



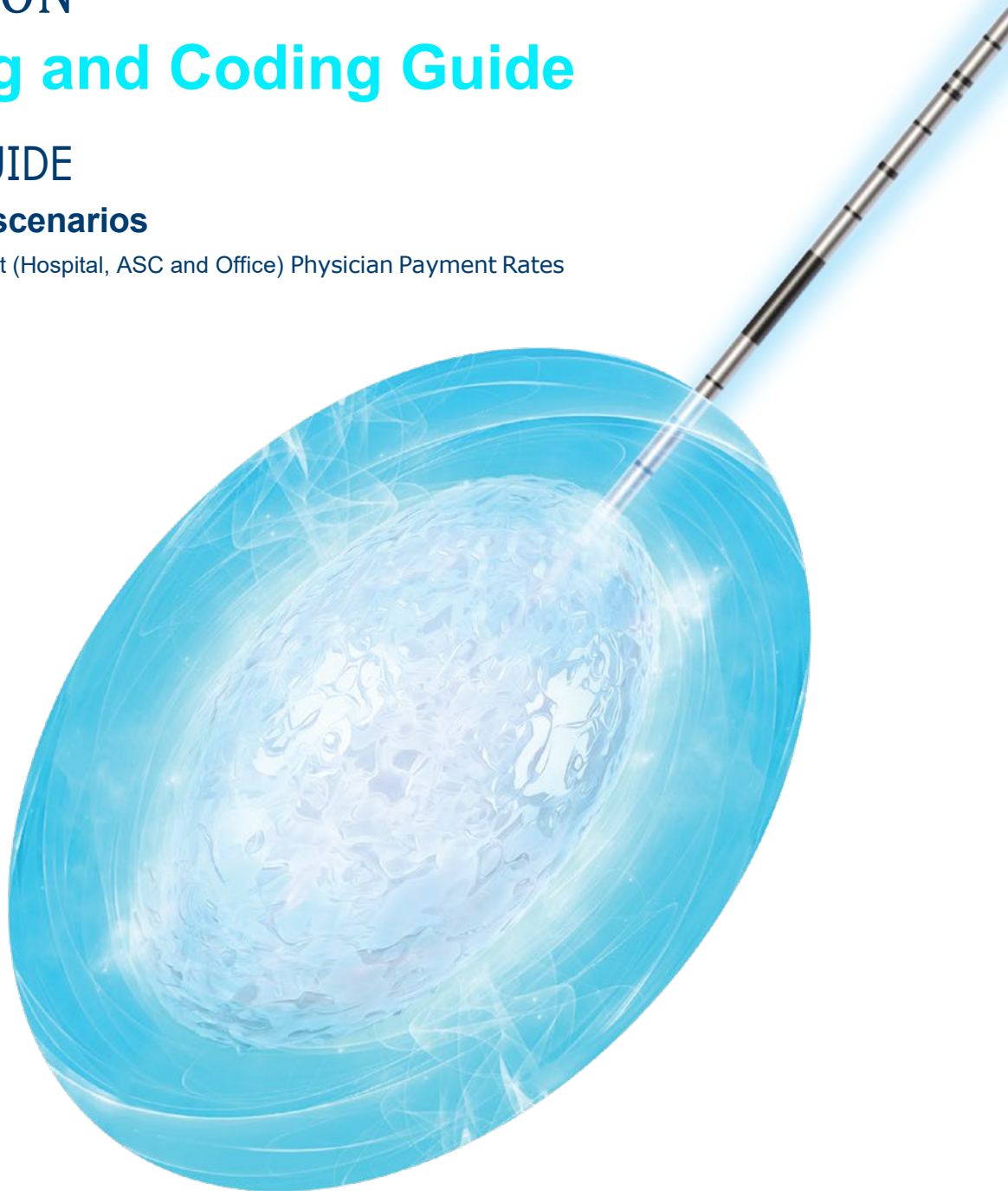
CRYOABLATION

2025 Billing and Coding Guide

INSIDE THIS GUIDE

Commonly billed scenarios

Codes and Medicare Payment (Hospital, ASC and Office) Physician Payment Rates



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ICEfx™ Cryoablation System, Visual Ice™ Cryoablation System, Visual Ice™ MRI Cryoablation System, and Needles (IceSeed™, IceSphere™, IceRod™, IceForce™, IcePearl™)

