device Implant Procedures								
33206		Insertion of heart pacemaker and atrial electrode	\$469	(\$10)	-2.01%	NA	NA	NA
33207		Insertion of heart pacemaker and ventricular electrode	\$501	(\$11)	-2.08%	NA	NA	NA
33208		Insertion of heart pacemaker, atrial and ventricular electrodes	\$543	(\$10)	-1.84%	NA	NA	NA
33212		Insertion of pulse generator only with existing single lead	\$333	(\$13)	-3.81%	NA	NA	NA
33213		Insertion of pulse generator only with existing dual lead	\$348	(\$12)	-3.44%	NA	NA	NA
33221		Insertion of pulse generator only with existing multiple leads	\$375	(\$12)	-3.01%	NA	NA	NA
33214		Upgrade of pacemaker system	\$497	(\$11)	-2.17%	NA	NA	NA
33215		Reposition pacing-defib lead	\$323	\$2	0.57%	NA	NA	NA
33216		Insert lead pace-defib, one	\$385	(\$12)	-3.02%	NA	NA	NA
33217		Insert lead pace-defib, dual	\$378	(\$12)	-3.08%	NA	NA	NA
33218		Repair of single lead, pacer or ICD	\$405	(\$11)	-2.61%	NA	NA	NA
33220		Repair of 2 leads, pacer or ICD	\$405	(\$11)	-2.69%	NA	NA	NA
33222		Revise/relocate pocket, pacemaker	\$350	(\$12)	-3.34%	NA	NA	NA
33223		Revise pocket, defib	\$424	(\$12)	-2.65%	NA	NA	NA
33225		L ventric pacing lead (add-on)	\$491	\$5	0.97%	NA	NA	NA
33227		Removal and replacement of pacemaker gen, single lead	\$351	(\$12)	-3.41%	NA	NA	NA
33228		Removal and replacement of pacemaker gen, dual lead	\$368	(\$12)	-3.17%	NA	NA	NA
33229		Removal and replacement of pacemaker gen, multiple lead	\$389	(\$11)	-2.64%	NA	NA	NA
33230		Insert ICD pulse generator with existing dual leads	\$398	(\$13)	-3.25%	NA	NA	NA
33231		Insert ICD pulse generator with existing multiple leads	\$419	(\$10)	-2.28%	NA	NA	NA
33233		Removal of pacemaker system gen only	\$239	(\$13)	-5.05%	NA	NA	NA
33234		Removal of pacemaker system lead, single	\$505	(\$10)	-1.99%	NA	NA	NA
33235		Removal pacemaker electrode, dual lead	\$664	(\$8)	-1.21%	NA	NA	NA
33240		Insertion of implantable defibrillator pulse generator only; with existing single lead	\$380	(\$12)	-3.15%	NA	NA	NA
33241		Remove pulse generator only	\$224	(\$13)	-5.53%	NA	NA	NA
33262		Removal and replacement of defib gen, single lead	\$388	(\$12)	-2.91%	NA	NA	NA
33263		Removal and replacement of defib gen, dual lead	\$404	(\$11)	-2.70%	NA	NA	NA
33264		Removal and replacement of defib gen, multiple lead	\$421	(\$12)	-2.67%	NA	NA	NA
33244		Remove eltrd, transven	\$896	(\$6)	-0.72%	NA	NA	NA
33249		Eltrd/insert pace-defib	\$955	(\$7)	-0.77%	NA	NA	NA
33270		Insertion or replacement of permanent S-ICD system, with subcutaneous electrode, including DFT, when performed	\$615	\$1	0.18%	NA	NA	NA
33271		Insertion of S-ICD electrode	\$514	(\$2)	-0.46%	NA	NA	NA
33272		Removal of S-ICD electrode	\$363	(\$1)	-0.36%	NA	NA	NA
33273		Repositioning of previously implanted S-ICD electrode	\$424	\$6	1.44%	NA	NA	NA
