GUIDEPOINT Reimbursement Resources

Boston Scientific
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Procedural Payment Guide

2016 Hospital Inpatient with ICD-10-PCS
2015 Hospital Outpatient and Physician

Contents

This document is formatted to print in a landscape orientation on letter (8.5 x 11) or legal (8.5 x 14) paper.

See pages 2 and 3 for important information about the uses and limitations of this document.

IMPORTANT—Please Note:

This Procedural Payment Guide for rhythm management, interventional cardiology and peripheral intervention procedures provides coding and reimbursement information for physicians and healthcare facilities.

The codes included in this guide are intended to represent typical rhythm management, cardiology and peripheral intervention procedures where there is: 1) at least one device approved by the U.S. Food and Drug Administration (FDA) for use in the listed procedure; and 2) specific procedural coding guidance provided by a recognized coding or reimbursement authority such as the American Medical Association (AMA) or the Centers for Medicare and Medicaid Services (CMS). This guide is in no way intended to promote the off-label use of medical devices.

Please note that while these materials are intended to provide coding information for a range of cardiology, rhythm, and vascular peripheral intervention procedures, the FDA- approved/cleared labeling for all products may not be consistent with all uses described in these materials. Some payers, including some Medicare contractors, may treat a procedure which is not specifically covered by a product's FDA-approved labeling as a non-covered service.

The Medicare reimbursement amounts shown are currently published national average payments. 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, proportion of low-income patients, coverage, and/or payment rules. Please feel free to contact the Boston Scientific reimbursement department at 1-800-CARDIAC if you have any questions about the information in these materials. You can also find reimbursement updates on our website:

www.bostonscientific.com/reimbursement

Disclaimer

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved.

Health economics 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 provided 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.

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CPT® Disclaimer

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Physician Billing and Payment: Medicare and most other insurers typically reimburse physicians based on fee schedules tied to Current Procedural Terminology[1] (CPT®) codes. CPT codes are published by the AMA and used to report medical services and procedures performed by or under the direction of physicians. Physician payment for procedures performed in an outpatient or inpatient hospital or Ambulatory Surgical Center (ASC) setting is described as an in-facility fee payment (listed as In-Hospital in document) while payment for procedures performed in the physician office is described as an in-office payment. In-facility payments reflect modifier -26 as applicable.

Hospital Outpatient Billing and Payment: Medicare reimburses hospitals for outpatient stays (typically stays of less than 48 hours) under Ambulatory Payment Classification (APC) groups. Medicare assigns an APC to a procedure based on the billed CPT/HCPCS (Healthcare Common Procedural Coding System) code. (Note that private insurers may require other procedure codes for outpatient payment.) While it is possible that separate APC payments may be deemed appropriate where more than one procedure is done during the same outpatient visit, many APCs are subject to reduced payment when multiple procedures are performed on the same day. Comprehensive APCs (J1 status indicator) can impact total payment received for outpatient services.

Hospitals report device category codes (C-codes) on claims when such devices are used in conjunction with procedure(s) billed and paid for under the OPPS. This reporting provides claims data used annually to update the OPPS payment rates. Although separate payment is not typically available for C-Codes, denials may result if applicable C- Codes are not included with associated procedure codes CMS has an established cost center for "Implantable Devices Charged to Patients", available for cost reporting periods since May 1, 2009. As CMS uses data from this cost center to establish OPPS payments, it is important for providers to document device costs in this cost center to help ensure appropriate payment amounts.

Hospital Inpatient Billing and Payment: Medicare reimburses hospital inpatient procedures based on the Medicare Severity Diagnosis Related Group (MS-DRG). The MS-DRG is a system of classifying patients based on their diagnoses and the procedures performed during their hospital stay. MS-DRGs closely calibrate payment to the severity of a patient's illness. One single MS-DRG payment is intended to cover all hospital costs associated with treating an individual during his or her hospital stay, with the exception of "professional" (e.g., physician) charges associated with performing medical procedures. Private payers may also use MS-DRG-based systems or other payer-specific system to pay hospitals for providing inpatient services.

ICD-10-PCS: Potential procedure codes are included within this guide. Due to the number of potential codes within the ICD-10-PCS system, the codes included in this document do not fully account for all procedure code options. Some codes outlined in this guide include an " _" symbol. For example, 027_34Z is listed as a potential code for reporting a coronary drug-eluting stent procedure. In this example, the "_" character could be 0, 1, 2 or 3, depending on the number of sites treated. The "_" symbol is not a recognized character within the ICD-10-PCS system.

ASC Billing and Payment: Many elective procedures are performed outside of the hospital in Medicare certified facilities also known as Ambulatory Surgical Centers (ASCs). Not all procedures that Medicare covers in the hospital setting are eligible for payment in an ASC. Medicare has a list of all services (as defined by CPT/HCPCs codes), generally non-surgical, that it covers when offered in an ASC. ASC allowed procedures can be found at http://www.cms.hhs.gov/ASCPayment/. Payments made to ASCs from private insurers depend on the contract the facility has with the payer.