2025 BILLING & CODING GUIDE WITH MEDICARE ALLOWABLE REIMBURSEMENT

ABOUT CRYOABLATION

The ICEfx, Visual Ice, and Visual Ice MRI Cryoablation Systems are intended for cryoablative destruction of tissue during minimally invasive procedures; various accessory products are required to perform these procedures. These cryoablation systems are indicated for use as a cryosurgical tool in the fields of general surgery, dermatology, neurology (including cryoanalgesia), thoracic surgery (with the exception of cardiac tissue), ENT, gynecology, oncology, proctology, and urology. These systems are designed to destroy tissue (including prostate and kidney tissue, liver metastases, tumors, and skin lesions) by the application of extremely cold temperatures. The ICEfx, Visual Ice, and Visual Ice MRI Cryoablation Systems have the following specific indications:

- Urology Ablation of prostate tissue in cases of prostate cancer and Benign Prostate Hyperplasia (BPH)
- Oncology Ablation of cancerous or malignant tissue and benign tumors, and palliative intervention
- Dermatology Ablation or freezing of skin cancers and other cutaneous disorders. Destruction of warts or lesions, angiomas, sebaceous hyperplasia, basal cell tumors of the eyelid or canthus area, ulcerated basal cell tumors, dermatofibromas, small hemangiomas, mucocoele cysts, multiple warts, plantar warts, actinic and seborrheic keratosis, cavernous hemangiomas, peri-anal condylomata, and palliation of tumors of the skin
- Gynecology Ablation of malignant neoplasia or benign dysplasia of the female genitalia
- General Surgery palliation of tumors of the rectum, anal fissures, pilonidal cysts, and recurrent cancerous lesions, ablation of breast fibroadenomas
- ENT palliation of tumors of the oral cavity and ablation of leukoplakia of the mouth
- Thoracic Surgery (with the exception of cardiac tissue)
- Proctology Ablation of benign or malignant growths of the anus or rectum

CONTRAINDICATIONS

There are no known contraindications specific to the use of the ICEfx, Visual Ice, and Visual Ice MRI Cryoablation Systems.

Caution: Federal law restricts this device to sale by or on the order of a physician. Additional important safety information about the above products is available at the following website:

<https://www.bostonscientific.com/content/gwc/en-US/products/cryoablation.html>.

Please review the website if you intend to use these products.

These products may only be used by licensed healthcare professionals.

Claims must contain the appropriate HCPCS/CPT/ICD-10 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 HCPCS/CPT/ICD-10 codes that may be used to bill for Cryoablation. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered. CPT® Copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

IMPORTANT INFORMATION

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 rendered.** It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

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This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgment of the HCP.

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DEVICE CODING

Each cryoablation needle is coded as HCPCS C2618 – Probe/needle, cryoablation. Reimbursement for the cryoablation needle is included in the procedural payment. Coding for the procedure is specific to the anatomical region or organ. Procedures performed laparoscopically or as an open surgical procedure are coded as ablation without reference as to type.

The Revenue Code suggested by Medicare is 0278 – Other Implants.

Department of Health and Human Services, CMS 42 CFR Parts 410, 416, and 419 [CMS-1414-FC] RIN 0938-AP41

INTERVENTIONAL ONCOLOGY (IO) ABLATION REIMBURSEMENT SUPPORT

Boston Scientific has contracted with The Pinnacle Health Group to provide assistance with coding, coverage, and payment activities related to Interventional Oncology (IO) Ablation treatment, to include:

General Reimbursement Support

- Support providers with coding options and tools to reference coding for IO ablation and related procedures
- Provide current coverage policy information for IO Ablation procedures
- Review inadequate reimbursement or denials
- Support patient information requests

Benefit Verification and Prior Authorization Support

- Support providers with prior authorization for IO ablation procedures
- Support prior authorization requests and appeals
- Provide appropriate documentation for benefit verification, prior authorization and predetermination

Prior Authorization and Claim Appeals

- Support physicians and patients with the appeal process
- Assist with appeal letters and documentation necessary to approach payers with appropriate coverage requests
- Coordinate appeals through permitted appeal steps and peer to peer reviews
- Follow up with payers regarding requests on a scheduled basis

The Pinnacle Health Group team is available weekdays from 8:30 am - 6:00 pm EST at (215) 369-9290 or IOAblation@thepinnaclehealthgroup.com.

