

Summary of CY2009 CMS Final Rules for Hospital Outpatient, Ambulatory Surgical Center and Physician Fee Schedule

Boston Scientific is pleased to provide you with the following summary of two Centers for Medicare and Medicaid Services' (CMS) CY2009 Final Rules (FR): Hospital Outpatient Prospective Payment System (OPPS)\Ambulatory Surgical Centers (ASC) and Physician Fee Schedule (PFS). The OPPS\ASC and PFS FRs were issued October 30, 2008 (in the Federal Register as of November 18, 2008 and November 19, 2008 respectively). Both rules are effective January 1, 2009.

The FR rules can be viewed at the following links:

OPPS\ASC FRs: <http://www.cms.hhs.gov/HospitalOutpatientPPS/Downloads/CMS-1404-FC.pdf>

PFS FR: <http://www.cms.hhs.gov/physicianfeesched/downloads/CMS-1403-FC.pdf>

Sections of this document include:

- 1) OPPS FR top line summary;
- 2) ASC FR top line summary;
- 3) PFS FR top line summary; and
- 4) OPPS, ASC and PFS payment tables for select cardiovascular procedures.

OPPS FR TOP LINE SUMMARY

Payment rates for CY2009 increase 3.9% across all Ambulatory Payment Classifications (APCs). CMS continues its efforts to strengthen ties between the quality of care provided by hospital and the reimbursement they receive. Hospitals who did not report quality measures in 2008 will not receive 2% of the update in 2009. This will also reduce the beneficiary copayment. Providers can go through a voluntary validation of their quality reporting process beginning January 2009.

In short, the OPPS FR is generally positive for interventional cardiology procedures, with a non-weighted average increase for select procedures of 3.7%. Non-weighted increases for select peripheral interventions procedure rates are higher at 8.7%. See Table 1 at the end of this document for more detail on CY2009 changes to payment for selected cardiovascular APCs.

CMS proposed not reimbursing for preventable conditions the hospitals caused while a patient was receiving outpatient care, but is not implementing that policy at this time.

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Summary of Select Cardiovascular Procedures

Coronary Stenting

- Drug-eluting stenting reimbursement remains stable, with a slight increase of \$126 (1.7%) to \$7,669.
- Bare-metal stenting reimbursement decreases slightly, \$32 (0.6%) to \$5,638.

Peripheral Stenting

- Payment for peripheral stenting (not including carotid stenting) and most embolization procedures increases by 8.1% to \$6,094.

Peripheral Percutaneous Transluminal Angioplasty (PTA)

- Payment rates for peripheral PTA and some embolization procedures increase by 10.5% to \$3,195.

Other

- Multiple imaging services fall under five new composite APCs when two or more of the same imaging modality is provided in a single session. The composite APCs consist of ultrasound, CT and CTA without contrast, CT and CTA with contrast, MRI and MRA without contrast and MRI and MRA with contrast.
- Consistent with their earlier hospital inpatient final rule, CMS will implement long-term technical refinements, but will not implement short-term charge compression adjustments for 2009 to improve payment rate accuracy. The long-term adjustment is expected to improve rates for stents, ICDs and CRT-Ds, by 2012 or 2013. Charge compression refers to the dynamic where higher cost devices are marked up less than lower priced products, resulting in deflated payment for some APCs.
- Outlier payment may be received when the cost is 1.75 times the APC payment rate as well as a fixed-dollar threshold of \$1,800.

ASC FR TOP LINE SUMMARY

CMS enters the second year of a four year transition to align ASC payment rates at approximately 65% of Medicare outpatient APC hospital rates for the same procedure.

Summary of Select Cardiovascular Procedures

Peripheral

- Payments to the ASC for PTAs of the iliac and veins increase approximately 3.9% to \$1,952.
- Thrombectomy payment increases by 12.3% to \$1,598.
- CPT^{®1} 34490 Thrombectomy, with or without catheter; axillary and subclavian vein, by arm incision was added to the ASC approved procedure list and will be paid at \$1,627.

