

2009 CODING & PAYMENT QUICK REFERENCE

BACKGROUND

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- This guide reviews the possible coding options for procedures utilizing the Express® SD Renal Monorail® Premounted Stent System to perform renal stenting.
- Please Note: Express® SD Renal Monorail® Premounted Stent System is indicated for use as an adjunct to percutaneous transluminal balloon angioplasty (PTA) of certain lesions of the renal artery. Therefore, it is not appropriate to bill separately for PTA of the renal artery when placing an Express® SD Renal Monorail® Premounted stent in accordance with FDA approved labeling.
- All payment amounts are Medicare national averages; actual payments will vary by numerous factors, including geographic location.

MEDICARE HOSPITAL OUTPATIENT

CPT® ¹ Code	Code Description	APC Group ²	2009 APC Payment ² <small>(Effective Jan 01, 2009 – Dec 31, 2009)</small>	C-Code
<i>Transcatheter Placement of Intravascular Stents (Possible Hospital Device Revenue Code:278)</i>				
37205	Transcatheter placement of an intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous; initial vessel	229: Transvascular placement of intravascular shunts	\$6,094	C1876 Stent, non-coated/ non-covered, with delivery system
37206	Transcatheter placement of an intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous; each additional vessel (If applicable, list separately in addition to code for primary procedure)			
<i>Radiological Supervision and Interpretation</i>				
75960	Transcatheter introduction of intravascular stent(s), (except coronary, carotid and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel	Status N, items and services packaged into primary procedure APC rate. No separate payment		

See footnotes on page 3

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.

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MEDICARE HOSPITAL INPATIENT

ICD-9-CM Procedure Code ³	ICD-9-CM Diagnosis Code (Not an all-inclusive list of possible diagnoses codes)	Resultant MS-DRG ⁴	2009 Medicare National Average Payment Rate ⁵ (Effective Oct 01, 2008 – Sept 30, 2009)
39.90 Insertion of non-drug-eluting non-coronary artery stent(s)	440.1 Atherosclerosis of renal artery	MS-DRG 252 Other vascular procedures with MCC	\$16,408
39.50 Angioplasty or atherectomy of non-coronary vessel		MS-DRG 253 Other vascular procedures with CC	\$12,518
		MS-DRG 254 Other vascular procedures without CC/MCC	\$8,565

MEDICARE PHYSICIAN PAYMENT

Please note: Decisions about peripheral interventions 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	Code Description	2009 MD Allowance ⁶ (Effective Jan 01, 2009 – Dec 31, 2009)	
		In Facility	In Office
<i>Transcatheter Placement of Intravascular Stents</i>			
37205	Transcatheter placement of an intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous; initial vessel	\$445	\$4,112
37206	Transcatheter placement of an intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous; each additional vessel (If appropriate, list separately in addition to code for primary procedure)	\$217	\$2,477
<i>Radiological Supervision and Interpretation (Use physician modifier -26 as appropriate)</i>			
75960	Transcatheter introduction of intravascular stent(s), (except coronary, carotid and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel	\$43	\$268

See footnotes on page 3

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See important notes on the uses and limitations of this information on page 1.

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²Source: November 18, 2008 Federal Register. http://www.access.gpo.gov/su_docs/fedreg/a081118c.html.

³The Educational Annotation of ICD-9-CM, Reno, NV; Channel Publishing Ltd. Copyright 2008. Craig D. Puckett, Fifth Edition.

When reporting placement of a renal artery stent in the inpatient setting, correct coding guidelines state that both the angioplasty and the insertion of the stent should be reported. Please note that reporting of both procedure codes ensures appropriate MS-DRG assignment but does not impact hospital payment.

⁴MS-DRG grouping is based on a combination of ICD-9 procedure codes and diagnosis codes.

Diagnosis codes are not provided due to large number of possibilities that exist.

⁵Source: October 3, 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 (\$5552.58). (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).

⁶Sources: November 19, 2008 Federal Register. http://www.access.gpo.gov/su_docs/fedreg/a081119c.html & December 31, 2008 Federal Register corrections. http://www.access.gpo.gov/su_docs/fedreg/a081231c.html. MD amounts calculated using the 2009 conversion factor of \$36.0666. MD rates are effective through December 31, 2009

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