Percutaneous Cryoablation - Renal

PHYSICIAN SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Physician Fee Schedule | | |
|------------------|---|------------------------|----------|--------------|
| CPT® Code | CPT® Description | RVUs | Facility | Non Facility |
| 50593 | Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy | 8.88 | \$437 | \$3,448 |
| 76940 | Ultrasound monitoring parenchymal tissue ablation | 0.00 | \$97 | \$97 |
| 77013 | CT monitoring parenchymal tissue ablation | 0.00 | \$175 | \$175 |
| 77022 | MR monitoring parenchymal tissue ablation | 0.00 | \$191 | \$191 |
| 50200 | Renal biopsy; percutaneous, by trocar or needle | 2.38 | \$121 | \$480 |
| 76942 | Ultrasonic guidance for needle placement, IS&I | 0.67 | \$29 | \$57 |
| 77012 | CT guidance for needle placement, IS&I | 1.50 | \$67 | \$122 |
| 77021 | MR guidance for needle placement, IS&I | 1.50 | \$68 | \$403 |

CPT Codes are used to report medical services and procedures performed by or under the direction of physicians in the office or facility setting. The MPFS is based on Relative Value Units (RVUs) assigned to each CPT code. RVUs represent the physician's work, practice expenses and malpractice costs associated with each procedure or service. Reimbursement for commercial payers may be based on the Medicare RVUs or by a contractually negotiated rate.

OPPS/ASC PROCEDURAL SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Hospital Outpatient | ASC |
|------------------|---|---------------------|---------|
| APC | APC Description | Payment | Payment |
| 5362 | Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy (CPT 50593) | \$10,411 | \$6,996 |
| 5072 | Renal biopsy; percutaneous, by trocar or needle (CPT 50200) | \$1,620 | \$708 |

HCPSCS SUPPLY ITEM REPORTING

| Service Provided | | Hospital Outpatient | ASC |
|------------------|----------------------------|---------------------|----------|
| C-Code | Description | Payment | Payment |
| C2618* | Probe/needle, cryoablation | Packaged | Packaged |

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY 2025 (10/01/2024-09/30/2025)

| Service Provided | | Hospital Inpatient |
|------------------|--|--------------------|
| MS-DRG | Description | Payment |
| 656 | Kidney & ureter procedures for neoplasm w/MCC | \$23,251 |
| 657 | Kidney & ureter procedures for neoplasm w/CC | \$13,046 |
| 658 | Kidney & ureter procedures for neoplasm w/o CC/MCC | \$10,733 |

ICD-10 Codes

Percutaneous Cryoablation - Renal

| ICD-10-CM* | ICD-10-CM Descriptor | ICD-10-PCS | ICD-10-PCS Descriptor |
|------------|---|------------|---|
| C64.- | Malignant neoplasm of kidney, except renal pelvis | 0T5_3ZZ | Destruction of Kidney or Kidney Pelvis, Percutaneous Approach |
| C65.- | Malignant neoplasm of renal pelvis | | |
| C79.0- | Secondary malignant neoplasm kidney and renal pelvis | | |
| C7A.093 | Malignant carcinoid tumor of the kidney | | |
| C80.2 | Malignant neoplasm associated with transplanted organ | | |
| D09.10 | Carcinoma in situ of unspecified urinary organ | | |
| D09.19 | Carcinoma in situ of other urinary organs | | |
| D30.0- | Benign neoplasm of kidney | | |
| D30.1- | Benign neoplasm of renal pelvis | | |
| D3A.093 | Benign carcinoid tumor of the kidney | | |
| D41.0- | Neoplasm of uncertain behavior of kidney | | |
| D41.1- | Neoplasm of uncertain behavior renal pelvis | | |
| D41.2- | Neoplasm of uncertain behavior of ureter | | |
| D49.51- | Neoplasm of unspecified behavior of kidney | | |
| D49.59 | Neoplasm of unspecified behavior of other genitourinary organ | | |

* - indicates more specified coding may be required

_ indicates a value is needed to complete code

Disclaimer

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

Cryoablation - Percutaneous LUNG

PHYSICIAN SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Physician Fee Schedule | | |
|------------------|---|------------------------|----------|--------------|
| CPT® Code | CPT® Description | RVUs | Facility | Non Facility |
| 32994 | Percutaneous pulmonary cryoablation, 1 or > tumor(s), unilateral; including imaging guidance/monitoring | 9.03 | \$417 | \$4,456 |
| 32408 | Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed | 3.18 | \$145 | \$792 |
| 76942 | Ultrasonic guidance for needle placement, IS&I | 0.67 | \$29 | \$57 |
| 77012 | CT guidance for needle placement, IS&I | 1.50 | \$67 | \$122 |
| 77021 | MR guidance for needle placement, IS&I | 1.50 | \$68 | \$403 |

OPPS/ASC PROCEDURAL SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Hospital Outpatient | ASC |
|------------------|---|---------------------|---------|
| APC | APC Description | Payment | Payment |
| 5361 | Percutaneous pulmonary cryoablation, 1 or > tumor(s), unilateral; including imaging guidance/monitoring (CPT 32994) | \$5,834 | \$7,040 |
| 5072 | Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed (CPT 32408) | \$1,620 | \$708 |

