

## **CY2018 Proposed Medicare Rules Issued for Hospital Outpatient, Ambulatory Surgical Center and Physician Fee Schedule** *Interventional Cardiology, Peripheral Interventions & Rhythm Management*

On July 13, 2017, the Centers for Medicare and Medicaid Services (CMS) released the Calendar Year (CY) 2018 proposed policies and payment rates for Medicare's Outpatient Prospective Payment System (OPPS), Ambulatory Surgical Centers (ASC) and Physician Fee Schedule (PFS). The proposed rule is one of several for 2018 that reflect a broader CMS strategy to relieve regulatory burdens for providers; support the patient-doctor relationship in healthcare; and promote transparency, flexibility and innovation in the delivery of care. Comments on the proposed rules are due by September 11, 2017. Final policy and payment rates are announced around November 1<sup>st</sup>, 2017 and will become effective January 1<sup>st</sup>, 2018.

**Hospital Outpatient:** Proposed payment rates to increase by 2.0%

**Ambulatory Surgical Center (ASC):** Proposed payment rates to increase by 1.9%

**Physician Fee Schedule:** Proposed physician payments to increase by less than 0.31%

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: CY2018 (OPPS) proposed payment rate table

Table 2: CY2018 (ASC) proposed payment rate table

Table 3: CY2018 (PFS) proposed payment rate table

### **Hospital Outpatient Prospective Payment System**

For CY2018 CMS estimates that the proposed policies in this proposed rule would result in a 1.9% overall increase in OPPS payments to providers, and estimates that proposed total OPPS payments for CY2018, including beneficiary cost-sharing, to the approximate 3,900 facilities paid under the OPPS (including general acute care hospitals, children's hospitals, cancer hospitals, and Community Mental Health Centers) would increase by approximately \$897 million compared to CY2017 payments.

CMS is proposing to continue to implement a 2.0% reduction in payments to hospitals failing to meet the requirements of the hospital outpatient quality reporting program.

**Radiology and Imaging Procedures and Services:** For CY2018, CMS reviewed the services assigned to the imaging without contrast (APCs 5521 - 5524) and imaging with contrast (APCs 5571 - 5573). Specifically, CMS evaluated the resource costs and clinical coherence of the procedures associated with the four levels of imaging without contrast APCs, and the three levels of imaging with contrast APCs; as well as identified and corrected any 2 times rule violations. As a result of CMS analysis and review of the claims data used for CY2018, CMS is proposing a Level 5 Imaging without Contrast APC to more appropriately group certain imaging services with higher resource costs. This proposal would increase the imaging APCs from seven APCs in CY2017 to eight in CY2018.

**Comprehensive APCs (C-APCs):** Implemented in CY2015, C-APCs provide a single all-inclusive payment for a primary service and all supporting adjunct services (similar to inpatient DRG payments). For CY2018, CMS is not proposing to create any new C-APCs or make any extensive changes to the already established methodology used for C-APCs. As of January 1<sup>st</sup>, 2018 there will be a total number of 62 C-APCs. Medicare currently uses C-APCs to pay for pacemaker, ICD

and similar procedures, electrophysiological (EP) procedures, and endovascular procedures (coronary and peripheral). This policy only impacts the Outpatient Hospital Setting at this time and it does not apply to Ambulatory Surgery Centers.

**Drug Pricing:** For CY2018, CMS is proposing to adjust the applicable payment rate as necessary for separately payable drugs and biologicals (other than drugs on pass-through and vaccines). Significant reductions in payment (from ASP plus 6% to ASP minus 22.5%) for certain drugs purchased by hospitals. This proposal is designed to lower beneficiary out-of-pocket drug costs, but will also negatively impact hospital finances.

**Site Neutral Payments:** Significant reduction in payment for non-exempted off-campus provider-based departments (PBDs). Last year, CMS finalized policies that said unless grandfathered, services provided at off-campus PBDs would no longer be paid under OPSS. For CY 2017, these facilities are paid 50% of the OPSS payment rates. For CY2018, CMS is proposing cutting these rates further to 25% of the OPSS rate.

**Payment impact for interventional cardiology, peripheral interventions and rhythm management are as follows:**

#### **Interventional Cardiology**

- Complex Percutaneous Coronary Interventions (PCIs) APC 5194 (DES CTO PCI, DES AMI PCI, Stent with Atherectomy). Payment proposed to increase by 5.35% to \$15,573
- Percutaneous Coronary Interventions (PCIs) APC 5193 (DES PTCA, BMS PTCA, BMS CTO, BMS- AMI, Atherectomy without stents). Payment proposed to increase 4.77% to \$10,218

#### **Peripheral Interventions**

- Drug-Coated Balloon (DCB) – CMS is proposing to discontinue incremental reimbursement, transitional pass-through payment for drug-coated balloons
- CMS proposes reassignment of arterial and venous thrombectomy payments from APC 5183 to APC 5184. This proposed change would result in an increase of 4.08% paying \$4,084
- Peripheral Intervention procedures are proposed to increase 3.61% for percutaneous transluminal angioplasty (PTA), bringing the payment rate to \$4,999. For PI stent or atherectomy procedures, the payment is proposed to increase 4.77% to \$10,218. Payment for combined PTA/ stenting/ atherectomy procedures is proposed to increase by 5.35% to \$15,573
- Embolization payment is proposed to increase 4.77% to \$10,218

#### **Rhythm Management**

- ICD system implant payment rates proposed to slightly increase by 0.10% to \$30,559
- ICD replacements proposed to decrease by 0.67% to \$21,852.
- Pacemaker system implant payment rates proposed to increase by 0.74% to \$9,484
- Pacemaker single chamber replacements proposed to increase by 2.98% to \$7,185 and dual chamber replacements by 0.74% to \$9,484.
- Payment rates for ablation procedures performed in conjunction with a comprehensive EP study proposed to increase by 6.45% to \$17,868.

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

## **Ambulatory Surgical Center (ASC)**

For CY2018, CMS is proposing an increase in payment rates by 1.9% for ASCs that meet the quality reporting requirements under the Ambulatory Surgical Center Quality Reporting (ASCQR) Program. Based on this proposed update, CMS estimates that proposed total payments to ASCs (including beneficiary cost sharing and estimated changes in enrollment, utilization, and case-mix), would result in increased CY2018 payments of approximately \$4.68 billion; an increase of approximately \$155 million compared to estimated CY2017 Medicare payments.

**Payment impact for interventional cardiology, peripheral interventions and rhythm management are as follows:**

#### **Interventional Cardiology**

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

## Peripheral Interventions

- Peripheral procedures performed in the ASC are proposed to increase by 9.70%

## Rhythm Management

- Pacemaker and defibrillator implants and replacement payment rates in the ASC setting are proposed to increase by an average of 0.72%

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

## Physician Fee Schedule (PFS)

The CY2018 PFS proposed rule is one of several proposed rules that reflect a broader Administration-wide strategy to create a healthcare system that results in better accessibility, quality, affordability, empowerment, and innovation. In addition to the payment and policy proposals, CMS is releasing a Request for Information (RFI) for feedback on positive solutions to better achieve transparency, flexibility, program simplification, and innovation.