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Other

- Medicare modified Conditions for Coverage (CfC) that include adding the following:
 - ASC is defined as a distinct entity that operates exclusively for the purpose of providing surgical services expected not to exceed 24 hours after admission and not needing hospitalization.
 - Physician financial interest must be disclosed.
 - ASC obligations for data driven quality assessments and performance improvement (QAPI) program.
 - Infection control practices needed.
 - Patient treatment appropriateness in an ASC setting safety requirements strengthened with the need for pre-surgical and post-surgical assessment.

PFS FR TOP LINE SUMMARY

CMS has finalized rates of reimbursement to physicians effective January 1, 2009. These rates include a 1.1% increase. Non-weighted payment increases for select cardiovascular procedures of interest would increase slightly (for specific payment levels, see Table 3 at the end of this document):

- **Interventional Cardiology Procedures:** Up 4% in facilities
- **Peripheral Interventions:** Up 3% in facilities, down 8% in offices

Summary of Select Cardiovascular Procedures

Coronary Stenting

- Drug-eluting and bare-metal procedure payment increases 5.2% (\$42) for a rate of \$848.

Peripheral Changes

- 2009 payment for **peripheral stenting** procedures performed in **physician offices** is stated in the Final Rule to be \$3,204. However we have reason to believe that this rate may have been published in error due to changes noted in the October 2008 RVU update meaning the **payment rate for 2009 may be reflected in a future publication to reflect a revised amount of \$4,112** (a reduction of 7% from the recently updated 2008 payment rate of \$4,443, but an increase of 68% over payment rates for the beginning of 2008).
- On average, physician **payment for in-office PTA** will **decrease by nearly 8%** (from \$2,649 to \$2,447) in 2009.
- In an effort to address the issue of misvalued or overvalued services in its proposed rule CMS asked manufacturers and specialty societies to provide **pricing information for “high cost supplies”** (defined as supplies costing \geq \$150) that are paid for as part of the Practice Expense portion of physician payments every two years. In the Final Rule, Medicare announced that the quality of the information received was not consistent or substantive enough to utilize in adjusting payments, so they will propose alternative methodologies in future rule-making.

Other PFS Information

- Bundling payment or reductions in each of the individual payment that are typically linked are being explored by CMS.
- The Physician Quality Reporting Initiative (PQRI) which allows physicians to report quality measures in order to get “fuller” payment added 52 new measures including CABG.

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Comments/Questions

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Table 1: CY2009 Hospital Outpatient Final Payment Rates for Select Procedures

APC 2009	Descriptor	CY2008 Final Rate	CY2009 Final Rate	\$ Variance 2008 vs 2009	% YoY Change
Interventional Cardiology					
080	Diagnostic Cardiac Catheterization	\$2,479	\$2,594	\$115	4.63%
082	Coronary or Non-Coronary Atherectomy	\$5,574	\$5,962	\$388	6.97%
083	Coronary or Non-Coronary Angioplasty and Percutaneous Valvuloplasty	\$2,891	\$3,195	\$304	10.50%
104	Transcatheter Placement of Intracoronary Stent	\$5,670	\$5,638	(\$32)	(0.56%)
656	Transcatheter Placement of Intracoronary Drug-Eluting Stents	\$7,543	\$7,669	\$126	1.67%
Peripheral Interventions					
004	Level I Needle Biopsy/ Aspiration Except Bone Marrow	\$276	\$295	\$20	7.21%
005	Level II Needle Biopsy/Aspiration Except Bone Marrow	\$453	\$488	\$35	7.69%
082	Coronary / Non-Coronary Atherectomy ²	\$5,574	\$5,962	\$388	6.97%
083	Coronary / Non-Coronary PTA & Valvuloplasty	\$2,891	\$3,195	\$304	10.50%
088	Thrombectomy	\$2,469	\$2,663	\$194	7.86%
091	Level II Vascular Ligation (Vena Cava Filter Procedure)	\$2,714	\$2,893	\$179	6.59%
092	Level I Vascular Ligation	\$1,646	\$1,807	\$161	9.81%
115	Cannula/Access Device Procedures (Peripheral Embolization)	\$1,891	\$2,178	\$287	15.18%
152	Level I Percutaneous Abdominal and Biliary Procedures (Biliary Stenting)	\$1,827	\$2,009	\$182	9.96%
154	Hernia Repair\Hydrocele Procedures	\$1,954	\$2,092	\$138	7.04%
161	Level II Cystourethroscopy and other Genitourinary Procedures	\$1,143	\$1,241	\$99	8.63%
184	Prostate Biopsy	\$703	\$763	\$60	8.54%
229	Transcatheter Placement of Intravascular Shunts	\$5,639	\$6,094	\$455	8.07%
263	Level I Miscellaneous Radiology Procedures	\$171	\$200	\$29	16.71%
685	Level III Needle Biopsy/Aspiration Except Bone Marrow	\$595	\$633	\$38	6.34%
267	Level III Diagnostic and Screening Ultrasound	\$152	\$153	\$1	0.76%
279	Level III Angiography and Venography	\$1,839	\$1,954	\$115	6.27%
415	Level II Endoscopy Lower Airway	\$1,533	\$1,662	\$129	8.44%
427	Level II Tube Changes and Repositioning	\$978	\$1,030	\$52	5.37%
439	Level IV Drug Administration	\$105	\$129	\$23	22.05%
652	Insertion of Intraperitoneal and Pleural Catheters	\$1,956	\$1,973	\$17	0.87%
653	Vascular Reconstruction/Fistula Repair with Device (AV Fistula Graft)	\$2,577	\$3,095	\$518	20.10%
685	Level III Needle Biopsy/Aspiration Except Bone Marrow	\$595	\$633	\$38	6.41%