HCPCS SUPPLY ITEM REPORTING

| Service Provided | | Hospital Outpatient | ASC |
|------------------|----------------------------|---------------------|----------|
| C-Code | Description | Payment | Payment |
| C2618* | Probe/needle, cryoablation | Packaged | Packaged |

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY 2025 (10/01/2024-09/30/2025)

| Service Provided | | Hospital Inpatient |
|------------------|-----------------------------------|--------------------|
| MS-DRG | Description | Payment |
| 163 | Major chest procedures w/MCC | \$32,894 |
| 164 | Major chest procedure w/CC | \$17,963 |
| 165 | Major chest procedures w/o CC/MCC | \$13,302 |

ICD-10 Codes

Cryoablation - Percutaneous LUNG

| ICD-10-CM* | ICD-10-CM Descriptor | ICD-10-PCS | ICD-10-PCS Descriptor |
|------------|--|------------|--|
| C61 | Malignant neoplasm of trachea | 0B5_3ZZ | Dest [location] Lung Lobe, Lingula, or Pleura; Percutaneous Approach |
| C34.-- | Malignant neoplasm of [location]; bronchus or lung | | |
| C37 | Malignant neoplasm of thymus | | |
| C38.- | Malignant neoplasm [location] mediastinum / pleura | | |
| C45.0 | Mesothelioma of pleura | | |
| C76.1 | Malignant neoplasm of thorax | | |
| C77.1 | Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes | | |
| C78.0- | Secondary malignant neoplasm of lung | | |
| C78.1 | Secondary malignant neoplasm of mediastinum | | |
| C78.2 | Secondary malignant neoplasm of pleura | | |
| C7A.090 | Malignant carcinoid tumor of the bronchus and lung | | |
| C7A.091 | Malignant carcinoid tumor of the thymus | | |
| C96.Z | Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue | | |
| D02.- | Carcinoma in situ of [trachea, bronchus, lung, respiratory system] | | |
| D14.2 | Benign neoplasm of trachea | | |
| D14.3- | Benign neoplasm of bronchus and lung | | |
| D15.0 | Benign neoplasm of thymus | | |
| D15.2 | Benign neoplasm of mediastinum | | |
| D19.0 | Benign neoplasm of mesothelial tissue of pleura | | |
| D38.- | Neoplasm of uncertain behavior of [trachea, bronchus, lung, pleura, mediastinum, thymus] | | |
| D3A.090 | Benign carcinoid tumor of the bronchus and lung | | |
| D3A.091 | Benign carcinoid tumor of the thymus | | |
| E32.8 | Other diseases of thymus | | |
| J91.0 | Malignant pleural effusion | | |
| J98.51 | Mediastinitis | | |
| J98.59 | Other diseases mediastinum, NEC | | |
| R22.2 | Localized swelling, mass and lump, trunk | | |
| R59.0 | Localized enlarged lymph nodes | | |
| R59.1 | Generalized enlarged lymph nodes | | |

* - indicates more specified coding may be required

_ indicates a value is needed to complete code

Disclaimer

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

Cryoablation - LIVER

PHYSICIAN SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Physician Fee Schedule | | |
|------------------|--|------------------------|----------|--------------|
| CPT® Code | CPT® Description | RVUs | Facility | Non Facility |
| 47383 | Ablation, 1 or > liver tumors, percutaneous cryoablation | 8.88 | \$433 | \$5,469 |
| 76940 | Ultrasound monitoring parenchymal tissue ablation | 2.00 | \$97 | \$97 |
| 77013 | CT monitoring parenchymal tissue ablation | 3.99 | \$175 | \$175 |
| 77022 | MR monitoring parenchymal tissue ablation | 4.24 | \$191 | \$191 |
| 47000 | Biopsy of liver, needle; percutaneous | 1.65 | \$84 | \$284 |
| 76942 | Ultrasonic guidance for needle placement, IS&I | 0.67 | \$29 | \$57 |
| 77012 | CT guidance for needle placement, IS&I | 1.50 | \$67 | \$122 |
| 77021 | MR guidance for needle placement, IS&I | 1.50 | \$68 | \$403 |
| 47371 | Laparoscopy, surgical, ablation of 1 or > liver tumors; cryosurgical | 20.80 | \$1,230 | NA |