The overall update to payments under the PFS based on the proposed CY2018 rates would be +0.31%. This update reflects the +0.50% update established under the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, reduced by 0.19%, due to the misvalued code target recapture amount, required under the Achieving a Better Life Experience (ABLE) Act of 2014.

**Medicare Shared Savings Program:** CMS is proposing several modifications to the rules for accountable care organizations (ACOs) participating in the Medicare Shared Savings Program. These proposed modifications are designed to reduce burden and streamline program operations. The proposals include the followings:

- Revisions to the assignment methodology to reflect the requirement under section 17007 of the 21st Century Cures Act, that for performance years beginning on or after January 1<sup>st</sup>, 2019, the Secretary determine an appropriate method to assign Medicare FFS beneficiaries to an ACO based on their utilization of services furnished by rural health clinics (RHCs) or federally qualified health centers (FQHCs)
- The addition of three new chronic care management codes (CCM) and behavioral health integration (BHI) codes to the definition of primary care services used in the ACO assignment methodology; and
- Reduction of burden for stakeholders submitting an initial Shared Savings Program application and the application for use of the skilled nursing facility (SNF) 3-Day Rule Waiver

**Appropriate Use Criteria (AUC):** First introduced in the CY2016 Physician Fee Schedule (PFS) Final Rule. More policies were added to the AUC in the CY2017 PFS Final Rule. The evidence-based AUC will help clinicians who order and furnish advanced diagnostic imaging services make the most appropriate clinical treatment decisions. The impact of this program is extensive as it will apply to every physician or other practitioner who orders or furnishes advanced diagnostic imaging services; such as magnetic resonance imaging (MRI), computer tomography (CT) or positron emission tomography (PET).

After proposing the timeline and process for qualification of qualified clinical decision support mechanisms (CDSMs) in the CY2017 PFS proposed rule, CMS received comments that these timelines did not allow enough time to address the needs of different stakeholder groups. Some commenters requested that CMS delay the timeline and process to give practitioners sufficient time to obtain a qualified CDSM. Other cited insufficient time for CDSMs to incorporate requirements between the release of the final CDSM requirements and January 1<sup>st</sup>, 2018. For CY2018, CMS is proposing the consulting and reporting requirements begin on January 1<sup>st</sup>, 2019 and believes that they are allowing needed time for: education and outreach efforts, time for practitioners and stakeholders to prepare, and time for CDSMs to continue current strides in being more user-friendly and less burdensome.

**2018 Value Modifier:** To better align incentives and provide a smoother transition to the new Merit-based Incentive Payment System under the Quality Payment Program, CMS is proposing the following changes to previously-finalized policies for the 2018 Value Modifier:

- Reducing the automatic downward payment adjustment for not meeting minimum quality reporting requirements from negative four percent to negative two percent (-2.0%) for groups of ten or more clinicians; and from negative two percent to negative one percent (-1.0%) for physician and non-physician solo practitioners and groups of two to nine clinicians;

- Holding harmless all physician groups and solo practitioners who met minimum quality reporting requirements from downward payment adjustments for performance under quality-tiering for the last year of the program; and
- Aligning the maximum upward adjustment amount to 2 times the adjustment factor for all physician groups and solo practitioners

**Medicare Telehealth Services:** In the CY2018 proposed rule, CMS proposes to eliminate the required reporting of the telehealth modifier for professional claims in an effort to reduce administrative burden for practitioners. CMS is seeking comment on ways to further expand access to telehealth services within our current statutory authority.

**Malpractice RVUs:** Physician payment is based on the Relative Value Unit (RVU) times the conversion factor. The three components of a procedure's RVU include work, practice expense, and malpractice. Of the three components, the proposed CY2018 malpractice component has dropped and it appears CMS may have incorrectly applied the cardiology surgical factor. If implemented, proposed reductions in the Malpractice Risk Factor would have a uniformly negative impact on payment rates for Cardiology and Cardiac Electrophysiology Specialties. The surgical risk factor for Cardiology and Cardiac Electrophysiology are proposed to decrease from 6.98 (CY2017) to 1.90 (PR CY2018) and the Surgical Normalized Premium rate is proposed to decrease from \$58,634 (CY2017) to \$15,587 (PR CY2018). This contributes to the ~10% decreases in proposed payment rates that are described in the section below.

**Payment impact for interventional cardiology, peripheral interventions and rhythm management are as follows:**

**Interventional Cardiology**

- Proposed payment for both Chronic Total Occlusion (CTO) and Acute Myocardial Infarction (AMI): PCIs to decrease by 10% to \$625
- Proposed payment for Atherectomy with stent to decrease by 10% to \$623.
- Proposed payment for Stent/Percutaneous Transluminal Coronary Angioplasty (PTCA) to decrease by 10% to \$557.

**Structural Heart**

- Proposed payment rates for Transcatheter Aortic Valve Replacement (TAVR) to decrease - with a combined average decrease of 5.8% over a range of \$1,340 - \$1,905
- Proposed payment rate for Watchman™ Left Atrial Appendage Closure Device to decrease by 9.7% to \$753

**Peripheral Interventions**

- Proposed Physician payments for procedures performed in the hospital are proposed to decrease by 3.32%
- Proposed Physician payments for procedures performed in their office (place of service 11) a proposed to decrease 1.03%

**Rhythm Management**

- Proposed Pacemaker system implant rates would decrease by a combined average of 8.21%
  - Insertion of single chamber pacemaker, atrial electrode: \$433
  - Insertion of single chamber pacemaker, ventricular electrode: \$459
  - Insertion of dual chamber pacemaker: \$497
- Proposed Defibrillator system implant rates would decrease by 8.8% to \$871
- Proposed S-ICD implant rates would decrease by 12.01% to \$541
- Proposed Ablation procedure rates would decrease by a combined average of 9.77%
  - SVT ablation with EP Study: \$788
  - VT ablation with EP Study: \$1,057
  - AF Ablation with EP Study: \$1,059

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:

Interventional Cardiology (IC)	Peripheral Interventions (PI) and Rhythm Management (RM)
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If you agree or disagree on any of the physician proposed rule inclusions, you may submit electronic comments on this regulation to [www.regulations.gov](http://www.regulations.gov) by 5 PM, September 11, 2017. In commenting, please refer to file code CMS-1676-P.

If you agree or disagree on any of the hospital outpatient proposed rule inclusions, you may submit electronic comments on this regulation to [www.regulations.gov](http://www.regulations.gov) by 5 PM, September 11, 2017. Please refer to file code CMS-1678-P when commenting on the issues in this proposed rule.