² Please Note: Boston Scientific Corporation does not have an atherectomy device that is FDA-approved for the peripheral vasculature. See important information for uses and limitations of this document on page 1.

Summary of CMS Final Hospital Outpatient, Ambulatory Surgical Center and Physician Rules for CY2009

Table 2: ASC CY2009 Final Payment Rates for Select Procedures						
Division	CPT® Code*	Abbreviated (Partial) Description	CY2008 Payment	CY2009 Final Payment	\$ Variance 2009 vs. 2008	% Variance 2009 vs. 2008
PERIPHERAL INTERVENTIONS						
Non-Coronary Angioplasty	35473	Transluminal balloon angioplasty, percutaneous; iliac	\$1,879	\$1,952	\$73	3.88%
	35476	Transluminal balloon angioplasty, percutaneous; venous	\$1,879	\$1,952	\$73	3.88%
Non-Coronary Atherectomy³	35492	Transluminal peripheral atherectomy, percutaneous; iliac	\$3,623	\$3,643	\$20	0.55%
Thrombectomy	36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	\$1,423	\$1,598	\$175	12.31%
	34490	Thrombectomy, with or without catheter; axillary and subclavian vein, by arm incision	#N/A	\$1,627	#N/A	#N/A
TrachBronch Stent	31631	Bronchoscopy (rigid or flexible); with tracheal dilation and placement of tracheal stent	\$584	\$725	\$142	24.29%
Biliary Stenting	47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$1,231	\$1,221	(\$10)	(0.83%)
Biopsy	32405	Biopsy, lung or mediastinum	\$346	\$356	\$9	2.68%
	47000	Needle biopsy of liver	\$346	\$356	\$9	2.68%
	50200	Biopsy of kidney	\$346	\$356	\$9	2.68%
	60100	Biopsy of thyroid	\$46	\$49	\$3	7.44%
	55700	Biopsy of prostate	\$374	\$402	\$28	7.51%
	19100	Bx breast percut w/o image	\$225	\$207	(\$18)	(7.79%)
	19102	Bx breast percut w/image	\$254	\$266	\$12	4.92%
Drainage	47510	Insert catheter, bile duct	\$631	\$831	\$200	31.64%
	47511	Insert bile duct drain	\$1,231	\$1,221	(\$10)	(0.83%)
	47525	Change bile duct catheter	\$409	\$477	\$69	16.76%
	47530	Revise/reinsert bile tube	\$409	\$477	\$69	16.76%
	49420	Insert abdom drain, temp	\$568	\$765	\$198	34.80%
	49421	Insert abdom drain, perm	\$568	\$765	\$198	34.80%
	50392	Insert kidney drain	\$435	\$542	\$106	24.38%
	49423	Exchange drainage catheter	\$636	\$630	(\$6)	(0.95%)