Watchman™ Left Atrial Appendage Closure (LAAC) Procedure								
33340		Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement(s) left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	\$833	NA	NA	NA	NA	NA

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			In-Facility Rate		vs. 2016 Final	In-Office Rate		vs. 2016 Final
			\$	\$	%	\$	\$	%
Device Evaluation								
93641	26	Electrophysiology evaluation -ICD system	\$326	(\$12)	-3.58%	\$326	(\$12)	-3.58%
93260		S-ICD Programming device evaluation (in person)	NA	NA	NA	\$66	(\$2)	-2.42%
93260	TC		NA	NA	NA	\$22	(\$1)	-3.00%
93260	26		\$45	(\$1)	-2.13%	\$45	(\$1)	-2.13%
93261		S-ICD Interrogation device evaluation (in person)	NA	NA	NA	\$61	(\$1)	-0.94%
93261	TC		NA	NA	NA	\$22	(\$1)	-3.00%
93261	26		\$39	\$0	0.24%	\$39	\$0	0.24%
93288		PM Interrogation in person all lead configurations	NA	NA	NA	\$38	\$1	2.16%
93288	TC		NA	NA	NA	\$16	\$0	2.51%
93288	26		\$22	\$0	1.91%	\$22	\$0	1.91%
93279		PM Programming eval 1 lead	NA	NA	NA	\$51	\$1	1.67%
93279	TC		NA	NA	NA	\$18	\$0	2.28%
93279	26		\$33	\$0	1.34%	\$33	\$0	1.34%
93280		PM Programming eval 2 lead	NA	NA	NA	\$59	\$0	0.85%
93280	TC		NA	NA	NA	\$20	\$0	2.06%
93280	26		\$39	\$0	0.24%	\$39	\$0	0.24%
93281		PM Programming eval 3 lead	NA	NA	NA	\$70	\$1	1.28%
93281	TC		NA	NA	NA	\$24	\$0	1.78%
93281	26		\$46	\$0	1.02%	\$46	\$0	1.02%
93289		ICD interrogation in person all lead configurations	NA	NA	NA	\$67	\$1	1.33%
93289	TC		NA	NA	NA	\$20	\$0	2.06%
93289	26		\$47	\$0	1.01%	\$47	\$0	1.01%
93282		ICD Programming eval 1 lead	NA	NA	NA	\$64	\$1	1.37%
93282	TC		NA	NA	NA	\$21	\$0	1.99%
93282	26		\$43	\$0	1.07%	\$43	\$0	1.07%
93283		ICD Programming eval 2 lead	NA	NA	NA	\$83	\$1	0.67%
93283	TC		NA	NA	NA	\$24	\$0	0.24%
93283	26		\$59	\$0	0.85%	\$59	\$0	0.85%
93284		ICD Programming eval 3 lead	NA	NA	NA	\$92	\$1	1.02%
93284	TC		NA	NA	NA	\$28	\$0	1.55%
93284	26		\$64	\$1	0.80%	\$64	\$1	0.80%
93291		ILR Interrogation in person	NA	NA	NA	\$37	\$1	2.20%
93291	TC		NA	NA	NA	\$15	\$0	2.68%
93291	26		\$22	\$0	1.88%	\$22	\$0	1.88%
93285		ILR Programming eval	NA	NA	NA	\$43	\$0	0.24%
93285	TC		NA	NA	NA	\$16	\$0	0.24%
93285	26		\$27	\$0	0.24%	\$27	\$0	0.24%
93290		ICM Interrogation in person	NA	NA	NA	\$32	\$0	1.37%
93290	TC		NA	NA	NA	\$10	\$0	0.24%
93290	26		\$22	\$0	1.88%	\$22	\$0	1.88%
93292		Wearable defib Interrogation in person	NA	NA	NA	\$33	\$0	0.24%
93292	TC		NA	NA	NA	\$11	\$0	0.24%
93292	26		\$22	\$0	0.24%	\$22	\$0	0.24%
93286		PM Peri-px eval and programming	NA	NA	NA	\$28	\$0	0.24%
93286	TC		NA	NA	NA	\$12	\$0	0.24%
93286	26		\$15	\$0	0.24%	\$15	\$0	0.24%
93287		ICD Peri-px eval and programming	NA	NA	NA	\$37	\$1	2.20%
93287	TC		NA	NA	NA	\$14	\$0	2.94%
93287	26		\$24	\$0	1.78%	\$24	\$0	1.78%

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final In-Facility Rate	Variance 2017 Final vs. 2016 Final		2017 Final In-Office Rate	Variance 2017 Final vs. 2016 Final	