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	Rhythm Management Device Implant Procedures					go to APC list		go to ICD-10-PCS list		
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	**$481**	**NA**	*7.39* 13.38	**$7,853**	APC 0089	**$9,493**	02H63JZ 0JH604Z 0JH605Z	**Permanent cardiac pacemaker implant** MS-DRG 244 without CC/MCC MS-DRG 243 with CC MS-DRG 242 with MCC	 **$12,633** **$15,614** **$22,341**
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	**$512**		*8.05* 14.25				02HK3JZ 02HK0JX 0JH605Z 0JH604Z		
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	**$554**		*8.77* 15.42				02H63JZ 02HK0JX 02HK3JZ 0JH636Z		
33212	Insertion of pacemaker pulse generator only; with existing single lead	**$346**		*5.26* 9.64	**$5,651**	APC 0090	**$6,545**	0JH604_Z	**Cardiac pacemaker replacement** MS-DRG 259 without MCC MS-DRG 258 with MCC	 **$11,488** **$16,882**
33213	Insertion of pacemaker pulse generator only; with existing dual leads	**$362**		*5.53* 10.07	**$7,853**	APC 0089	**$9,493**	0JH606Z		
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	**$387**		*5.8* 10.77	**$12,518**	APC 0655	**$16,407**	0JH607Z		
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generation)	**$508**		*7.84* 14.13	**$7,853**	APC 0089	**$9,493**	0JH636Z 0JPT0PZ 02H63JZ 02HK3KZ	**Permanent cardiac pacemaker implant** MS-DRG 244 without CC/MCC MS-DRG 243 with CC MS-DRG 242 with MCC	 **$12,633** **$15,614** **$22,341**
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	**$322**		*4.92* 8.97	**$864**	APC 0103	**$1,576**	02WA3MX	**Cardiac pacemaker revision except device implant** MS-DRG 262 without CC/MCC MS-DRG 261 with CC MS-DRG 260 with MCC	 **$8,931** **$11,006** **$22,024**

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	Rhythm Management Device Implant Procedures *continued*					go to APC list		go to ICD-10-PCS list		
33216	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator	**$397**	**NA**	*5.87* 11.06	**$5,651**	APC 0090	**$6,545**	02H63JZ 02H63KZ 02H73JZ 02H73KZ 02HK3JZ 02HK3KZ 02HL3JZ 02HL3KZ	**ICD lead procedures** MS-DRG 265	**$17,526**
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defribrillator	**$390**		*5.84* 10.85				02HK0JX 02HL0JZ		
33218	Repair of single transvenous electrode, permanent pacemaker or pacing cardioverter-defibrillator	**$416**		*6.07* 11.59	**$1,286**	APC 0105	**$2,347**	02WA3MZ 02WA0MZ	**Cardiac pacemaker revision except device replacement** MS-DRG 262 without CC/MCC MS-DRG 261 with CC MS-DRG 260 with MCC	**$8,931** **$11,006** **$22,024**
33220	Repair of 2 transvenous electrodes for permanent pacemaker or pacing cardioverter-defibrillator	**$417**		*6.15* 11.6	**$1,286**	APC 0105	**$2,347**	02WA0MZ 02WA3MZ	**Cardiac pacemaker revision except device replacement** MS-DRG 262 without CC/MCC MS-DRG 261 with CC MS-DRG 260 with MCC	**$8,931** **$11,006** **$22,024**
33222	Relocation of skin pocket for pacemaker	**$362**		*5.1* 10.07	**$771**	APC 0328	**$1,407**	0JWT0PZ		
33223	Relocation of skin pocket for implantable-defibrillator	**$437**		*6.55* 12.15						
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	**$536**		*9.04* 14.93	**$7,853**	APC 0089	**$9,493**	02H43JZ 02H43KZ 02HL0JZ 02HL0KZ	**ICD lead procedures** MS-DRG 265	**$17,526**

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	Rhythm Management Device Implant Procedures *continued*					go to APC list		go to ICD-10-PCS list		
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	**$487**	**NA**	*8.33* 13.56	**$0**	Status N, items and services packaged into primary procedure APC rate. No separate payment		02H43JZ 02H43KZ 02HL0JZ 02HL0KZ	**Cardiac defibrillator implant with cardiac catheterization with acute MI/HF/Shock** MS-DRG 222 with MCC **$50,301** MS-DRG 223 without MCC **$37,806** **Cardiac defibrillator implant with cardiac catheterization without acute MI/HF/Shock** MS-DRG 224 with MCC **$44,959** MS-DRG 225 without MCC **$34,579** **Cardiac defibrillator implant without cardiac catheteraization** MS-DRG 226 with MCC **$41,178** MS-DRG 227 without MCC **$32,367** **Permanent cardiac pacemaker implant** MS-DRG 242 with MCC **$22,341** MS-DRG 243 with CC **$15,614** MS-DRG 244 without CC/MCC **$12,633**	
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	**$515**		*8.68* 14.34	**$864**	APC 0103	**$1,576**	02WA3MX	**Cardiac pacemaker revision except device replacement** MS-DRG 262 without CC/MCC **$8,931** MS-DRG 261 with CC **$11,006** MS-DRG 260 with MCC **$22,024**	
33233	Removal of permanent pacemaker pulse generator only	**$252**		*3.39* 7.02	**$5,651**	APC 0090	**$6,545**	0JPT0PZ		
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	**$365**		*5.5* 10.15	**$5,651**	APC 0090	**$6,545**	0JH604Z 0JPT0PZ		
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	**$380**		*5.77* 10.57	**$7,853**	APC 0089	**$9,493**	0JPT0PZ 0JH6062		
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generaor; multiple lead system	**$399**		*6.04* 11.09	**$12,518**	APC 0655	**$16,407**	0JPT09Z 0JH6072		