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Table 3: Physician Fee Schedule CY2009 Final Payment Rates for Select Procedures

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Division	CPT®	Modifier	Abbreviated (Partial) Description	CY2009 In-Facility \$ Total	\$ Variance 2009 vs 2008 FR Facility	\$ Variance 2009 vs 2008 FR Facility	CY2009 In-Office \$ Total	\$ Variance 2009 vs 2008 In-Office	% Variance 2009 vs 2008 In-Office
INTERVENTIONAL CARDIOLOGY									
Diagnostic Cath	93501	26	Right heart catheterization	\$170	\$8.89	5.5%	\$170	\$9	5.5%
	93501			\$155	N/A	N/A	\$804	N/A	N/A
	93508	26	Catheter placement in coronary artery(s), arterial coronary conduits(s), and/or venous coronary angiography without concomitant left heart catheterization	\$236	\$7.10	3.1%	\$236	\$7	3.1%
	93508			\$181	N/A	N/A	\$1,061	N/A	N/A
	93510	26	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous	\$249	\$7.91	3.3%	\$249	\$8	3.3%
	93510			\$250	N/A	N/A	\$1,334	N/A	N/A
	93511	26	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown	\$289	\$10.20	3.7%	\$289	\$10	3.7%
	93511			N/A	N/A	N/A	N/A	N/A	N/A
	93514	26	Left heart catheterization by left ventricular puncture	\$397	\$26.41	7.1%	\$397	\$26	7.1%
	93514			N/A	N/A	N/A	N/A	N/A	N/A
	93524	26	Combined transseptal and retrograde left heart catheterization	\$398	\$14.84	3.9%	\$398	\$15	3.9%
	93524			N/A	N/A	N/A	N/A	N/A	N/A
	93526	26	Combined right heart cath and retrograde left heart catheterization	\$343	\$12.40	3.8%	\$343	\$12	3.8%
	93526			\$340	N/A	N/A	\$1,712	N/A	N/A
	93527	26	Combined right heart catheterization and transseptal left heart catheterization through intact septum	\$415	\$15.09	3.8%	\$415	\$15	3.8%
	93527			N/A	N/A	N/A	N/A	N/A	N/A
	93528	26	Combined right heart catheterization with left ventricular puncture (with or w/o retrograde left heart catheterization)	\$493	\$6.63	1.4%	\$493	\$7	1.4%
	93528			N/A	N/A	N/A	N/A	N/A	N/A
	93529	26	Combined right heart cath and left heart catheterization through existing septal opening (with or w/o retrograde left heart catheterization)	\$275	\$9.15	3.4%	\$275	\$9	3.4%
	93529			N/A	N/A	N/A	N/A	N/A	N/A
	93530	26	Right heart catheterization, for congenital cardiac anomalies	\$234	\$9.29	4.1%	\$234	\$9	4.1%
	93530			N/A	N/A	N/A	N/A	N/A	N/A
	93531	26	Combined right heart catheterization and retrograde left heart cath, for congenital cardiac anomalies	\$459	\$21.00	4.8%	\$459	\$21	4.8%
	93531			N/A	N/A	N/A	N/A	N/A	N/A
	93532	26	Combined right heart catheterization and transseptal left heart cath through intact septum with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$544	\$32.11	6.3%	\$544	\$32	6.3%
	93532			N/A	N/A	N/A	N/A	N/A	N/A
	93533	26	Combined right heart catheterization and transseptal left heart cath through existing septal opening, with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$366	\$10.27	2.9%	\$366	\$10	2.9%
	93533			N/A	N/A	N/A	N/A	N/A	N/A