## SOURCE INFORMATION

Read the full CY2018 Proposed OPPS Rule (CMS-1678-P) at the following link:  
<https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-14883.pdf>

Read the full CY2018 Proposed Physician Fee Schedule (CMS-1676-P) at the following Link:  
<https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-14639.pdf>

Read: Proposed Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2018: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-07-13-2.html>

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**Table 1: CY2018 Hospital Outpatient Proposed Payment Rates for Select Procedures**

Proposed 2018 OPPS Rates Compared to Final 2017						
APC	Status Indicator <sup>1</sup>	Descriptor	CY2018 Proposed Rate	CY2017 Final Rate	Variance 2018 Proposed vs. 2017 Final	% YoY Change
<b>Interventional Cardiology</b>						
5191	J1	<b>Level 1 Endovascular Procedures</b> Diagnostic Cardiac Catheterization	\$2,845	\$2,834	\$11	0.40%
5192	J1	<b>Level 2 Endovascular Procedures</b> POBA Complexity Adjustments: Right heart cath + Right heart cath (93451 + 93451), L hrt artery/ventricle angio + Coronary artery angio s&i (93458 + 93454), L hrt artery/ventricle angio + L hrt artery/ventricle angio (93458 + 93458)	\$4,999	\$4,825	\$174	3.61%
5193	J1	<b>Level 3 Endovascular Procedures</b> Revision of pulmonary valve (92990); Revision 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), Revision of aortic valve + R&l hrt cath w/ventriclgrphy (92986 + 93453), Revision of aortic valve + R&l hrt art/ventricle angio (92986 + 93460)	\$10,218	\$9,752	\$466	4.77%
5194	J1	<b>Level 4 Endovascular Procedures</b> 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), DES + Insrst heart pm atrial & vent (C9600 + 33208), DES Bypass Graft + DES (C9604 + C9600), DES + Implant pat-active ht record (C9600 + 33282)	\$15,573	\$14,782	\$791	5.35%
<b>BSC currently has no stents FDA-approved for CTOs</b>						

See page 5 for important information about the uses and limitations of this document.

**Table 1: CY2018 Hospital Outpatient Proposed Payment Rates for Select Procedures**

Proposed 2018 OPPS Rates Compared to Final 2017						
APC	Status Indicator <sup>1</sup>	Descriptor	CY2018 Proposed Rate	CY2017 Final Rate	Variance 2018 Proposed vs. 2017 Final	% YoY Change
<b>Peripheral Interventions</b>						
5184 (Proposed) 5183 (Previously)	T	<b>Level 3 Vascular Procedures</b> Arterial Mechanical Thrombectomy (37184), Venous Mechanical Thrombectomy (37187)	\$4,084	\$3,924	\$160	4.08%
5192	J1	<b>Level 2 Endovascular Procedures</b> Iliac PTA (37220), FemPop PTA (37224), Dialysis Circuit PTA (36902), Dialysis Circuit Thombectomy (36904)	\$4,999	\$4,825	\$174	3.61%
5193	J1	<b>Level 3 Endovascular Procedures</b> 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), FemPop PTA (37224) + Iliac PTA (37220), FemPop PTA (37224) + FemPop PTA (37224)	\$10,218	\$9,752	\$466	4.77%
5194	J1	<b>Level 4 Endovascular Procedures</b> FemPop Stent & Atherectomy (37227), TibPer Atherectomy (37229), TibPer Stent (37230), TibPer Stent & Atherectomy (37231), Dialysis Circuit Thrombectomy + Stent + PTA (36906)  Complexity Adjustments: FemPop Ather + Iliac PTA (37225 + 37220), FemPop Ather + Iliac Stent (37225 + 37221), FemPop Ather + Fem Pop PTA (37225 + 37224), FemPop Ather + FemPop Ather (37225 + 37225), FemPop Ather + FemPop Stent (37225 + 37226), FemPop Ather + TibPer PTA (37225 + 37228), FemPop Ather + Arterial Stent (37225 + 37236), FemPop Stent + Iliac Stent (37226 + 37221), FemPop Stent + FemPop Stent (37226 + 37226), FemPop Stent + Arterial Stent (37226 + 37236), Arterial Stent + Iliac Stent (37236 + 37221), Vasc Stent + Vasc Stent (37238 + 37238), Vasc Embo + Iliac Stent (37242 + 37221), Vasc Embo + Vasc Embo (37242 + 37243), Vasc Embo + Vasc Embo (37243 + 37243), Vasc Embo + Liver Ablation (37243 + 47382)  Combinations below as listed within CMS' Addendum J: Intro cath dialysis circuit + Stent plmt ctr dialysis seg (369X3 + 368X8), Thrmc/nfs dialysis circuit + Stent plmt ctr dialysis seg (369X5 + 368X8)	\$15,573	\$14,782	\$791	5.35%
<b>BSC currently has no stent approved for use in the veins of the lower extremities</b>						

See page 5 for important information about the uses and limitations of this document.

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<b>Rhythm Management</b>						
5191	J1	<b>Diagnostic Cardiac Catheterization</b>	\$2,845	\$2,834	\$11	0.40%
5211	J1	<b>Level 1 Electrophysiologic Procedures</b>	\$867	\$867	\$0	0.03%
		Right ventricular recording (93603)				
		Induction of arrhythmia (93618)				
		DFT testing not at implant (93642)				
5212	J1	<b>Level 2 Electrophysiologic Procedures</b>	\$5,146	\$5,006	\$140	2.79%
		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)						
5213	J1	<b>Level 3 Electrophysiologic Procedures</b>	\$17,868	\$16,785	\$1,082	6.45%
		SVT ablation with EP study (93653)				
		VT ablation with EP study (93654)				
		A Fib ablation with EP study (93656)				
5221	T	<b>Level 1 Pacemaker and Similar Procedures</b>	\$2,630	\$2,560	\$71	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)				

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Proposed 2018 OPPS Rates Compared to Final 2017						
APC	Status Indicator <sup>1</sup>	Descriptor	CY2018 Proposed Rate	CY2017 Final Rate	Variance 2018 Proposed vs. 2017 Final	% YoY Change
5222	J1	<b>Level 2 Pacemaker and Similar Procedures</b>	\$7,185	\$6,977	\$208	2.98%
		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	<b>Level 3 Pacemaker and Similar Procedures</b>	\$9,484	\$9,414	\$70	0.74%
		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)						
5224	J1	<b>Level 4 Pacemaker and Similar Procedures</b>	\$17,038	\$16,767	\$271	1.62%
		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	<b>Level 1 ICD and Similar Procedures</b>	\$21,852	\$22,000	-\$148	-0.67%
		Insertion of single and dual lead defibrillator pulse generator only (33240,33230)				
		Single or dual lead ICD change out (33262, 33263)				
5232	J1	<b>Level 2 ICD and Similar Procedures</b>	\$30,559	\$30,527	\$32	0.10%
		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)						

<sup>1</sup> 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 CY2018 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2018 Proposed Payment	CY2017 Final Payment	Variance 2018 Proposed vs. 2017 Final	
		\$	\$	\$	%
<b>Peripheral Interventions</b>					
<b>Iliac Artery Revascularization</b>					
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$2,553	\$2,213	\$340	15.38%
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$6,277	\$5,904	\$373	6.31%
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
<b>Femoral/Popliteal Artery Revascularization</b>					
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$3,581	\$3,494	\$87	2.48%
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within same vessel, when performed	\$6,835	\$7,177	(\$342)	-4.76%
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$6,603	\$6,425	\$179	2.78%
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	\$10,643	\$10,532	\$111	1.06%

See page 5 for important information about the uses and limitations of this document.

