

2008 Coding and Payment Guide

Neuroform® Microdelivery Stent System

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Inpatient Coding and Payment Reference

This quick reference provides coding and Medicare reimbursement information for treatment of aneurysms that involve insertion of the Neuroform Microdelivery Stent System, a Humanitarian Use Device (HUD),¹ in addition to embolization with detachable coils (such as GDC® or Matrix® Coils).

Policy Update

Effective October 1, 2007, the Center for Medicare and Medicaid Services (CMS) is replacing the Diagnosis Related Groups (DRG) System with the Medicare Severity DRG (MS-DRG) classification system to recognize severity of illness among patients. Claims for the most ill patients will go into highest paying MS-DRGs. Claims for less ill patients will be grouped into lower paying MS-DRGs.

Background

- Medicare reimburses fixed rates for hospital inpatient care using MS-DRGs. MS-DRGs are assigned based on diagnoses and procedure codes. Other health insurers use various payment methods for inpatient care including per diems, DRGs, case rates, or a percentage of charges.
- Note that Medicare restricts intracranial embolization procedures (defined by CPT® code 61624) to the inpatient setting. Therefore, there is no need for hospitals to code the devices with Category C-codes as is sometimes done for procedures performed on Medicare outpatient beneficiaries.
- Medicare currently maintains a national policy on intracranial percutaneous transluminal angioplasty (PTA) and stenting for treatment of obstructive lesions, which restricts coverage to certain Category B investigational device exemption clinical trials.² Please note: this national policy does not apply to the placement of the Neuroform Stent, because the national policy is specific to treatment of obstructive lesions such as atherosclerotic lesions, whereas the Neuroform Stent has been approved only for a different indication: treatment of wide neck intracranial aneurysms, not amenable to treatment with surgical clipping. As such, coverage of Neuroform Stent procedures is subject to local Medicare contractor discretion.

Important — Please Note: Reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice. Boston Scientific makes no representation or warranty regarding this information or its completeness, accuracy, timeliness, or applicability with a particular patient. Boston Scientific specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this document. Boston Scientific encourages providers to submit accurate and appropriate claims for services. Laws, regulations and payer policies concerning reimbursement are complex and change frequently. Providers are responsible for making appropriate decisions relating to coding and reimbursement submissions. Accordingly, Boston Scientific recommends that you consult with your payers, reimbursement specialist and/or legal counsel regarding coding, coverage and reimbursement matters.

¹ **Humanitarian Use Device.** Authorized by Federal law for use with embolic coils for treatment of wide neck, intracranial, saccular aneurysms arising from a parent vessel with a diameter of ≥ 2 mm and ≤ 4.5 mm that are not amenable to treatment with surgical clipping. Wide neck aneurysms are defined as having a neck ≥ 4 mm or a dome-to-neck ratio < 2 . The effectiveness of this device for this use has not been demonstrated.

² CMS Decision Memo for Intracranial Stenting and Angioplasty (CAG-00085R2). November 6, 2006.

Hospital Inpatient Services

Possible ICD-9-CM Diagnosis Codes

| | |
|-------|--------------------------------|
| 430 | Subarachnoid Hemorrhage |
| 437.3 | Cerebral Aneurysm, Nonruptured |

Possible ICD-9-CM Procedure Codes

| | |
|-------|--|
| 39.72 | Endovascular Repair or Occlusion of Head and Neck Vessels <i>(for insertion of both coils and Neuroform® Stent)</i> |
| 88.41 | Arteriography of Cerebral Arteries <i>(for angiography)</i> |

Medicare MS-DRG Payment

2008 Medicare National
Average Payment³

| | | |
|-----------|--|-----------|
| MS-DRG 25 | Craniotomy & Endovascular Intracranial Procedures with Major Complication or Comorbidity (MCC) | \$ 22,946 |
| MS-DRG 26 | Craniotomy & Endovascular Intracranial Procedures with Complication or Comorbidity (CC) | \$ 17,107 |
| MS-DRG 27 | Craniotomy & Endovascular Intracranial Procedures without CC/MCC | \$ 12,599 |

- Includes cases such as code 437.3 (Cerebral Aneurysm, Nonruptured) with procedure code 39.72
- Cases group to either MS-DRGs 25, 26 or 27, depending on severity of illness

| | | |
|-----------|---|-----------|
| MS-DRG 20 | Intracranial Vascular Procedure with a Principal Diagnosis of Hemorrhage with MCC | \$ 41,748 |
| MS-DRG 21 | Intracranial Vascular Procedure with a Principal Diagnosis of Hemorrhage with CC | \$ 36,304 |
| MS-DRG 22 | Intracranial Vascular Procedure with a Principal Diagnosis of Hemorrhage without CC/MCC | \$ 30,380 |

- Includes cases such as principal diagnosis code 430 (Subarachnoid Hemorrhage) with procedure code 39.72

³ The 2008 Fiscal Year runs from October 1, 2007 through September 30, 2008.

Sources:

International Classification of Diseases, 9th Revision, Clinical Modification.
National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized, non-labor and capital amounts (\$5,417). October 18, 2007 CMS Transmittal 1354.

Please see "Important — Please Note" on the front of this page.

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