

2015 Outpatient Medicare Reimbursement Changes

Reimbursement for complex cases increased significantly in 2015.

Hospital payments for Atherectomy, CTO, and AMI procedures **increased more than \$5,000¹** when comparing 2015 comprehensive payment to 2014 multiple procedure payment.

Here's an overview of the reimbursement changes: CMS established comprehensive APCs (C-APC) to provide **one single payment** for a procedure rather than providing separate multiple payments for each individual service.

Three levels of APCs were created to cover all endovascular procedures:

Three vascular family C-APCs for IC interventions		
APC	Descriptor	2015 National Average Payment
0083	Level I Endovascular Procedures	\$4,537
0229	Level II Endovascular Procedures	\$9,624
0319	Level III Endovascular Procedures	\$14,841

Single lesion complex procedures such as Atherectomy, CTO, and AMI fall under the Level III APC 0319.

The APC 0319 payment of \$14,841 represents an increase of over \$5,000 (compared to 2014 payments).

HCPCS Code	Code Description	CY 2014 Payment (Multiple Procedures)	CY 2015 Payment	\$ Increase
DES with Atherectomy				
C9602	Coronary atherectomy with drug-eluting stent; single major coronary artery or branch	\$9,618	\$14,841	\$5,223
DES AMI PCI				
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	\$9,800	\$14,841	\$5,041
DES CTO PCI*				
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	\$9,611	\$14,841	\$5,230

Potential impact on yearly hospital reimbursement payments

Based on PCI volume of 250 cases to 1,000 cases per year, hospitals could see a potential increase in reimbursement payments between **\$223,000–\$892,000²**.

* Boston Scientific does not currently have stents that are indicated by the FDA for CTO.

2015 Outpatient Medicare Reimbursement Changes — Atherectomy

Hospital payments for coronary stenting with atherectomy increased more than \$5,200

HCPCS/ CPT® Code	Code Description	2014 Hospital Reimbursement Rate (Multiple Procedures)	2015 Hospital Reimbursement Rate	\$ Increase
	DES with Atherectomy			
C9602	Coronary atherectomy with drug-eluting stent; single major coronary artery or branch	\$9,618	\$14,841	\$5,223
	BMS with Atherectomy			
92933	Coronary atherectomy with coronary stent; single major coronary artery or branch	\$7,440	\$14,841	\$7,401

Impact on hospital payment for placement of a coronary stent

Hospital payment for DES with atherectomy in a single coronary vessel is **\$14,841** while payment for DES alone in a single vessel is **\$9,624**.

HCPCS Code	Code Description	2015 Hospital Reimbursement Rate
C9602	Coronary atherectomy with DES; single major coronary artery or branch	\$14,841
C9600	DES; single major coronary artery or branch	\$9,624



\$5,200
increase in payment,
if atherectomy is
considered **medically**
necessary for a single
coronary vessel

The 2015 outpatient reimbursement changes make it more economical to use this important therapy.

Reminder: Treatment Setting is Based on MEDICAL NECESSITY

Inpatient: Patient may be formally admitted to an inpatient bed when they meet severity of illness admission criteria, and treatment is expected to require a stay in the hospital lasting at least two midnights.

Documentation: The physician's expectation for an inpatient stay must be based on medical factors and physician judgment including:

- Patient history and co-morbidities
- Severity of signs and symptoms
- Current medical needs of the beneficiary
- Risk of an adverse event

Outpatient (Ambulatory and Observation): Patient is not formally admitted to an inpatient bed and may not meet severity of illness admission criteria; may stay one or more nights

Treatment setting should be determined by the physician and should be based on MEDICAL NECESSITY

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services that are rendered. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage, and reimbursement matters.

Boston Scientific does not promote the use of its products outside their FDA-approved label.

CPT © 2014 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

References

1. CY2015 Nat. Avg. Hospital Outpatient Prospective Payment Rate for APC 319 compared to CY2014 calculation based on payments for multiple procedure code combinations using base codes C9607 DES CTO PCI, C9606 DES AMI PCI and C9602 DES w/Atherectomy.
2. Boston Scientific internal analysis for the average change per PCI case (APCs 83, 229, 319) calculated based on CMS 2015 NPRM cost statistic claims volumes to compare CY2014 multiple procedure payments to CY2015 APC payment.



Interventional Cardiology
300 Boston Scientific Way
Marlborough, MA 01752-1234
www.bostonscientific.com

*To order product or for more information
contact customer service at 1.888.272.1001.*

© 2015 Boston Scientific Corporation
or its affiliates. All rights reserved.

IC-303010-AA APR2015