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2018 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2018 Proposed Payment	CY2017 Final Payment	Variance 2018 Proposed vs. 2017 Final	
		\$	\$	\$	%
<b>Tibial / Peroneal Artery Revascularization</b>					
37228	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$4,490	\$4,193	\$297	7.08%
37229	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$10,048	\$9,479	\$570	6.01%
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	\$9,946	\$9,508	\$439	4.61%
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	\$10,165	\$9,384	\$781	8.33%
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)	\$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 fore 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 fore 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 fore primary procedure)	\$0	\$0	NA	NA

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Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2018 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2018 Proposed Payment	CY2017 Final Payment	Variance 2018 Proposed vs. 2017 Final	
		\$	\$	\$	%
<b>Vascular Stent</b>					
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	\$6,176	\$4,193	\$1,983	47.31%
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	\$6,361	\$5,916	\$445	7.53%
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
<b>BSC currently has no stent approved for use in the veins of the lower extremities</b>					
<b>Dialysis Circuit</b>					
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	\$316	\$370	(\$53)	-14.45%
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	\$3,445	\$2,983	\$462	15.47%

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**Table 2: Ambulatory Surgical Center (ASC)**

**ASC CY2018 Proposed Payment Rates for Select Procedures**

CPT®	Abbreviated (Partial) Description	CY2018 Proposed Payment	CY2017 Final Payment	Variance 2018 Proposed vs. 2017 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	\$6,058	\$5,653	\$405	7.16%
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)	\$3,445	\$2,983	\$462	15.47%
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	\$6,058	\$5,653	\$405	7.16%
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	\$9,395	\$8,850	\$544	6.15%
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	\$0	NA	NA
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)	\$0	\$0	NA	NA

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Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2018 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2018 Proposed Payment	CY2017 Final Payment	Variance 2018 Proposed vs. 2017 Final	
		\$	\$	\$	%
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	\$0	NA	NA
<b>Thrombectomy</b>					
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$2,205	\$2,951	(\$745)	-25.26%
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$2,971	\$2,122	\$849	40.03%
<b>Biliary Stenting</b>					
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$2,874	\$3,000	(\$126)	-4.21%
49421	Insert abdom drain, perm	\$1,326	\$1,455	(\$129)	-8.88%
49423	Exchange drainage catheter	\$628	\$609	\$20	3.23%

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Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2018 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2018 Proposed Payment	CY2017 Final Payment	Variance 2018 Proposed vs. 2017 Final	
		\$	\$	\$	%
<b>Rhythm Management</b>					
33206	Pacemaker - single chamber system, atrial lead	\$7,662	\$7,730	(\$67)	-0.87%
33207	Pacemaker - single chamber system, ventricular lead	\$7,667	\$7,608	\$59	0.78%
33208	Pacemaker - dual chamber system implant	\$7,838	\$7,787	\$51	0.65%
33240	Insertion of ICD / S-ICD pulse generator only with existing lead	\$19,797	\$19,348	\$449	2.32%
33249	ICD system implant	\$26,808	\$26,712	\$97	0.36%
33270	S-ICD system implant	\$26,778	\$26,609	\$169	0.64%
33249 + 33225	CRT-D System implant (33249 & 33225 when performed on the same day)	\$26,808	\$26,712	\$97	0.36%
33227	Pacemaker - single chamber replacement	\$5,769	\$5,655	\$114	2.01%
33228	Pacemaker - dual chamber replacement	\$7,655	\$7,612	\$44	0.57%
33229	Pacemaker - multiple lead replacement	\$12,563	\$12,383	\$180	1.45%
33262	Defibrillator - single chamber replacement	\$19,136	\$19,173	(\$36)	-0.19%
33263	Defibrillator - dual chamber replacement	\$19,250	\$19,364	(\$114)	-0.59%
33264	Defibrillator - multiple lead replacement	\$26,901	\$26,832	\$69	0.26%

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**Table 3: Physician Fee Schedule (PFS) CY2018 Proposed Rule Payment Rates**

**Proposed 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Proposed In-Facility Rate			2018 Proposed In-Office Rate		
			2018 Proposed In-Facility Rate	Variance 2018 Proposed vs. 2017 Final		2018 Proposed In-Office Rate	Variance 2018 Proposed vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Interventional Cardiology</b>								
<b>Diagnostic Catheterization</b>								
93451	26	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$122	(\$14)	-10.27%	NA	NA	NA
93451			NA	NA	NA	\$723	(\$13)	-1.82%
93452	26	Left heart catheterization including intraprocedural injection(s) for left ventriculography; imaging supervision and	\$226	(\$23)	-9.14%	NA	NA	NA
93452			NA	NA	NA	\$816	(\$23)	-2.72%
93453	26	Combined right heart cath and left heart catheterization including intraprocedural injection(s) for left ventriculography,	\$298	(\$35)	-10.44%	NA	NA	NA
93453			NA	NA	NA	\$1,055	(\$34)	-3.09%
93454	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$225	(\$26)	-10.45%	NA	NA	NA
93454			NA	NA	NA	\$825	(\$26)	-3.06%
93455	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$262	(\$31)	-10.53%	NA	NA	NA
93455			NA	NA	NA	\$965	(\$30)	-3.01%
93456	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$293	(\$34)	-10.39%	NA	NA	NA
93456			NA	NA	NA	\$1,044	(\$32)	-2.99%
93457	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$329	(\$39)	-10.57%	NA	NA	NA
93457			NA	NA	NA	\$1,182	(\$38)	-3.11%
93458	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$277	(\$33)	-10.61%	NA	NA	NA
93458			NA	NA	NA	\$993	(\$32)	-3.12%
93459	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$315	(\$37)	-10.46%	NA	NA	NA
93459			NA	NA	NA	\$1,101	(\$36)	-3.17%
93460	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$352	(\$42)	-10.60%	NA	NA	NA
93460			NA	NA	NA	\$1,184	(\$41)	-3.36%
93461	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$389	(\$46)	-10.63%	NA	NA	NA
93461			NA	NA	NA	\$1,357	(\$45)	-3.18%

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**Proposed 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Proposed In-Facility Rate			2018 Proposed In-Office Rate		
			Variance 2018 Proposed vs. 2017 Final			Variance 2018 Proposed vs. 2017 Final		
			\$	\$	%	\$	\$	%
93462		Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$198	(\$20)	-9.27%	\$198	(\$20)	-9.27%
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	(\$0)	-0.07%	\$101	(\$0)	-0.07%
93464	26	Physiologic exercise study (eg, bicycle or arm ergometry)	\$89	(\$0)	-0.52%	NA	NA	NA
93464		including assessing hemodynamic measurements before and	NA	NA	NA	\$258	(\$1)	-0.27%
93531	26	Combined right heart catheterization and retrograde left heart cath, for congenital cardiac anomalies	\$413	(\$33)	-7.38%	\$413	(\$33)	-7.38%
93532	26	Combined right heart catheterization and transeptal left heart cath through intact septum with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$494	(\$61)	-11.05%	\$494	(\$61)	-11.05%
93533	26	Combined right heart catheterization and transeptal left heart cath through existing septal opening, with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$332	(\$39)	-10.58%	\$332	(\$39)	-10.58%