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Diagnostic Cath Injection	93539		Injection procedure during cardiac catheterization; for selective opacification of arterial conduits (eg, internal mammary), whether native or used for bypass	\$22	N/A	N/A	\$80	N/A	N/A
	93540		for selective opacification of aortocoronary venous bypass grafts, one or more coronary arteries	\$24	N/A	N/A	\$239	N/A	N/A
	93541		for pulmonary angiography Note: Pulmonary	\$16	N/A	N/A	\$16	N/A	N/A
	93542		for selective right ventricular or right atrial angiography	\$16	N/A	N/A	\$145	N/A	N/A
	93543		for selective left ventricular or left atrial angiography	\$16	N/A	N/A	\$79	N/A	N/A
	93544		for aortography	\$14	N/A	N/A	\$58	N/A	N/A
	93545		for selective coronary angiography (injection of radiopaque material may be by hand)	\$22	N/A	N/A	\$167	N/A	N/A
Diagnostic Cath S&I	93555	26	Imaging, supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography	\$45	\$2.72	6.4%	\$45	\$3	6.4%
	93555			\$43	N/A	N/A	\$118	N/A	N/A
	93556	26	pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)	\$46	\$2.58	5.9%	\$46	\$3	5.9%
	93556			\$49	N/A	N/A	\$165	N/A	N/A
PTCA	92982		Percutaneous transluminal coronary balloon angioplasty; single vessel	\$629	\$31.03	5.2%	N/A	N/A	6.3%
	92984		Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	\$168	\$8.03	5.0%	N/A	N/A	N/A
Atherectomy	92995		Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or w/o balloon angioplasty; single vessel	\$693	\$35.24	5.4%	N/A	N/A	N/A
	92996		Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or w/o balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	\$180	\$9.37	5.5%	N/A	N/A	N/A
Bare-Metal & Drug-eluting Stent	92980		Transcatheter placement of an intracoronary stent(s), percutaneous, with or w/o other therapeutic intervention, any method; single vessel	\$848	\$41.70	5.2%	N/A	N/A	N/A

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	92981		Transcatheter placement of an intracoronary stent(s), percutaneous, with or w/o other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)	\$236	\$12.05	5.4%	N/A	N/A	N/A
Valvuloplasty	92986		Percutaneous balloon valvuloplasty; aortic valve	\$1,391	\$54.53	4.1%	N/A	N/A	N/A
	92987		Percutaneous balloon valvuloplasty; mitral valve	\$1,440	\$55.16	4.0%	N/A	N/A	N/A
	92990		Percutaneous balloon valvuloplasty; pulmonary valve	\$1,108	\$51.85	5.0%	N/A	N/A	N/A
IVUS	92978	26	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	\$100	\$5.16	5.4%	N/A	N/A	N/A
	92978			\$0	\$0.00	0.0%	N/A	N/A	N/A
	92979	26	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	\$80	\$3.83	5.0%	N/A	N/A	N/A
	92979			\$0	\$0.00	0.0%	N/A	N/A	N/A
PERIPHERAL INTERVENTIONS									
Non-Coronary Angioplasty	35458		Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	\$498	\$12.39	2.5%	N/A	N/A	N/A
	35459		Transluminal balloon angioplasty, open; tibioperoneal trunk and branches	\$458	\$12.00	2.7%	N/A	N/A	N/A
	35460		Transluminal balloon angioplasty, open; venous	\$318	\$7.59	2.5%	N/A	N/A	N/A
	35470		Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel	\$463	\$18.14	4.1%	\$2,748	(\$426)	(13.4%)
	35471		Transluminal balloon angioplasty, percutaneous; renal or visceral artery	\$552	\$24.88	4.7%	\$3,019	(\$512)	(14.5%)
	35472		Transluminal balloon angioplasty, percutaneous; aortic	\$370	\$10.46	3.0%	\$2,095	(\$290)	(12.1%)
	35473		Transluminal balloon angioplasty, percutaneous; iliac	\$328	\$12.64	4.0%	\$2,001	(\$248)	(11.0%)
	35476		Transluminal balloon angioplasty, percutaneous; venous	\$315	\$12.59	4.1%	\$1,628	(\$147)	(8.1%)
	35474		Transluminal balloon angioplasty, percutaneous; femoral-popliteal	\$396	\$15.89	4.2%	\$2,667	(\$424)	(13.7%)