OPPS/ASC PROCEDURAL SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Hospital Outpatient | ASC |
|------------------|--|---------------------|---------|
| APC | APC Description | Payment | Payment |
| 5361 | Ablation, 1 or > liver tumors, percutaneous cryoablation (CPT 47383) | \$5,834 | \$7,156 |
| 5072 | Biopsy of liver, needle; percutaneous (CPT 47000) | \$1,620 | \$708 |
| 5362 | Laparoscopy, surgical, ablation of 1 or > liver tumors; cryosurgical (CPT 47371) | \$10,411 | \$0 |

HCPCS SUPPLY ITEM REPORTING

| Service Provided | | Hospital Outpatient | ASC |
|------------------|----------------------------|---------------------|----------|
| C-Code | Description | Payment | Payment |
| C2618* | Probe/needle, cryoablation | Packaged | Packaged |

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY 2025 (10/01/2024-09/30/2025)

| Service Provided | | Hospital Inpatient |
|------------------|---|--------------------|
| MS-DRG | Description | Payment |
| 405 | Pancreas, liver & shunt procedures w/MCC | \$38,742 |
| 406 | Pancreas, liver & shunt procedures w/CC | \$20,042 |
| 407 | Pancreas, liver & shunt procedures w/o CC/MCC | \$15,242 |

ICD-10 Codes

Cryoablation - LIVER

| ICD-10-CM* | ICD-10-CM Descriptor | ICD-10-PCS | ICD-10-PCS Descriptor |
|------------|--|------------|--|
| C22.0 | Liver cell carcinoma | OF5-3ZZ | Destruction of "Right, Left or Bilateral" Liver, Open approach |
| C22.2 | Hepatoblastoma | | |
| C22.3 | Angiosarcoma of liver | | |
| C22.4 | Other sarcomas of liver | | |
| C22.7 | Other specified carcinomas of liver | | |
| C22.8 | Malignant neoplasm of liver, primary, unspecified as to type | | |
| C22.9 | Malignant neoplasm of liver, not specified as primary or secondary | | |
| C78.7 | Secondary malignant neoplasm of liver and intrahepatic bile duct | | |
| C7A.1 | Malignant poorly differentiated neuroendocrine tumors | | |
| C7A.8 | Other malignant neuroendocrine tumors | | |
| C7B.02 | Secondary carcinoid tumors of liver | | |
| C7B.8 | Other secondary neuroendocrine tumors | | |
| D01.5 | Carcinoma in situ of liver, gallbladder, and bile ducts | | |
| D13.4 | Benign neoplasm of liver | | |
| D37.6 | Neoplasm of uncertain behavior of liver, gallbladder, and bile ducts | | |
| D3A.098 | Benign carcinoid tumors of other sites | | |
| D3A.8 | Other benign neuroendocrine tumors | | |
| D49.0 | Neoplasm of unspecified behavior of digestive system | | |
| K76.9 | Liver disease, unspecified | | |

* - indicates more specified coding may be required

_ indicates a value is needed to complete code

Disclaimer

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

Percutaneous Cryoablation - NERVE

PHYSICIAN SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Physician Fee Schedule | | |
|------------------|---|------------------------|------------|--------------|
| CPT® Code | CPT® Description | RVUs | Facility | Non Facility |
| 0440T | Ablation, percutaneous, cryoablation, incl imaging guidance; upper ext distal/peripheral nerve | NA | MAC Priced | |
| 0441T | Ablation, percutaneous, cryoablation, incl imaging guidance; lower ext distal/peripheral nerve | NA | MAC Priced | |
| 0442T | Ablation, percutaneous, cryoablation, incl imaging guidance; nerve plexus or other truncal nerve (e.g. brachial plexus, pudendal nerve) | NA | MAC Priced | |

OPPS/ASC PROCEDURAL SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Hospital Outpatient | ASC |
|------------------|---|---------------------|---------|
| APC | APC Description | Payment | Payment |
| 5431 | Level 1 Nerve Procedures (CPT 0440T, 0441T) | \$1,953 | \$1,504 |
| 5432 | Level 2 Nerve Procedures (CPT 0442T) | \$6,404 | \$4,627 |

HCPCS SUPPLY ITEM REPORTING

| Service Provided | | Hospital Outpatient | ASC |
|------------------|----------------------------|---------------------|----------|
| C-Code | Description | Payment | Payment |
| C2618* | Probe/needle, cryoablation | Packaged | Packaged |

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY 2025 (10/01/2024-09/30/2025)

| Service Provided | | Hospital Inpatient |
|------------------|--|--------------------|
| MS-DRG | Description | Payment |
| 073 | Cranial & peripheral nerve disorders w/ MCC | \$11,030 |
| 074 | Cranial & peripheral nerve disorders w/o MCC | \$7,439 |