			\$	\$	%	\$	\$	%
93293		TTM rhythm strip pacemaker eval	NA	NA	NA	\$55	\$1	1.57%
93293	TC		NA	NA	NA	\$38	\$0	1.18%
93293	26		\$16	\$0	2.51%	\$16	\$0	2.51%
93228		Wearable defib mobile telemetry w/phy r&l w/report	\$27	\$0	0.24%	\$27	\$0	0.24%
93294		PM Remote Interrogation 90 days all lead config	\$34	\$0	0.24%	\$34	\$0	0.24%
93295		ICD Remote interrogation 90 days all lead config	\$69	\$1	0.76%	\$69	\$1	0.76%
93296		PE- Remote data aquisition PM or ICD	NA	NA	NA	\$27	\$0	1.61%
93297		ICM Remote interrogation eval 30 days	\$27	\$0	0.24%	\$27	\$0	0.24%
93298		ILR Remote interrogation eval 30 days	\$27	\$0	1.57%	\$27	\$0	1.57%
93299		ICM and ILR Remote interr 30 days, tech	\$0	\$0	NA	Contractor Priced		
Electrophysiology Procedures								
93462		L hrt cath trnsptl puncture	\$219	\$1	0.57%	\$219	\$1	0.57%
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 (add on)	\$290	\$3	1.11%	\$290	\$3	1.11%
93613		Intracardiac electrophysiologic 3-dimensional mapping (add on)	\$416	\$3	0.67%	NA	NA	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	\$408	(\$10)	-2.51%	\$408	(\$10)	-2.51%
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	\$656	(\$8)	-1.17%	\$656	(\$8)	-1.17%
93621	26	with left atrial pacing and recording from coronary sinus or left atrium (add on)	\$123	\$2	1.42%	\$123	\$2	1.42%
93622	26	with left ventricular pacing and recording (add on)	\$180	\$3	1.66%	\$180	\$3	1.66%
93623	26	Programmed stimulation and pacing after intravenous drug infusion (add on)	\$167	\$2	1.33%	\$167	\$2	1.33%
93644		EP Evaluation of S-ICD	NA	NA	NA	\$222	(\$60)	-21.39%
93650		Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	\$618	(\$9)	-1.43%	NA	NA	NA

Final 2017 PFS Rates Compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Final In-Facility Rate	Variance 2017 Final vs. 2016 Final		2017 Final In-Office Rate	Variance 2017 Final vs. 2016 Final	
			\$	\$	%	\$	\$	%
93653		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, HIS recording, with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry.	\$874	(\$8)	-0.86%	NA	NA	NA
93654		with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	\$1,170	(\$4)	-0.34%	NA	NA	NA
93655		Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (add on)	\$445	\$5	1.05%	NA	NA	NA
93656		Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, HIS bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation	\$1,174	(\$1)	-0.07%	NA	NA	NA
93657		Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (add on)	\$444	\$4	0.81%	NA	NA	NA
93662	26	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (add on)	\$147	\$2	1.23%	\$147	\$2	1.23%
BSC currently has no FDA-approved ablation catheters for the treatment of atrial fibrillation								
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