Summary

Coverage, coding, and payment can vary by payer. Boston Scientific recommends consulting payers to understand their policies and requirements for Bronchial Thermoplasty (BT). The coding options listed within this guide represent commonly used codes and coding systems, and they are not intended to be an all-inclusive list. Providers should confirm appropriate coding options with payers and specialty societies.

Coding and payment

The codes described below are applicable across all types of payers. As private insurance and Medicaid payments are largely program dependent, the payment rates provided in this guide reflect Medicare national average payments as published in appropriate fee schedules.

Diagnosis codes

ICD-9-CM diagnosis code	Description
493	Asthma:
493.00	Extrinsic asthma, unspecified
493.10	Intrinsic asthma, unspecified
493.20	Chronic obstructive asthma, unspecified
493.90	Asthma, unspecified

Current procedural terminology (CPT®)[1] procedure codes

		2015 Medicare National Average Payment Rates[2] and Coding				
		Physician[3]			Facility[4]	
CPT® Code	Code description	Work RVUs	Total RVUs	MD In-Facility payment*	Hospital outpatient payment†	C-Code C1886
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with Bronchial Thermoplasty, 1 lobe	**4.25**	**6.02**	**$215**	**$2,255**	Should be reported
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with Bronchial Thermoplasty, 2 or more lobes	**4.50**	**6.30**	**$225**	**$2,255**	Should be reported

Coding for other possible sites of service

Inpatient

Although less common, some BT procedures might be performed in an inpatient setting.

ICD-9-CM procedure code	Description
32.27	Bronchoscopic Bronchial Thermoplasty, ablation of airway smooth muscle

ASC

The Category I CPT® Codes 31660 and 31661 for BT are not currently on the "ASC Covered Surgical Procedures" for CY 2015 and therefore this procedure is not covered in the ASC setting for Medicare patients. ASCs should contact commercial payers to determine whether the procedure would be covered in this setting.

Note: The Instructions for Use for the Alair System specify that facilities should be equipped with access to full resuscitation equipment to handle hemoptysis, pneumothorax, and other respiratory complications, including acute exacerbation of asthma and respiratory failure requiring intubation.

* The 2015 National Average Medicare physician payment rates have been calculated using a 2015 conversion factor of $35.7547 which reflects changes for January 1, 2015 through March 31, 2015. Rates subject to change.

†For Medicare claims, please note that CPT Codes 31660 and 31661 map to Ambulatory Payment Classification (APC) 0415, Level II Bronchoscopy Procedures.

See important information about the uses and limitations of this document on back page.

Medicare C-Code for facility use

Code	Description
C1886	Catheter, extravascular tissue ablation, any modality (insertable)

On claims for Medicare beneficiaries, hospitals should report not only the appropriate CPT® Code, but also C-Code C1886.

- C-Codes are tracking codes established by the Centers for Medicare & Medicaid Services (CMS) to assist Medicare in establishing future APC payment rates. C-Codes only apply to Medicare hospital outpatient claims. They do not trigger additional payment to the facility today.
- It is very important that hospitals report C-Codes as well as the associated device costs. This will help inform and potentially increase future outpatient hospital payment rates.

Suggested revenue codes

Hospital revenue code	Description
278‡	Medical/surgical supplies and devices/other implants
272	Sterile supply/medical/surgical supplies and devices

Guidance on the setting charges for C-Codes is available at: www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2386CP.pdf

Coverage

The Alair™ System is FDA approved, and some payers are covering the procedure while others are reviewing the technology for coverage. Providers should contact their individual payers prior to performing the procedure for information on coverage.

Boston Scientific recommends pre-determination of benefits for BT with third-party payers who do not cover BT but will allow a pre-determination of benefits. Boston Scientific offers support for providers in working through the pre-determination process in instances where consistent formal coverage has yet to be established. Customers performing BT delivered by the Alair System can contact The Reimbursement Group (TRG) for pre-determination support.

The Reimbursement Group Contact Information:

1-877-279-3331 (phone)

1-866-258-5034 (fax)

thermoplasty@trgltd.com

‡ According to Medicare, devices do not need to remain in the body to be classified as "implants."[5,6]

1. CPT Copyright 2014 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
2. Rates referenced in this guide do not reflect Sequestration; automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2015.
3. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - January 8, 2015 revised release, RVU15A file http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU15A.html?DLPage=1&DLSort=0&DLSortDir=descending
4. October 31, 2014 Final Rule CMS-1613-FC.
5. Preamble to the Inpatient Prospective Payment update regulation for FY 2009 (73 FR 48462).
6. Revenue Code 278 - Definition in UB-04 manual, National Uniform Billing Committee Summary, August 2009, Page 5: (a) Implantables: That which is implanted, such as a piece of tissue, a tooth, a pellet of medicine, or a tube or needle containing a radioactive substance, a graft, or an insert. Also included are liquid and solid plastic materials used to augment tissues or to fill in areas traumatically or surgically removed. An object or material partially or totally inserted or grafted into the body for prosthetic, therapeutic, diagnostic purposes. Examples of Other Implants (not all-inclusive): Stents, artificial joints, shunts, grafts, pins, plates, screws, anchors, radioactive seeds.

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

Boston Scientific does not promote the use of its products outside their FDA-approved label.

Caution: Federal (U.S.) law restricts this device to sale by or on the order of a physician. Indications, contraindications, precautions, and warnings can be found with product labeling.

Boston Scientific

Bronchial Thermoplasty™