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	35475		Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	\$494	\$20.20	4.2%	\$2,157	(\$181)	(7.7%)
Radiological S&I (Non-Coronary Angioplasty)	75962	26	Transluminal balloon angioplasty, peripheral artery, radiological S&I	\$28	\$1.34	5.0%	\$28	\$1	5.0%
	75962			\$50	(\$1)	(2.0%)	\$286	(\$135)	(32.1%)
	75964	26	Transluminal balloon angioplasty, peripheral, each additional artery, S&I	\$19	\$1.10	6.1%	\$19	\$1	6.1%
	75964			N/A	N/A	N/A	\$168	(\$69)	(28.9%)
	75966	26	Transluminal balloon angioplasty, renal/visceral artery, radiological S&I	\$69	\$3.49	5.3%	\$69	\$3	5.3%
	75966			\$79	\$1.30	1.7%	\$335	(\$131)	(28.1%)
	75968	26	Transluminal balloon angioplasty, renal/visceral, each additional artery, S&I	\$19	\$0.72	4.0%	\$19	\$1	4.0%
	75968			N/A	N/A!	N/A	\$169	(\$68)	(28.8%)
	75978	26	Transluminal balloon angioplasty, venous, radiological S&I	\$27	\$1.10	4.3%	\$27	\$1	4.3%
75978			\$50	(\$1)	(1.3%)	\$282	(\$134)	(32.3%)	
Non-Coronary Atherectomy⁴	35484		Transluminal peripheral atherectomy, open; brachiocephalic trunk or branches, each vessel	\$541	\$15.78	3.0%	N/A	N/A	N/A
	35485		Transluminal peripheral atherectomy, open; tibioperoneal trunk and branches	\$505	\$13.68	2.7%	N/A	N/A	N/A
	35490		Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery	\$615	\$28.84	4.9%	N/A	N/A	N/A
	35491		Transluminal peripheral atherectomy, percutaneous; aortic	\$416	(\$3)	(0.7%)	N/A	N/A	N/A
	35492		Transluminal peripheral atherectomy, percutaneous; iliac	\$374	\$7.60	2.1%	N/A	N/A	N/A
	35493		Transluminal peripheral atherectomy, percutaneous; femoral-popliteal	\$457	\$16.71	3.8%	N/A	N/A	N/A
	35494		Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel	\$577	\$21.69	3.9%	N/A	N/A	N/A
Radiological S&I (Non-Cor Atherectomy)⁴	75992	26	Transluminal atherectomy, peripheral artery, radiological S&I	\$28	\$0.58	2.1%	\$28	\$1	2.01%
	75992			N/A	N/A	N/A	N/A	N/A	N/A
	75993	26	Transluminal atherectomy, each additional peripheral artery, radiological S&I	\$19	\$1.10	6.1%	\$19	\$1	6.1%
	75993			N/A	N/A	N/A	N/A	N/A	N/A
	75994	26	Transluminal atherectomy, renal artery,	\$63	(\$3)	(3.8%)	\$63	(\$3)	(3.8%)

⁴ Please Note: Boston Scientific Corporation does not have an atherectomy device that is FDA-approved for the peripheral vasculature. See important information for uses and limitations of this document on page 1.

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	75994		radiological S&I	N/A	N/A	N/A	N/A	N/A	N/A
	75995	26	Transluminal atherectomy, visceral artery, radiological S&I	\$66	\$2.39	3.8%	\$66	\$2	3.8%
	75995		radiological S&I	N/A	N/A	N/A	N/A	N/A	N/A
	75996	26	Transluminal atherectomy, each additional visceral artery, radiological S&I	\$18	\$0.48	2.7%	\$18	\$0	2.7%
	75996		radiological S&I	N/A	N/A	N/A	N/A	N/A	N/A
Catheter Access	36000		Introduction of Needle or intracatheter, vein	\$9	\$0.24	2.7%	\$24	(\$2)	(7.3%)
	36140		Introduction of needle or intracatheter; extremity artery	\$104	\$4.97	5.0%	\$471	(\$45)	(8.8%)
	36145		Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)	\$101	\$4.26	4.4%	\$466	(\$41)	(8.8%)
	36160		Introduction of needle or intracatheter, aortic, translumbar	\$136	\$5.36	4.1%	\$520	(\$51)	(9.0%)
	36200		Introduction of catheter, aorta	\$156	\$7.08	4.7%	\$630	(\$56)	(8.1%)
Catheter Placement	36215		Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$246	\$12.53	5.4%	\$1,109	(\$68)	(5.7%)
	36216		Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$277	\$14.58	3.6%	\$1,212	(\$65)	(5.1%)
	36217		Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$333	\$17.64	5.6%	\$1,974	(\$184)	(8.5%)
	36218		Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (list in addition to code for initial second or third order vessel as appropriate)	\$53	\$2.73	5.4%	\$186	(\$19)	(9.4%)
	36245		Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$254	\$13.29	5.5%	\$1,223	(\$105)	(8.0%)
	36246		Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$277	\$13.06	5.0%	\$1,202	(\$83)	(6.5%)
	36247		Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$330	\$15.40	4.9%	\$1,887	(\$146)	(7.2%)

