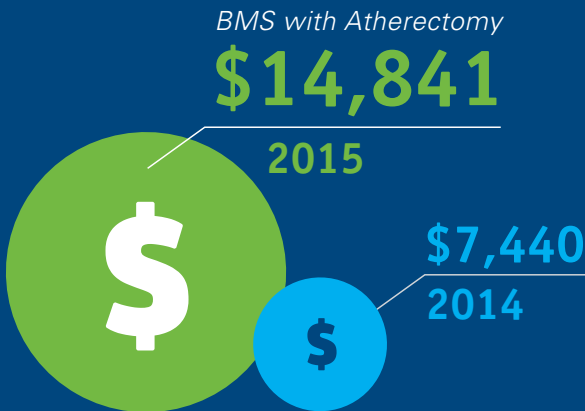
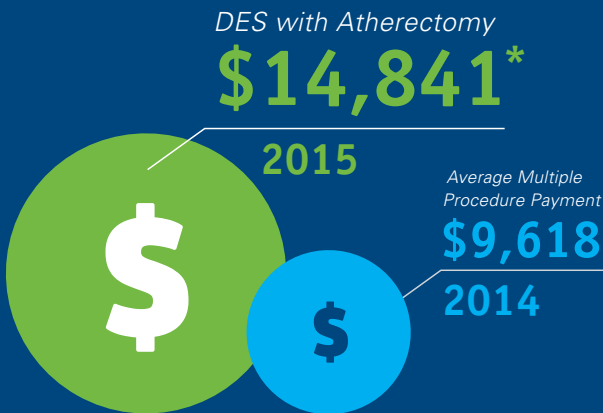


IMPACT OF THE 2015 MEDICARE OUTPATIENT REIMBURSEMENT CHANGES



\$5,200 per PCI

The amount hospital payments increased from 2014 to 2015 for the use of atherectomy with coronary stenting.



C9602
DES with Atherectomy increased **\$5,223**.

92933
BMS with Atherectomy increased **\$7,377**.

*Source: CMS CY2015 OPPS Final Rule Addendum B

Lowering the financial barriers to using Rotational Atherectomy



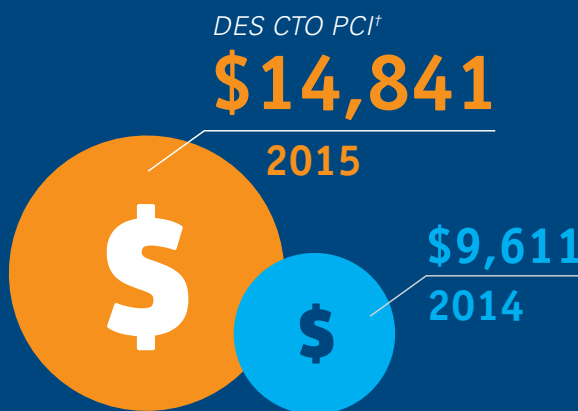
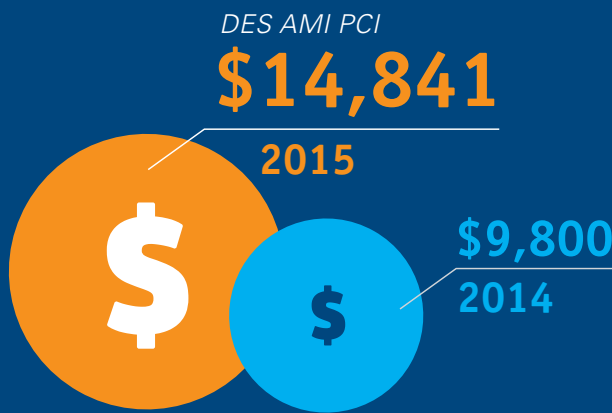
C9602
DES with Atherectomy: coronary atherectomy with drug-eluting stent, single major coronary artery or branch: **\$14,841**

92933
BMS with Atherectomy: coronary atherectomy with coronary stent, single major coronary artery or branch: **\$14,841**

C9600
DES: drug-eluting stent, single major coronary artery or branch: **\$9,624**

\$5,000 From 2014 to 2015

The increase in hospital reimbursement for single lesion Complex PCI cases involving AMI and CTO.



C9606
DES AMI PCI increased **\$5,041**.

C9607
DES CTO PCI increased **\$5,230**.

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



Potential impact on yearly hospital reimbursement payments

\$223,000 – \$892,000¹

Projected potential increase in reimbursement payments, based on PCI volume of 250 cases to 1,000 cases per year.

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.

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Reference

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1. 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.



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