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**Proposed 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Proposed In-Facility Rate			2018 Proposed In-Office Rate		
			Rate	Variance Proposed vs. 2017 Final	%	Rate	Variance Proposed vs. 2017 Final	%
			\$	\$	%	\$	\$	%
<b>Diagnostic Cath Injection</b>								
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)	\$44	(\$3)	-7.31%	\$44	(\$3)	-7.31%
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)	\$44	(\$5)	-9.37%	\$160	(\$4)	-2.56%
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)	\$49	(\$6)	-10.20%	\$134	(\$5)	-3.86%
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)	\$45	(\$5)	-9.16%	\$143	(\$5)	-3.14%
<b>Angioplasty without Stent</b>								
92920		Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	\$501	(\$55)	-9.88%	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

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**Proposed 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Proposed In-Facility Rate			2018 Proposed In-Office Rate		
			2018 Proposed In-Facility Rate	Variance 2018 Proposed vs. 2017 Final		2018 Proposed In-Office Rate	Variance 2018 Proposed vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Atherectomy without Stent</b>								
92924		Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	\$596	(\$68)	-10.24%	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
<b>Stent with Angioplasty</b>								
92928		Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	\$557	(\$62)	-10.01%	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
<b>Stent with Atherectomy</b>								
92933		Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	\$623	(\$71)	-10.19%	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

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**Proposed 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Proposed In-Facility Rate			2018 Proposed In-Office Rate		
			Proposed Rate	Variance Proposed vs. 2017 Final		Proposed Rate	Variance Proposed vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Bypass Graft</b>								
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	\$556	(\$62)	-10.08%	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
<b>Acute Myocardial Infarction</b>								
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	\$625	(\$71)	-10.17%	NA	NA	NA
<b>Chronic Total Occlusion</b>								
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	\$625	(\$70)	-10.02%	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
<b>Thrombectomy</b>								
92973		Percutaneous transluminal coronary thrombectomy mechanical	\$167	(\$18)	-9.84%	NA	NA	NA

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**Proposed 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Proposed In-Facility Rate			2018 Proposed In-Office Rate		
			Rate	Variance Proposed vs. 2017 Final	%	Rate	Variance Proposed vs. 2017 Final	%
			\$	\$	%	\$	\$	%
<b>IVUS</b>								
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)	\$89	(\$11)	-10.54%	\$89	(\$11)	-10.54%
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)	\$72	(\$8)	-10.51%	\$72	(\$8)	-10.51%
<b>FFR</b>								
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)	\$89	(\$11)	-10.54%	\$89	(\$11)	-10.54%
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)	\$72	(\$8)	-10.51%	\$72	(\$8)	-10.51%

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**Proposed 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Proposed In-Facility Rate	Variance 2018 Proposed vs. 2017 Final		2018 Proposed In-Office Rate	Variance 2018 Proposed vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Valvuloplasty</b>								
92986		Percutaneous balloon valvuloplasty; aortic valve	\$1,250	(\$127)	-9.25%	NA	NA	NA
92987		Percutaneous balloon valvuloplasty; mitral valve	\$1,291	(\$131)	-9.21%	NA	NA	NA
92990		Percutaneous balloon valvuloplasty; pulmonary valve	\$1,025	(\$109)	-9.59%	NA	NA	NA
<b>Transcatheter Aortic Valve Replacement</b>								
33361		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	\$1,340	(\$81)	-5.69%	NA	NA	NA
33362		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	\$1,465	(\$85)	-5.50%	NA	NA	NA
33363		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	\$1,520	(\$112)	-6.88%	NA	NA	NA
33364		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	\$1,593	(\$99)	-5.86%	NA	NA	NA
33365		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	\$1,760	(\$102)	-5.48%	NA	NA	NA
33366		Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	\$1,905	(\$109)	-5.40%	NA	NA	NA
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)	\$636	(\$17)	-2.58%	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)	\$781	\$1	0.10%	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	(\$1)	-0.07%	NA	NA	NA

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**Proposed 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Proposed In-Facility Rate			2018 Proposed In-Office Rate		
			2018 Proposed In-Facility Rate	Variance 2018 Proposed vs. 2017 Final		2018 Proposed In-Office Rate	Variance 2018 Proposed vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Paravalvular Leak Repair</b>								
93590		Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	\$1,120	(\$125)	-10.03%	NA	NA	NA
93591		Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	\$930	(\$104)	-10.02%	NA	NA	NA
93592		Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	\$409	(\$47)	-10.23%	NA	NA	NA
<b>Watchman™ Left Atrial Appendage Closure (LAAC) Procedure</b>								
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	\$753	(\$81)	-9.69%	NA	NA	NA

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**Proposed 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Proposed In-Facility Rate			2018 Proposed In-Office Rate		
			Proposed Rate	Variance 2018 Proposed vs. 2017 Final	%	Proposed Rate	Variance 2018 Proposed vs. 2017 Final	%
			\$	\$	%	\$	\$	%
<b>Peripheral Interventions</b>								
<b>Non-Coronary Angioplasty</b>								
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	\$358	(\$11)	-3.03%	\$2,155	(\$20)	-0.92%
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)	\$177	(\$6)	-3.45%	\$871	(\$9)	-0.98%
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	\$308	(\$10)	-3.00%	\$1,496	(\$10)	-0.70%
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)	\$150	(\$6)	-3.65%	\$640	(\$6)	-0.89%

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**Proposed 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Proposed In-Facility Rate			2018 Proposed In-Office Rate		
			2018 Proposed In-Facility Rate	Variance 2018 Proposed vs. 2017 Final		2018 Proposed In-Office Rate	Variance 2018 Proposed vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Dialysis Circuit</b>								
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	\$146	(\$5)	-3.05%	\$576	(\$4)	-0.77%
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	\$218	(\$7)	-2.92%	\$1,228	(\$7)	-0.59%
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	\$300	(\$8)	-2.52%	\$5,633	(\$30)	-0.54%

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CPT®	Modifier	Abbreviated (Partial) Description	2018 Proposed In-Facility Rate			2018 Proposed In-Office Rate		
			Variance 2018 Proposed vs. 2017 Final			Variance 2018 Proposed vs. 2017 Final		
			\$	\$	%	\$	\$	%
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)	\$344	(\$10)	-2.86%	\$1,789	(\$12)	-0.66%
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	\$433	(\$12)	-2.79%	\$2,289	(\$15)	-0.64%

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			Variance 2018 Proposed vs. 2017 Final			Variance 2018 Proposed vs. 2017 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	\$504	(\$15)	-2.90%	\$6,843	(\$24)	-0.36%
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)	\$125	(\$5)	-3.61%	\$734	(\$5)	-0.64%
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)	\$190	(\$4)	-2.31%	\$2,704	(\$17)	-0.64%
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)	\$181	(\$3)	-1.86%	\$1,952	(\$33)	-1.67%