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	36248		Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	\$53	\$2.73	5.2%	\$160	(\$14)	(8.1%)
Carotid	37215		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	\$1,101	\$40.28	3.8%	N/A	N/A	N/A
	37216		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	\$1,010	\$60.49	6.4%	N/A	N/A	N/A
Vena Cava Filters	37620		Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular	\$656	\$23.37	3.6%	N/A	N/A	N/A
	37650		Revision of major vein	\$499	\$8.44	1.7%	\$340	\$19	6.0%
Thrombectomy	36870		Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	\$303	\$5.92	2.0%	\$1,770	(\$202)	10.2%
	34101		Thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	\$611	\$9.61	1.6%	N/A	N/A	N/A
	34111		Thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	\$611	\$10.37	1.7%	N/A	N/A	N/A
	34201		Thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	\$985	\$51.87	5.6%	N/A	N/A	N/A
	34490		Thrombectomy, with or without catheter; axillary and subclavian vein, by arm incision	\$614	\$10.70	1.7%	N/A	N/A	N/A
Non-Coronary IVUS	37250		Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	\$111	\$3.59	3.5%	N/A	N/A	N/A
	37251		Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)	\$83	\$2.26	2.8%	N/A	N/A	N/A
Radiological	75945	26	Intravascular ultrasound (peripheral vessel)	\$21	\$0.81	4.0%	\$21	\$1	4.0%

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S&I (Non-Cor IVUS)	75945		radiological supervision and interpretation; initial vessel	N/A	N/A	N/A	N/A	N/A	N/A
	75946	26	each additional non-coronary vessel (List separately in addition to code for primary procedure)	\$21	\$0.81	4.0%	\$21	\$1	4.0%
	75946			N/A	N/A	N/A	N/A	N/A	N/A
Transcatheter Placement of Intravascular Stents	37205		Transcatheter placement of an intravascular stent(s), (non-coronary vessel), percutaneous; initial vessel	\$445	\$11.57	2.7%	\$3,204	\$761	31.2%
	37206		Transcatheter placement of an intravascular stent(s), (non-coronary vessel), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	\$217	\$9.81	4.7%	\$1,914	\$470	32.5%
	37207		Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; initial vessel	\$438	\$10.66	2.5%	N/A	N/A	N/A
	37208		Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; each additional vessel (List separately in addition to code for primary procedure)	\$212	\$5.95	2.9%	N/A	N/A	N/A
Radiological S&I (intravascular stent)	75960	26	Transcatheter introduction of intravascular stent(s), (non-coronary vessel) percutaneous and/or open, radiological supervision and interpretation, each vessel	\$43	\$2.25	5.5%	\$43	\$2	5.5%
	75960			\$59	\$0.35	0.6%	\$268	(\$132)	(32.9%)
Angiograms	75710	26	Angiography, extremity, unilateral, radiological supervision and interpretation	\$59	\$2.63	4.7%	\$59	\$3	4.7%
	75710			\$67	\$1.49	2.3%	\$289	(\$99)	(25.6%)
	75716	26	Angiography, extremity, bilateral, radiological supervision and interpretation	\$68	\$4.01	6.3%	\$68	\$4	6.3%
	75716			\$73	\$1.78	2.5%	\$321	(\$92)	(22.3%)
	75722	26	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation	\$60	\$3.25	5.7%	\$60	\$3	5.7%
	75722			\$66	\$1.25	1.9%	\$285	(\$101)	(26.1%)
	75724	26	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation	\$81	\$4.45	5.8%	\$81	\$4	5.8%
	75724			\$79	\$2.45	3.2%	\$331	(\$94)	(22.1%)
	75726	26	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	\$59	\$4.15	7.6%	\$59	\$4	7.6%
	75726			\$66	\$1.25	1.9%	\$286	(\$98)	(25.4%)
	75731	26	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$62	\$4.87	8.5%	\$62	\$5	8.5%
	75731			\$67	\$1.87	2.9%	\$295	(\$95)	(24.4%)
	75733	26	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	\$72	\$4.97	7.4%	\$72	\$5	7.4%
	75733			\$73	\$2.16	3.0%	\$334	(\$90)	(21.1%)
75736	26	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	\$60	\$4.01	7.2%	\$60	\$4	7.2%	
75736			\$67	\$1.87	2.9%	\$288	(\$99)	(25.5%)	