ICD-10 Codes

Percutaneous Cryoablation -NERVE

| ICD-10-CM* | ICD-10-CM Descriptor | ICD-10-PCS | ICD-10-PCS Descriptor |
|------------|--|------------|--------------------------------|
| C19 | Malignant neoplasm of rectosigmoid junction | 015_3ZZ | Dest of [location] Nerve; Perc |
| C20 | Malignant neoplasm of rectum | | |
| C21.2 | Malignant neoplasm of cloacogenic zone | | |
| C47.1- | Malignant neoplasm of peripheral nerves of upper limb, including shoulder | | |
| C47.2- | Malignant neoplasm of peripheral nerves of lower limb, including hip | | |
| C51.- | Malignant neoplasm of [labium, vulva] | | |
| C52 | Malignant neoplasm of vagina | | |
| C53.- | Malignant neoplasm of [location] cervix | | |
| C56.4- | Causalgia of upper limb(s) | | |
| C61 | Malignant neoplasm of prostate | | |
| C79.82 | Secondary malignant neoplasm of genital organs | | |
| D36.12 | Benign neoplasm peripheral nerves and autonomic nervous system, upper limb, including shoulder | | |
| G54.0 | Brachial plexus disorders | | |
| G56-G57 | Lesion of [location] nerve; upper/lower limb(s) | | |
| G58.- | Mononeuropathy, specified/unspecified | | |
| G90.51- | Complex regional pain syndrome of upper limb(s) | | |
| M12.51- | Traumatic arthropathy, shoulder | | |
| M25.5-- | Pain in [shoulder, elbow, joints of hand] | | |
| M50.13 | Cervical disc disorder w/ radiculopathy, cervicothoracic | | |
| M54.1- | Radiculopathy, [cervical, cervicothoracic, sacral] reg | | |
| M79.-- | Myalgia/Pain in [location] | | |
| N94.81- | Vulvar [vestibulitis, vulvodynia] | | |
| S13.-XXA | Sprain of [joints, ligaments], [location] | | |
| S14.3XXA | Injury of brachial plexus, init | | |
| S16.1XXA | Strain of muscle, fascia, tendon at neck level, init | | |
| S43.42- | Sprain of rotator cuff capsule, init | | |
| S-4.-- | Injury of [nerve] at [level or location]; init | | |
| T87.3- | Neuroma of amputation stump; upper extremity | | |

* - indicates more specified coding may be required

_ indicates a value is needed to complete code

Disclaimer

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

Cryoablation - PROSTATE

PHYSICIAN SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Physician Fee Schedule | | |
|------------------|---|------------------------|----------|--------------|
| CPT® Code | CPT® Description | RVUs | Facility | Non Facility |
| 55873 | Cryosurgical ablation of the prostate, incl US monitoring | 13.60 | \$744 | \$5,273 |
| 55700 | Biopsy, prostate; needle or punch; 1 or > | 2.50 | \$125 | \$233 |
| 76942 | Ultrasonic guidance for needle placement, IS&I | 0.67 | \$29 | \$57 |
| 77012 | CT guidance for needle placement, IS&I | 1.50 | \$67 | \$122 |
| 77021 | MR guidance for needle placement, IS&I | 1.50 | \$68 | \$403 |

OPPS/ASC PROCEDURAL SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Hospital Outpatient | ASC |
|------------------|---|---------------------|---------|
| APC | APC Description | Payment | Payment |
| 5376 | Cryosurgical ablation of the prostate, incl US monitoring (CPT 55873) | \$9,247 | \$6,921 |
| 5373 | Biopsy, prostate; needle or punch; 1 or > (CPT 55700) | \$2,049 | \$960 |

HCPCS SUPPLY ITEM REPORTING

| Service Provided | | Hospital Outpatient | ASC |
|------------------|----------------------------|---------------------|----------|
| C-Code | Description | Payment | Payment |
| C2618* | Probe/needle, cryoablation | Packaged | Packaged |

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY 2025 (10/01/2024-09/30/2025)

| Service Provided | | Hospital Inpatient |
|------------------|---|--------------------|
| MS-DRG | Description | Payment |
| 707 | Major male pelvic procedures w/ CC/MCC | \$13,849 |
| 708 | Major male pelvic procedures w/o CC/MCC | \$10,580 |