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			\$	\$	%	\$	\$	%
<b>Iliac Artery Revascularization</b>								
37220		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$408	(\$15)	-3.55%	\$3,076	(\$38)	-1.22%
37221		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$502	(\$21)	-3.99%	\$4,562	(\$55)	-1.18%
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)	\$191	(\$6)	-2.83%	\$864	(\$10)	-1.12%
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)	\$217	(\$8)	-3.55%	\$2,561	(\$30)	-1.15%
<b>Femoral/Popliteal Artery Revascularization</b>								
37224		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$451	(\$17)	-3.57%	\$3,735	(\$42)	-1.11%
37225		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within same vessel, when performed	\$603	(\$35)	-5.53%	\$10,972	(\$91)	-0.82%
37226		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$527	(\$24)	-4.36%	\$8,976	(\$89)	-0.98%
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	\$728	(\$41)	-5.29%	\$14,856	(\$130)	-0.87%

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			\$	\$	%	\$	\$	%
<b>Tibial / Peroneal Artery Revascularization</b>								
37228		Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$552	(\$20)	-3.55%	\$5,349	(\$60)	-1.10%
37229		Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$707	(\$39)	-5.26%	\$10,819	(\$87)	-0.80%
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	\$693	(\$44)	-5.92%	\$8,254	(\$78)	-0.94%
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	\$749	(\$50)	-6.29%	\$13,404	(\$89)	-0.66%
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)	\$204	(\$9)	-4.28%	\$1,190	(\$17)	-1.39%
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)	\$330	(\$16)	-4.60%	\$1,436	(\$23)	-1.57%
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)	\$280	(\$20)	-6.55%	\$3,907	(\$42)	-1.06%

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			Variance 2018 Proposed vs. 2017 Final			Variance 2018 Proposed vs. 2017 Final		
			\$	\$	%	\$	\$	%
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)	\$396	(\$20)	-4.91%	\$4,124	(\$118)	-2.78%
<b>Vascular Stent</b>								
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	\$450	(\$13)	-2.90%	\$3,865	(\$153)	-3.80%
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)	\$217	(\$7)	-3.09%	\$2,437	(\$17)	-0.70%
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	\$310	(\$5)	-1.43%	\$4,202	\$12	0.29%
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)	\$151	(\$7)	-4.71%	\$2,027	(\$9)	-0.42%
<b>BSC currently has no stent approved for use in the veins of the lower extremities</b>								

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			Rate	Variance 2018 Proposed vs. 2017 Final		Rate	Variance 2018 Proposed vs. 2017 Final	
				\$	\$		%	\$
<b>Catheter Access</b>								
36140		Introduction of needle or intracatheter; extremity artery	\$92	(\$3)	-2.77%	\$429	(\$1)	-0.22%
36160		Introduction of needle or intracatheter, aortic, translumbar	\$128	(\$1)	-0.55%	\$498	(\$2)	-0.44%
36200		Introduction of catheter, aorta	\$142	(\$5)	-3.15%	\$564	(\$8)	-1.4%
<b>Catheter Placement</b>								
36215		Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$217	(\$28)	-11.35%	\$1,016	(\$127)	-11.12%
36216		Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$278	(\$6)	-2.00%	\$1,100	(\$81)	-6.88%
36217		Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$336	(\$1)	-0.36%	\$1,875	(\$59)	-3.03%
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	(\$0)	-0.38%	\$256	\$66	35.11%
36245		Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$242	(\$9)	-3.45%	\$1,317	(\$8)	-0.59%
36246		Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$258	(\$10)	-3.62%	\$824	(\$13)	-1.61%
36247		Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$308	(\$10)	-3.11%	\$1,507	(\$16)	-1.06%
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	(\$0)	-0.42%	\$155	(\$1)	-0.41%
<b>Carotid Artery Stenting</b>								
37215		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	\$1,002	(\$42)	-4.03%	NA	NA	NA
37216		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	\$0	\$0	NA	\$0	\$0	NA

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			2018 Proposed In-Facility Rate	Variance 2018 Proposed vs. 2017 Final		2018 Proposed In-Office Rate	Variance 2018 Proposed vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Vena Cava Filters</b>								
37191		Insertion of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$233	(\$3)	-1.24%	\$2,588	(\$20)	-0.78%
37192		Repositioning of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$361	(\$18)	-4.84%	\$1,363	(\$265)	-16.25%
37193		Retrieval (removal) of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$364	(\$4)	-1.09%	\$1,546	(\$9)	-0.60%
<b>Thrombectomy</b>								
37184		Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$465	(\$7)	-1.47%	\$2,236	(\$23)	-1.04%
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)	\$173	(\$3)	-1.96%	\$710	(\$8)	-1.07%
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)	\$248	(\$11)	-4.16%	\$1,340	(\$19)	-1.41%
37187		Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$407	(\$5)	-1.20%	\$2,002	(\$2)	-0.11%
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	\$289	(\$3)	-1.20%	\$1,689	(\$21)	-1.23%

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			\$	\$	%	\$	\$	%
<b>Thrombolysis</b>								
37211		Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	\$396	(\$8)	-1.94%	NA	NA	NA
37212		Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$348	(\$4)	-1.25%	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	\$243	(\$2)	-0.74%	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	\$127	(\$2)	-1.67%	NA	NA	NA
<b>Non-Coronary IVUS</b>								
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)	\$92	(\$5)	-4.94%	\$1,379	(\$23)	-1.62%
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)	\$74	(\$4)	-5.26%	\$206	(\$5)	-2.28%

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			\$	\$	%	\$	\$	%
<b>Angiograms</b>								
75710	26	Angiography, extremity, unilateral, radiological supervision and interpretation	\$88	\$31	53.56%	\$88	\$31	53.56%
75710			NA	NA	NA	\$175	\$10	6.19%
75716	26	Angiography, extremity, bilateral, radiological supervision and interpretation	\$98	\$33	49.87%	\$98	\$33	49.87%
75716			NA	NA	NA	\$198	\$9	4.85%
75726	26	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	\$57	(\$0)	-0.35%	\$57	(\$0)	-0.35%
75726			NA	NA	NA	\$151	(\$0)	-0.19%
75731	26	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$59	\$1	0.90%	\$59	\$1	0.90%
75731			NA	NA	NA	\$174	\$0	0.08%
75733	26	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	\$65	\$0	0.28%	\$65	\$0	0.28%
75733			NA	NA	NA	\$188	(\$0)	-0.10%
75736	26	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	\$57	\$0	0.28%	\$57	\$0	0.28%
75736			NA	NA	NA	\$162	(\$1)	-0.38%
<b>Bronchoscopy</b>								
31631		Bronchoscopy; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	\$235	(\$3)	-1.08%	NA	NA	NA
<b>Biliary Stenting</b>								
47556		Biliary endoscopy, percutaneous via T-Tube or other tract; with dilation of biliary duct stricture(s) with stent	\$437	\$3	0.61%	NA	NA	NA
<b>Radiological S&amp;I (Biliary stenting)</b>								
74363	26	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	\$44	\$0	0.28%	\$44	\$0	0.28%
<b>Transhepatic Shunts (TIPS)</b>								
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)	\$867	\$2	0.24%	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)	\$396	\$0	0.10%	\$5,873	(\$35)	-0.60%

