

2007 Coding and Payment Guide

Wingspan® Stent System with Gateway™ PTA Balloon Catheter

Boston
Scientific

Coverage Update

Medicare

Background: The Wingspan Stent System with Gateway PTA Balloon Catheter are approved under a Humanitarian Device Exemption (HDE).

- Effective November 6, 2006, the Centers for Medicare and Medicaid Services (CMS) decided to allow national Medicare coverage of intracranial angioplasty and stenting as part of certain investigational device exemption (IDE) clinical trials.¹
- Currently, however, procedures which involve the Wingspan Stent System and Gateway PTA Balloon Catheter for the HDE-approved indication, remain a non-covered service under Medicare. We expect CMS to address Medicare coverage for HDE-approved devices like the Wingspan Stent System as part of a broader ongoing policy initiative, which is expected to be completed by July 2007.
- Boston Scientific is working with specialty societies and the medical community to advocate positive Medicare coverage for intracranial angioplasty and stenting for the HDE patient population as part of this broader CMS policy initiative.

Private Payers

- Coverage and payment for intracranial angioplasty and stenting may vary by private payers. Some payers may require prior authorization (physicians) or pre-certification (hospitals) for intracranial angioplasty and stenting procedures. Providers may wish to determine coverage for each patient prior to rendering medical services. If the payer has a coverage policy for intracranial angioplasty and stenting, providers may wish to request a copy of the coverage policy.
- If a patient's intracranial stenosis is considered to be life-threatening, providers should indicate this status to private payers. When seeking prior authorization or pre-certification, inquire whether the payer has a special policy for patients with life-threatening illnesses or patients with no other treatment options.

Physician Coding and RVU Assignment

- Effective January 1, 2006, the American Medical Association (AMA) issued specific CPT® Codes for intracranial angioplasty and stenting procedures (below).
- The procedures are currently considered non-covered services by CMS; therefore they are not reimbursed for Medicare patients. However, CMS has published relative value units (RVUs) for these codes as a reference for private payers who decide to cover the procedures so that they can determine appropriate physician payment for intracranial angioplasty and stenting.²

CPT Code ³	Code Description	Published Facility RVUs
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	35.07
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	38.38

Important — Please Note: 61630 and 61635 include all selective vascular catheterization of the target vascular family, all diagnostic imaging for arteriography of the target vascular family, and all related radiological supervision and interpretation. When diagnostic arteriogram (including imaging and selective catheterization) confirms the need for angioplasty or stent placement, 61630 and 61635 are inclusive of these services. If angioplasty or stenting are not indicated, then the appropriate codes for selective catheterization and imaging should be reported in lieu of 61630 and 61635.⁴

Inpatient Hospital Coding and Payment Update

- Intracranial angioplasty and stenting are currently non-covered procedures under Medicare; therefore, claims for Medicare beneficiaries will not be paid.
- Other health insurers who choose to cover intracranial angioplasty and stenting cases will reimburse hospitals for inpatient care using a variety of mechanisms including per diems, diagnosis related groups (DRGs), case rates, or percentage of billed charges.

Inpatient Hospital Coding

- ICD-9-CM diagnosis codes used in connection with the Wingspan® Stent System may include (but are not limited to) codes from the following categories:

ICD-9 Diagnosis

Codes	Description
433	Occlusion and stenosis of precerebral arteries (requires 4th digit classification indicating site of occlusion and 5th digit indicating whether there has been a cerebral infarction)
434	Occlusion of cerebral arteries (requires 4th digit classification indicating site of occlusion and 5th digit indicating whether there has been a cerebral infarction)
435	Transient cerebral ischemia (requires 4th digit classification of relevant disease)
437	Other and ill-defined cerebrovascular disease (requires 4th digit classification of relevant disease)

- Effective October 1, 2004, CMS issued two unique ICD-9-CM procedure codes to describe intracranial angioplasty and intracranial stenting:

ICD-9 Procedure

Codes ⁵	Description
00.62	Percutaneous angioplasty or atherectomy of intracranial vessel(s)
00.65	Percutaneous insertion of intracranial vascular stent(s)

- In coding 00.62 and 00.65, also code the number of vascular stents inserted (00.45–00.48) and the number of vessels treated (00.40–00.43).
- For insurers that use DRG payment systems, reporting the above-described ICD-9-CM diagnosis and procedure codes typically results in assignment to DRGs 533 or 534 (extracranial procedures with *and* without complications and comorbidities).
- Boston Scientific is advocating to CMS that intracranial angioplasty and stenting should be reassigned to alternate DRG(s) that are more representative of the clinical nature of the procedures and their associated resources.

Important — Please Note: Reimbursement information provided by Boston Scientific Corporation (BSC) is gathered from third-party sources and is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice, and BSC makes no representation or warranty regarding this information or its completeness, accuracy or timeliness. Laws, regulations and payer policies concerning reimbursement are complex and change frequently, and service providers are responsible for all decisions relating to coding and reimbursement submissions. Accordingly, BSC strongly recommends that you consult with your payers, reimbursement specialist and/or legal counsel regarding coding, coverage, and reimbursement matters.

¹ CMS Decision Memo for Intracranial Stenting and Angioplasty (CAG-00085R2). November 6, 2006.

² December 1, 2006 Federal Register. Addendum B.

³ CPT is a trademark of American Medical Association.

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⁴ *CPT Changes, An Insider's View*, 2006 American Medical Association.

⁵ 2007 ICD-9-CM Professional for Hospitals, Volumes 1, 2 & 3. International Classification of Diseases, 9th Revision, Clinical Modification, Sixth Edition. Ingenix: 2006.

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Neurovascular
Boston Scientific Corporation
47900 Bayside Parkway
Fremont, CA 94538-6515
www.bostonscientific.com/neuro

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