ICD-10 Codes

Cryoablation - PROSTATE

| ICD-10-CM* | ICD-10-CM Descriptor | ICD-10-PCS | ICD-10-PCS Descriptor |
|------------|---|------------|--|
| C61 | Malignant neoplasm of prostate | 0V507ZZ | Destruction of Prostate, Via Natural or Artificial Opening |
| C79.82 | Secondary malignant neoplasm of genital organs | | |
| D07.5 | Carcinoma in situ of prostate | | |
| D29.1 | Benign neoplasm of prostate | | |
| D40.0 | Neoplasm of uncertain behavior of prostate | | |
| D49.59 | Neoplasm of unspecified behavior of other genitourinary organ | | |

* - indicates more specified coding may be required
_ indicates a value is needed to complete code

Disclaimer

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

Percutaneous Cryoablation - BREAST

PHYSICIAN SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Physician Fee Schedule | | |
|------------------|---|------------------------|------------|--------------|
| CPT® Code | CPT® Description | RVUs | Facility | Non Facility |
| 19105 | Ablation, cryosurgical, breast fibroadenoma, each, incl ultrasound guidance | 3.69 | \$204 | \$2,116 |
| 0581T | Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral | NA | MAC Priced | |

OPPS/ASC PROCEDURAL SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Hospital Outpatient | ASC |
|------------------|---|---------------------|---------|
| APC | APC Description | Payment | Payment |
| 5091 | Ablation, cryosurgical, breast fibroadenoma, each, incl ultrasound guidance (CPT 19105) | \$3,829 | \$2,427 |
| NA | Not Covered (CPT 0581T) | Not Covered | |

HCPCS SUPPLY ITEM REPORTING

| Service Provided | | Hospital Outpatient | ASC |
|------------------|----------------------------|---------------------|----------|
| C-Code | Description | Payment | Payment |
| C2618* | Probe/needle, cryoablation | Packaged | Packaged |

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY 2025 (10/01/2024-09/30/2025)

| Service Provided | | Hospital Inpatient |
|------------------|--|--------------------|
| MS-DRG | Description | Payment |
| 584 | Breast biopsy, local excision & other breast procedures w/ CC/MCC | \$14,611 |
| 585 | Breast biopsy, local excision & other breast procedures w/o CC/MCC | \$14,167 |

ICD-10 Codes

Percutaneous Cryoablation - BREAST

| ICD-10-CM* | ICD-10-CM Descriptor | ICD-10-PCS | ICD-10-PCS Descriptor |
|------------|---------------------------------------|------------|---|
| D21.4 | Benign neoplasm of right breast | OH5_3ZZ | Destruction of "Right, Left or Bilateral" Breast, Percutaneous approach |
| D24.2 | Benign neoplasm of left breast | OH5_0ZZ | Destruction of "Right, Left or Bilateral" Breast, Open approach |
| D24.9 | Benign neoplasm of unspecified breast | | |

* - indicates more specified coding may be required
_ indicates a value is needed to complete code

Disclaimer

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

Percutaneous Cryoablation - BONE

PHYSICIAN SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Physician Fee Schedule | | |
|------------------|--|------------------------|----------|--------------|
| CPT® Code | CPT® Description | RVUs | Facility | Non Facility |
| 20983 | Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation | 6.88 | \$330 | \$4,702 |
| 20220 | Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs) | 1.65 | \$84 | \$220 |
| 20225 | Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur) | 2.45 | \$125 | \$358 |
| 76942 | Ultrasonic guidance for needle placement, IS&I | 0.67 | NA | \$57 |
| 77012 | CT guidance for needle placement, IS&I | 1.50 | NA | \$122 |
| 77021 | MR guidance for needle placement, IS&I | 1.50 | NA | \$403 |

OPPS/ASC PROCEDURAL SERVICES CY 2025 (01/01/2025-12/31/2025)

| Service Provided | | Hospital Outpatient | ASC |
|------------------|---|---------------------|---------|
| APC | APC Description | Payment | Payment |
| 5114 | Ablate bone tumor(s) perq (CPT 20983) | \$7,144 | \$4,911 |
| 5072 | Bone biopsy trocar/needle (CPT 20220 & 20225) | \$1,620 | \$708 |

HCPCS SUPPLY ITEM REPORTING

| Service Provided | | Hospital Outpatient | ASC |
|------------------|----------------------------|---------------------|----------|
| C-Code | Description | Payment | Payment |
| C2618* | Probe/needle, cryoablation | Packaged | Packaged |

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY 2025 (10/01/2024-09/30/2025)

| Service Provided | | Hospital Inpatient |
|------------------|---|--------------------|
| MS-DRG | Description | Payment |
| 477 | Biopsies of Musculoskeletal System & Connective Tissue w/MCC | \$24,543 |
| 478 | Biopsies of Musculoskeletal System & Connective Tissue w/MCC | \$16,689 |
| 489 | Biopsies of Musculoskeletal System & Connective Tissue w/MCC | \$8,838 |
| 495 | Local Excision & Removal of Internal Fixation Devices Except Hip & Femur w/MCC | \$25,125 |
| 496 | Local Excision & Removal of Internal Fixation Devices Except Hip & Femur w/CC | \$14,080 |
| 497 | Local Excision & Removal of Internal Fixation Devices Except Hip & Femur w/o CC/MCC | \$9,582 |