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			Rate	Variance Proposed vs. 2017 Final	%	Rate	Variance Proposed vs. 2017 Final	%
			\$	\$	%	\$	\$	%
<b>Embolization</b>								
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	\$459	(\$6)	-1.19%	\$4,777	(\$40)	-0.84%
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	\$501	(\$4)	-0.72%	\$7,393	(\$161)	-2.14%
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	(\$0)	-0.08%	\$9,797	(\$19)	-0.20%
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	\$0	0.03%	\$6,833	(\$14)	-0.20%
<b>Drainage</b>								
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	\$75	\$1	1.26%	\$321	\$2	0.73%
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)	\$223	(\$0)	-0.04%	\$809	(\$8)	-0.99%

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			Variance 2018 Proposed vs. 2017 Final			Variance 2018 Proposed vs. 2017 Final		
			\$	\$	%	\$	\$	%
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	\$0	0.15%	\$1,251	(\$10)	-0.77%
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	\$393	\$2	0.56%	\$1,495	(\$5)	-0.36%
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	\$209	\$1	0.28%	\$1,031	(\$5)	-0.45%
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	\$140	\$0	0.28%	\$700	(\$3)	-0.43%
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	\$0	0.28%	\$373	(\$0)	-0.10%
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	\$249	\$1	0.57%	\$4,375	(\$17)	-0.38%

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			Variance 2018 Proposed vs. 2017 Final			Variance 2018 Proposed vs. 2017 Final		
			\$	\$	%	\$	\$	%
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	\$452	\$3	0.60%	\$4,850	(\$10)	-0.21%
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)	\$466	\$1	0.28%	\$4,957	(\$25)	-0.50%
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	\$351	\$1	0.39%	\$1,194	(\$1)	-0.08%
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)	\$143	\$1	0.54%	\$470	(\$0)	-0.10%
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)	\$153	(\$14)	-8.56%	\$485	(\$102)	-17.42%
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)	\$168	(\$1)	-0.57%	\$1,090	(\$18)	-1.60%

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**Proposed 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Proposed In-Facility Rate			2018 Proposed In-Office Rate		
			Rate	Variance 2018 Proposed vs. 2017 Final		Rate	Variance 2018 Proposed vs. 2017 Final	
				\$	\$		%	\$
<b>Rhythm Management</b>								
<b>Device Implant Procedures</b>								
33206		Insertion of heart pacemaker and atrial electrode	\$433	(\$36)	-7.77%	NA	NA	NA
33207		Insertion of heart pacemaker and ventricular electrode	\$459	(\$42)	-8.34%	NA	NA	NA
33208		Insertion of heart pacemaker, atrial and ventricular electrodes	\$497	(\$46)	-8.53%	NA	NA	NA
33212		Insertion of pulse generator only with existing single lead	\$312	(\$21)	-6.42%	NA	NA	NA
33213		Insertion of pulse generator only with existing dual lead	\$324	(\$24)	-6.95%	NA	NA	NA
33221		Insertion of pulse generator only with existing multiple leads	\$344	(\$31)	-8.25%	NA	NA	NA
33214		Upgrade of pacemaker system	\$459	(\$38)	-7.68%	NA	NA	NA
33215		Reposition pacing-defib lead	\$297	(\$27)	-8.29%	NA	NA	NA
33216		Insert lead pace-defib, one	\$355	(\$30)	-7.85%	NA	NA	NA
33217		Insert lead pace-defib, dual	\$351	(\$26)	-6.96%	NA	NA	NA
33218		Repair of single lead, pacer or ICD	\$372	(\$33)	-8.16%	NA	NA	NA
33220		Repair of 2 leads, pacer or ICD	\$375	(\$30)	-7.36%	NA	NA	NA
33222		Revise/relocate pocket, pacemaker	\$328	(\$21)	-6.10%	NA	NA	NA
33223		Revise pocket, defib	\$393	(\$32)	-7.44%	NA	NA	NA
33225		L ventric pacing lead (add-on)	\$443	(\$48)	-9.75%	NA	NA	NA
33227		Removal and replacement of pacemaker gen, single lead	\$323	(\$28)	-8.01%	NA	NA	NA
33228		Removal and replacement of pacemaker gen, dual lead	\$337	(\$30)	-8.24%	NA	NA	NA
33229		Removal and replacement of pacemaker gen, multiple lead	\$357	(\$33)	-8.41%	NA	NA	NA
33230		Insert ICD pulse generator with existing dual leads	\$367	(\$31)	-7.85%	NA	NA	NA
33231		Insert ICD pulse generator with existing multiple leads	\$384	(\$35)	-8.31%	NA	NA	NA
33233		Removal of pacemaker system gen only	\$222	(\$16)	-6.80%	NA	NA	NA
33234		Removal of pacemaker system lead, single	\$466	(\$39)	-7.70%	NA	NA	NA
33235		Removal pacemaker electrode, dual lead	\$615	(\$49)	-7.36%	NA	NA	NA
33240		Insertion of implantable defibrillator pulse generator only; with existing single lead	\$350	(\$30)	-7.96%	NA	NA	NA
33241		Remove pulse generator only	\$208	(\$15)	-6.80%	NA	NA	NA
33262		Removal and replacement of defib gen, single lead	\$355	(\$33)	-8.62%	NA	NA	NA
33263		Removal and replacement of defib gen, dual lead	\$370	(\$34)	-8.53%	NA	NA	NA
33264		Removal and replacement of defib gen, multiple lead	\$385	(\$37)	-8.69%	NA	NA	NA
33244		Remove eltrd, transven	\$828	(\$68)	-7.59%	NA	NA	NA
33249		Eltrd/insert pace-defib	\$871	(\$84)	-8.80%	NA	NA	NA
33270		Insertion or replacement of permanent S-ICD system, with subcutaneous electrode, including DFT, when performed	\$541	(\$74)	-12.01%	NA	NA	NA
33271		Insertion of S-ICD electrode	\$459	(\$56)	-10.84%	NA	NA	NA
33272		Removal of S-ICD electrode	\$341	(\$22)	-6.16%	NA	NA	NA
33273		Repositioning of previously implanted S-ICD electrode	\$408	(\$16)	-3.87%	NA	NA	NA

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**Proposed 2018 PFS Rates Compared to Final 2017**

