

2009 CODING & PAYMENT QUICK REFERENCE

Background

- Boston Scientific Corporation has compiled this Reimbursement Guide for coding, billing and reimbursement personnel at medical facilities. As always, the provider is responsible for determining coverage and submitting appropriate codes, modifiers and charges for the services that were rendered.
- The information contained within is based on publicly available Medicare payment policies. We understand that the majority of candidates for this procedure will be non-Medicare patients. We strongly suggest that you consult your local private payers with regard to local coverage, coding and reimbursement policies.
- Effective January 1, 2007, the new CPT®¹ Code 37210 should be used to report the embolization of uterine fibroids.
- CPT code 37210 includes all catheterizations and intraprocedural imaging required for a UFE procedure to confirm the presence of previously known fibroids and to roadmap vascular anatomy to enable appropriate therapy. CPT code 37210 should only be billed once per procedure.

MEDICARE HOSPITAL OUTPATIENT and PHYSICIAN PAYMENTS

Please note: Decisions about peripheral intervention procedures and site of service should always be based on clinical considerations in the best interest of the patient and the labeled indications for approved products for the procedures being performed.

CPT® ¹ Code	Description ¹	In-Office M.D Payment ² (Jan 01, 2008 – Dec 31, 2009)	In-Facility M.D Payment ² (Jan 01, 2008 – Dec 31, 2009)	Hospital Outpatient ³ (Jan 01, 2008 – Dec 31, 2009)
37210	Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete procedure	\$3,399	\$562	APC: 229 Transcatheter Placement of Intravascular Shunts \$6,094

Medicare C codes for outpatient hospital claims

- C1887-Catheter, guiding (may include infusion/perfusion capability)
- C1769 – Guidewire

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² Source: November 19, 2008 Federal Register. MD payments calculated using the 2009 conversion factor of \$36.0666. MD rates are effective through December 31, 2009. http://www.access.gpo.gov/su_docs/fedreg/a081119c.html.

³ Source: November 18, 2008 Federal Register. http://www.access.gpo.gov/su_docs/fedreg/a081118c.html.

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MEDICARE HOSPITAL INPATIENT

CD-9-CM Diagnosis Code ⁴	ICD-9-CM Procedure Code ⁴	Possible MS-DRG Assignment ⁵	2009 Medicare National Average Payment Rate ⁵
218.0 -Submucous leiomyoma of uterus	99.29 - Injection or infusion of other therapeutic or prophylactic substance	MS-DRG: 760 Menstrual & other female reproductive system disorders w CC/MCC	\$4,405
218.1 -Intramural leiomyoma of uterus			
218.2 - Subserous leiomyoma of uterus		MS-DRG: 761 Menstrual & other female reproductive system disorders w/o CC/MCC	\$2,790
218.9 - Leiomyoma of uterus, unspecified			

- There is no ICD-9 procedure code specific to uterine fibroid embolization.
- MS-DRG information effective October 01, 2008 – September 30, 2009.

⁴Source: The Educational Annotation of ICD-9-CM, Reno, NV; Channel Publishing Ltd. Copyright 2008 Craig D. Puckett, Fifth Edition.

⁵Source: August 19, 2008 Federal Register (update). National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5,552.58). (Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients).

See important uses and limitations of this document on page 1.



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