



EKOS™ ENDOVASCULAR SYSTEM

2024 CODING & PAYMENT GUIDE

The procedure codes listed below are applicable to EkoSonic (EKOS) Endovascular System.

HOSPITAL INPATIENT CODING & REIMBURSEMENT

The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)¹ is the system of codes used by facilities to report procedures and services provided in the inpatient setting. ICD-10-PCS alphanumeric codes are composed of seven characters that identify the general procedure type, body system, procedure objective, specific body part, procedure approach and device use.

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

Effective for dates of service beginning October 1, 2020, the following ICD-10-PCS codes are appropriate for describing ultrasonic fragmentation procedures utilizing the EKOS™ Endovascular System:

ICD-10-PCS (0 =Zero)	ICD-10-PCS Description *The underline is for the fourth character that identifies the body part	Heart and Great Vessels			
02F_3Z0*	Fragmentation of ____, Percutaneous Approach, Ultrasonic	P	Pulmonary Trunk	S	Right Pulmonary Vein
		Q	Right Pulmonary Artery	T	Left Pulmonary Vein
		R	Left Pulmonary Artery		
Upper Arteries					
03F_3Z0*	Fragmentation of ____, Percutaneous Approach, Ultrasonic	2	Innominate Artery	8	Left Brachial Artery
		3	Right Subclavian Artery	9	Right Ulnar Artery
		4	Left Subclavian Artery	A	Left Ulnar Artery
		5	Right Axillary Artery	B	Right Radial Artery
		6	Left Axillary Artery	C	Left Radial Artery
		7	Right Brachial Artery	Y	Upper Artery
Lower Arteries					
04F_3Z0*	Fragmentation of ____, Percutaneous Approach, Ultrasonic	C	Right Common Iliac Artery	N	Left Popliteal Artery
		D	Left Common Iliac Artery	P	Right Anterior Tibial Artery
		E	Right Internal Iliac Artery	Q	Left Anterior Tibial Artery
		F	Left Internal Iliac Artery	R	Right Posterior Tibial Artery
		H	Right External Iliac Artery	S	Left Posterior Tibial Artery
		J	Left External Iliac Artery	T	Right Peroneal Artery
		K	Right Femoral Artery	U	Left Peroneal Artery
		L	Left Femoral Artery	Y	Lower Artery
		M	Right Popliteal Artery		

ICD-10-PCS (0 =Zero)	ICD-10-PCS Description *The underline is for the fourth character that identifies the body part	Heart and Great Vessels			
Upper Veins					
05F_3Z0*	Fragmentation of ____, Percutaneous Approach, Ultrasonic	3	Right Innominate Vein	9	Right Brachial Vein
		4	Left Innominate Vein	A	Left Brachial Vein
		5	Right Subclavian Vein	B	Right Basilic Vein
		6	Left Subclavian Vein	C	Left Basilic Vein
		7	Right Axillary Vein	D	Right Cephalic Vein
		8	Left Axillary Vein	F	Left Cephalic Vein
				Y	Upper Vein
Lower Veins					
06F_3Z0*	Fragmentation of ____, Percutaneous Approach, Ultrasonic	C	Right Common Iliac Vein	M	Right Femoral Vein
		D	Left Common Iliac Vein	N	Left Femoral Vein
		F	Right External Iliac Vein	P	Right Saphenous Vein
		G	Left External Iliac Vein	Q	Left Saphenous Vein
		H	Right Hypogastric Vein	Y	Lower Vein
		J	Left Hypogastric Vein		
Vein/Artery					
3E0_317	Introduction of Other Thrombolytic into ____, Percutaneous Approach	3	Peripheral Vein	5	Peripheral Artery
		4	Central Vein	6	Central Artery

Medicare reimburses facilities for inpatient stays based on the Medicare Severity Diagnosis Related Group (MS-DRG). The MS-DRG is a system of classifying patients based on principal diagnosis, complications and comorbidities managed and the procedures performed during an inpatient stay. A single MS-DRG payment is intended to cover all hospital costs associated with treating a patient for a hospital stay. Private payers may use MS-DRG-based systems or other payer-specific systems.

HOSPITAL INPATIENT FY 2024 (10/01/2023-09/30/2024)

Service Provided		Hospital Inpatient
MS-DRG	MS-DRG Description	Payment ¹
Pulmonary Embolism		
173	Ultrasound Accelerated and Other Thrombolysis with Principal Diagnosis Pulmonary Embolism	\$21,530
Peripheral Vascular (Venous & Arterial)		
278	Ultrasound Accelerated and Other Thrombolysis of Peripheral Vascular Structures With MCC	\$31,230
279	Ultrasound Accelerated and Other Thrombolysis of Peripheral Vascular Structures Without MCC	\$22,409
Deep Vein Thrombosis DVT		
278	Ultrasound Accelerated and Other Thrombolysis of Peripheral Vascular Structures With MCC	\$31,230
279	Ultrasound Accelerated and Other Thrombolysis of Peripheral Vascular Structures Without MCC	\$22,409

C CODE

The C Code for EKOS is **C1887** - Catheter, guiding (may include infusion/perfusion capability).

See important notes on the uses and limitations of this information on page 4.

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PHYSICIAN SERVICES CY 2024 (01/01/2024-12/31/2024)

Service Provided		Physician Fee Schedule		
CPT® Code	CPT® Description	Work RVUs	Total RVUs	Facility
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	7.75	11.28	\$369
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	6.81	9.83	\$322
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;	4.75	6.72	\$220
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	2.49	3.55	\$116

See the CPT® 2023 Professional Edition Codebook for important instructions regarding the use of the codes shown above and below.

CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician. Rx only. Prior to use, please see the complete “Directions for Use” for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator’s Instructions.

CONTRAINDICATIONS:

- Not designed for peripheral vasculature dilation purposes.
- This system is contraindicated when, in the physician’s medical judgment, such a procedure may compromise the patient’s condition.

POTENTIAL COMPLICATIONS:

Vessel perforation or rupture • Distal embolization of blood clots • Vessel spasm • Hemorrhage • Hematoma • Pain and tenderness • Sepsis/Infection • Thrombophlebitis • Tricuspid and pulmonic valve damage • Pulmonary infarct due to tip migration and spontaneous wedging, air embolism, and/or thromboembolism • Right bundle branch block and complete heart block • Intimal disruption • Arterial dissection • Vascular thrombosis • Drug reactions • Allergic reaction to contrast medium • Arteriovenous fistula • Thromboembolic episodes • Amputation • Pneumothorax • Perforation of the pulmonary artery. • Cardiac Arrhythmias – most frequently occurring during placement, removal or following displacement into the right ventricle.

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

SOURCES:

1. FY 2024 IPPS Payment. CMS-1785-F. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ippa-final-rule-home-page>
2. CMS 2024 ICD-10 Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-pcs>
3. CMS ICD-10-CM/PCS MS-DRG V41.0 Definitions Manual. <https://www.cms.gov/files/zip/icd-10-ms-drq-definitions-manual-files-v41.zip>
Not intended as an all-inclusive list of MS-DRGs
4. CY 2024 Physician Fee Schedule. CMS-1784-F. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1784-f> 2024 Conversion Factor of \$32.7442.

IMPORTANT INFORMATION

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Peripheral Interventions

One Scimed Place

Maple Grove, MN 55311-1566

<https://www.bostonscientific.com/reimbursement>

Medical Professionals:

PI.Reimbursement@bsci.com

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