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			Proposed Rate	Variance 2018 Proposed vs. 2017 Final		Proposed Rate	Variance 2018 Proposed vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Watchman™ Left Atrial Appendage Closure (LAAC) Procedure</b>								
33340		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	\$753	(\$81)	-9.69%	NA	NA	NA
<b>Device Evaluation</b>								
93641	26	Electrophysiology evaluation -ICD system	\$293	(\$33)	-10.09%	\$293	(\$33)	-10.09%
93260		S-ICD Programming device evaluation (in person)	NA	NA	NA	\$66	(\$0)	-0.26%
93260	TC		NA	NA	NA	\$22	\$0	0.28%
93260	26		\$44	(\$0)	-0.53%	\$44	(\$0)	-0.53%
93261		S-ICD Interrogation device evaluation (in person)	NA	NA	NA	\$60	(\$1)	-1.50%
93261	TC		NA	NA	NA	\$22	\$0	0.28%
93261	26		\$38	(\$1)	-2.48%	\$38	(\$1)	-2.48%
93288		PM Interrogation in person all lead configurations	NA	NA	NA	\$39	\$0	1.23%
93288	TC		NA	NA	NA	\$17	\$1	4.74%
93288	26		\$22	(\$0)	-1.36%	\$22	(\$0)	-1.36%
93279		PM Programming eval 1 lead	NA	NA	NA	\$50	(\$1)	-1.13%
93279	TC		NA	NA	NA	\$17	(\$1)	-3.73%
93279	26		\$33	\$0	0.28%	\$33	\$0	0.28%
93280		PM Programming eval 2 lead	NA	NA	NA	\$59	\$0	0.28%
93280	TC		NA	NA	NA	\$20	\$0	0.28%
93280	26		\$39	\$0	0.28%	\$39	\$0	0.28%
93281		PM Programming eval 3 lead	NA	NA	NA	\$64	(\$5)	-7.47%
93281	TC		NA	NA	NA	\$21	(\$3)	-13.39%
93281	26		\$44	(\$2)	-4.42%	\$44	(\$2)	-4.42%
93289		ICD interrogation in person all lead configurations	NA	NA	NA	\$55	(\$11)	-16.97%
93289	TC		NA	NA	NA	\$17	(\$3)	-14.04%
93289	26		\$38	(\$9)	-18.23%	\$38	(\$9)	-18.23%
93282		ICD Programming eval 1 lead	NA	NA	NA	\$62	(\$2)	-3.08%
93282	TC		NA	NA	NA	\$19	(\$2)	-10.09%
93282	26		\$44	\$0	0.28%	\$44	\$0	0.28%
93283		ICD Programming eval 2 lead	NA	NA	NA	\$79	(\$4)	-4.49%
93283	TC		NA	NA	NA	\$20	(\$4)	-16.18%
93283	26		\$59	\$0	0.28%	\$59	\$0	0.28%
93284		ICD Programming eval 3 lead	NA	NA	NA	\$86	(\$5)	-5.98%
93284	TC		NA	NA	NA	\$22	(\$5)	-19.25%
93284	26		\$64	(\$0)	-0.28%	\$64	(\$0)	-0.28%

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**Proposed 2018 PFS Rates Compared to Final 2017**

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			Variance 2018 Proposed vs. 2017 Final			Variance 2018 Proposed vs. 2017 Final		
			\$	\$	%	\$	\$	%
93291		ILR Innterrogation in person	NA	NA	NA	\$33	(\$4)	-11.29%
93291	TC		NA	NA	NA	\$14	(\$1)	-4.49%
93291	26		\$19	(\$4)	-15.89%	\$19	(\$4)	-15.89%
93285		ILR Programming eval	NA	NA	NA	\$43	\$0	1.13%
93285	TC		NA	NA	NA	\$16	\$0	0.28%
93285	26		\$27	\$0	1.64%	\$27	\$0	1.64%
93290		ICM Interrogation in person	NA	NA	NA	\$37	\$5	14.93%
93290	TC		NA	NA	NA	\$15	\$5	52.28%
93290	26		\$22	(\$0)	-1.33%	\$22	(\$0)	-1.33%
93292		Wearable defib Interrogation in person	NA	NA	NA	\$37	\$4	12.27%
93292	TC		NA	NA	NA	\$15	\$4	39.10%
93292	26		\$22	(\$0)	-1.36%	\$22	(\$0)	-1.36%
93286		PM Peri-px eval and programming	NA	NA	NA	\$31	\$3	10.70%
93286	TC		NA	NA	NA	\$15	\$3	23.88%
93286	26		\$15	\$0	0.28%	\$15	\$0	0.28%
93287		ICD Peri-px eval and programming	NA	NA	NA	\$39	\$2	4.14%
93287	TC		NA	NA	NA	\$15	\$1	10.84%
93287	26		\$24	\$0	0.28%	\$24	\$0	0.28%
93293		TTM rhythm strip pacemaker eval	NA	NA	NA	\$54	(\$1)	-1.04%
93293	TC		NA	NA	NA	\$39	\$0	0.28%
93293	26		\$15	(\$1)	-4.17%	\$15	(\$1)	-4.17%
93228		Wearable defib mobile telemetry w/phy r&l w/report	\$27	\$0	0.28%	\$27	\$0	0.28%
93294		PM Remote Interrogation 90 days all lead config	\$31	(\$3)	-9.12%	\$31	(\$3)	-9.12%
93295		ICD Remote interrogation 90 days all lead config	\$56	(\$13)	-18.52%	\$56	(\$13)	-18.52%
93296		PE- Remote data aquisition PM or ICD	NA	NA	NA	\$27	\$0	0.28%
93297		ICM Remote interrogation eval 30 days	\$27	\$0	0.28%	\$27	\$0	0.28%
93298		ILR Remote interrogation eval 30 days	\$27	\$0	0.28%	\$27	\$0	0.28%
93299		ICM and ILR Remote interr 30 days, tech	NA	NA	NA	Contractor Priced		

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**Proposed 2018 PFS Rates Compared to Final 2017**

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			Proposed Rate	Variance Proposed vs. 2017 Final		Proposed Rate	Variance Proposed vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Electrophysiology Procedures</b>								
93462		L hrt cath trnsptl puncture	\$198	(\$20)	-9.27%	\$198	(\$20)	-9.27%
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)	\$260	(\$30)	-10.27%	\$260	(\$30)	-10.27%
93613		Intracardiac electrophysiologic 3-dimensional mapping (add on)	\$338	(\$78)	-18.77%	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	\$366	(\$42)	-10.22%	\$366	(\$42)	-10.22%
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	\$589	(\$67)	-10.20%	\$589	(\$67)	-10.20%
93621	26	with left atrial pacing and recording from coronary sinus or left atrium (add on)	\$110	(\$13)	-10.57%	\$110	(\$13)	-10.57%
93622	26	with left ventricular pacing and recording (add on)	\$162	(\$18)	-10.13%	\$162	(\$18)	-10.13%
93623	26	Programmed stimulation and pacing after intravenous drug infusion (add on)	\$149	(\$18)	-10.52%	\$149	(\$18)	-10.52%
93644		EP Evaluation of S-ICD	NA	NA	NA	\$209	(\$13)	-5.88%
93650		Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	\$559	(\$59)	-9.56%	NA	NA	NA
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.	\$788	(\$86)	-9.81%	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	\$1,057	(\$114)	-9.71%	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)	\$401	(\$44)	-9.90%	NA	NA	NA

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			Variance 2018 Proposed vs. 2017 Final			Variance 2018 Proposed vs. 2017 Final		
			\$	\$	%	\$	\$	%
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	\$1,059	(\$115)	-9.80%	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)	\$401	(\$44)	-9.84%	NA	NA	NA
93662	26	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (add on)	\$146	(\$0)	-0.21%	\$146	(\$0)	-0.21%

**BSC currently has no FDA-approved ablation catheters for the treatment of atrial fibrillation**

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