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	75790	26	Visualize A-V shunt	\$92	\$4.02	4.6%	\$92	\$4	4.6%
	75790			\$72	\$3.82	5.6%	\$175	\$10	6.1%
TrachBronch Stent	31631		Bronchoscopy (rigid or flexible); with tracheal dilation and placement of tracheal stent	\$225	\$5.24	2.4%	N/A	N/A	N/A
Biliary Stenting	47556		Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$445	\$27.19	6.5%	N/A	N/A	N/A
Radiological S&I (Biliary stenting)	74363	26	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	\$45	\$2.72	6.4%	\$45	\$3	6.4%
	74363			N/A	N/A	N/A	N/A	N/A	N/A
Transhepatic Shunts (TIPS)	37182		Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein cath, portography, dilation, stent, and imaging and guidance)	\$894	\$50.75	6.0%	N/A	N/A	N/A
	37183		Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein cath, portography, dilation, stent, and imaging and guidance)	\$425	\$22.80	5.7%	N/A	N/A	N/A
Embolization	37204		Transcatheter occlusion	\$947	\$51.96	5.8%	N/A	N/A	N/A
	37210		Embolization uterine fibroid	\$562	\$43.64	8.4%	\$3,399	(\$152)	(4.3%)
	61626		Transcath occlusion, non-cns	\$872	\$48.94	5.9%	N/A	N/A	N/A
	96420		Chemo, ia, push technique	\$9	\$0.24	2.7%	\$108	(\$4)	(3.9%)
	75894	26	X-rays, transcath therapy	\$68	\$4.39	6.9%	\$68	\$4	6.9%
	75898	26	Follow-up angiography	\$85	\$4.64	5.8%	\$85	\$5	5.8%
Biopsy	32405		Biopsy, lung or mediastinum	\$100	\$5.93	6.3%	\$100	\$5	5.4%
	47000		Needle biopsy of liver	\$99	\$5.69	6.1%	\$307	\$34	12.6%
	50200		Biopsy of kidney	\$146	\$4.32	3.0%	N/A	N/A	N/A
	60100		Biopsy of thyroid	\$80	\$4.21	5.6%	\$109	\$1	1.1%
	55700		Biopsy of prostate	\$141	\$13.03	10.2%	\$236	(\$5)	(2.1%)
	19100		Bx breast percut w/o image	\$65	\$2.16	3.4%	\$126	(\$2)	(1.5%)
	19102		Bx breast percut w/image	\$104	\$6.12	6.2%	\$206	(\$5)	(2.5%)
	Drainage	47510		Insert catheter, bile duct	\$481	\$13.67	2.9%	N/A	N/A
47511			Insert bile duct drain	\$604	\$27.36	4.7%	N/A	N/A	N/A
47525			Change bile duct catheter	\$128	-\$176	(57.8%)	\$567	(\$202)	(26.3%)
47530			Revise/reinsert bile tube	\$362	\$11.60	3.3%	\$1,363	(\$77)	(5.4%)
49420			Insert abdom drain, temp	\$130	\$4.69	3.7%	N/A	N/A	N/A
49421			Insert abdom drain, perm	\$354	\$9.31	2.7%	N/A	N/A	N/A
50392			Insert kidney drain	\$187	\$8.37	4.7%	N/A	N/A	N/A
49423			Exchange drainage catheter	\$78	\$4.87	6.7%	\$537	(\$33)	(5.8%)

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