ICD-10 Codes

Percutaneous Cryoablation - BONE

| ICD-10-CM* | ICD-10-CM Descriptor | ICD-10-PCS | ICD-10-PCS Descriptor |
|------------|----------------------|------------|---|
| | | 0N5_3ZZ | Destruction of "Right or Left" Head & Facial Bones, Percutaneous Approach |
| | | 0P5_3ZZ | Destruction of "Right or Left" Upper Bone, Percutaneous Approach |
| | | 0Q5_3ZZ | Destruction of "Right or Left" Lower Bone, Percutaneous Approach |

* - indicates more specified coding may be required
_ indicates a value is needed to complete code

Disclaimer

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

SOURCES

1. FY 2025 IPPS Payment. CMS-1808-IFC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipp-pps-final-rule-home-page>
2. CMS 2025 ICD-10 Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2025-icd-10-pcs>
3. CMS ICD-10-CM/PCS MS-DRG V42.0 Definitions Manual. <https://www.cms.gov/files/zip/definition-medicare-code-edits-version-42.zip>
Not intended as an all-inclusive list of MS-DRGs
4. 2025 Physician Fee Schedule. CMS-1807-F. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f>
2025 Conversion Factor of \$32.3465
5. 2025 ASC Payment. CMS-1809-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1809-fc>
6. 2025 OP-PPS Payment. CMS-1809-FC. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc>

The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options. This document is for illustrative purposes only. The descriptions displayed above are not official descriptions. This document should never be used in place of official coding resources and should never have any influence on clinical decisions.

Physician Billing and Payment: Medicare and most other insurers typically reimburse physicians based on fee schedules tied to CPT® codes. CPT codes are published by the AMA and used to report medical services and procedures. Physician payment for procedures performed in a hospital (outpatient or inpatient) or Ambulatory Surgical Center (ASC) setting is described as a Facility fee payment while payment for procedures performed in the physician office is described as a Non-Facility or Global payment. Facility payments use modifier {-26}, as applicable.

Hospital Outpatient Billing and Payment: Medicare reimburses hospitals for outpatient stays (typically stays that do not span 2 midnights) under Ambulatory Payment Classification (APC) groups. Medicare assigns an APC to a procedure based on the billed CPT/HCPCS (Healthcare Common Procedural Coding System) code. While it is possible that separate APC payments may be deemed appropriate where more than one procedure is done during the same outpatient visit, many APCs are subject to reduced payment when multiple procedures are performed on the same day. Comprehensive APCs (J1 status indicator) can impact total payment received for outpatient services.

Hospitals and Medical Devices: Hospitals must report device category codes (HCPCS C-codes) on claims when such devices are used in conjunction with procedure(s) billed and paid for under the OPPS. This reporting provides claims data used annually to update the OPPS payment rates. Although separate payment is not typically available for C-Codes, denials may result if applicable C- Codes are not included with associated procedure codes. CMS has an established cost center for "Implantable Devices Charged to Patients" and uses data from this cost center to establish OPPS payments.

Hospital Inpatient Billing and Payment: Medicare reimburses hospital inpatient procedures based on the Medicare Severity Diagnosis Related Group (MS-DRG). The MS-DRG is a system of classifying patients based on their diagnoses and the procedures performed during their hospital stay. MS-DRGs closely calibrate payment to the severity of a patient's illness. One single MS-DRG payment is intended to cover all hospital costs associated with treating an individual during his or her hospital stay, except for "professional" (e.g., physician) charges associated with performing medical procedures.

ICD-10-PCS: Potential hospital inpatient procedure codes are included within this guide. Due to the number of potential codes within the ICD-10-PCS system, the codes included in this document do not fully account for all procedure code options. Some codes outlined in this guide include an "_" symbol. In these examples, the "_" character could be any possible alphanumeric value depending on the procedure category. The "_" symbol is not a recognized character within the ICD-10-PCS system.

ASC Billing and Payment: Many elective procedures are performed outside of the hospital in Medicare certified facilities also known as ASCs. Not all procedures that Medicare covers in the hospital setting are eligible for payment in an ASC. Medicare has a list of all services (as defined by CPT/HCPCS codes), that it covers when offered in an ASC.

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