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	Rhythm Management Device Implant Procedures *continued*					go to APC list		go to ICD-10-PCS list		
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	**$517**	**NA**	*7.91* 14.39	**$1,286**	APC 0105	**$2,347**	02PA0MZ 02PA3MZ	**Cardiac pacemaker revision except device replacement**	
									MS-DRG 262 without CC/MCC	**$8,931**
33235	Removal of transvenous pacemaker electrode(s); dual lead system	**$673**		*10.15* 18.72					MS-DRG 261 with CC	**$11,006**
									MS-DRG 260 with MCC	**$22,024**
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	**$392**		*6.05* 10.92	**$20,292**	APC 0107	**$22,917**	0JH608Z	**AICD Generator Procedures**	
									MS-DRG 245	**$27,672**
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	**$410**		*6.32* 11.41						
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	**$432**		*6.59* 12.03	**$27,212**	APC 0108	**$30,818**			
33241	Removal of implantable defibrillator pulse generator only	**$238**		*3.29* 6.61	**$1,286**	APC 0105	**$2,347**	0JPT0PZ	**Cardiac pacemaker revision except device replacement**	
									MS-DRG 262 without CC/MCC	**$8,931**
									MS-DRG 261 with CC	**$11,006**
									MS-DRG 260 with MCC	**$22,024**
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	**$400**		*6.06* 11.12	**$20,292**	APC 0107	**$22,917**	0JH608Z 0JPT0PZ	**AICD Generator Procedures**	
									MS-DRG 245 with MCC	**$27,672**
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	**$416**		*6.33* 11.58						
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	**$433**		*6.6* 12.06	**$27,212**	APC 0108	**$30,818**			
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	**$905**		*13.99* 25.18	Not covered for ASC payment	APC 0105	**$2,347**	02PA3MZ	**Cardiac pacemaker revision except device replacement**	
									MS-DRG 262 without CC/MCC	**$8,931**
									MS-DRG 261 with CC	**$11,006**
									MS-DRG 260 with MCC	**$22,024**

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	Rhythm Management Device Implant Procedures *continued*						go to APC list	go to ICD-10-PCS list		
33249	Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber	**$964**	**NA**	*15.17* 26.84	**$27,212**	APC 0108	**$30,818**	02H63KZ 02HK3KZ 0JH608Z 02HK0KZ 02HL0KZ 02H43KZ	**Cardiac defibrillator implant with cardiac catheterization with acute MI/HF/Shock** MS-DRG 222 with MCC MS-DRG 223 without MCC	 **$50,777** **$36,908**
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode including defibrillation threshold evaluation, induction of arrhythmia evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	**$613**		*9.1* 17.06	**$27,212**	APC 0108	**$30,818**	0JH608Z 0JH60PZ 0JPT0PZ	**Cardiac defibrillator implant with cardiac catheterization without acute MI/HF/Shock** MS-DRG 224 with MCC MS-DRG 225 without MCC **Cardiac defibrillator implant without cardiac catheterization** MS-DRG 226 with MCC MS-DRG 227 without MCC	 **$44,959** **$34,579** **$41,178** **$32,367**
33271	Insertion of subcutaneous implantable defibrillator electrode	**$516**		*7.5* 14.35	**$5,651**	APC 0090	**$6,545**	0JH60PZ	**ICD lead procedures** MS-DRG 265	 **$17,526**
33272	Removal of subcutaneous implantable defibrillator electrode	**$379**		*5.42* 10.56	**NA**	APC 0105	**$2,347**	0JPT0PZ		
33273	Reposition of previously implanted subcutaneous implantable defibrillator electrode	**$418**		*6.5* 11.62	**$1,286**	APC 0105	**$2,347**	0JWT0PZ		
	WATCHMAN ™ Left Atrial Appendage Closure (LAAC) Procedure									
0281T	Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement(s) left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	Carrier Priced	**NA**	*0* 0	**NA**	NA Inpatient Only Procedure		02L73DK	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC	 **$20,961** **$14,288**

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	Rhythm Management Device Evaluation Codes					go to APC list		go to ICD-10-PCS list		
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	**$33**	**$50**	*0.65* 1.4	Not covered for ASC payment	APC 0690	**$35**	4B02XSZ	NA	
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	**$39**	**$59**	*0.77* 1.65						
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	**$46**	**$69**	*0.9* 1.92						
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	**$43**	**$64**	*0.85* 1.79				4B02XTZ	ICD-10-PCS procedure code does not impact MS-DRG	
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	**$59**	**$83**	*1.15* 2.3						

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	Rhythm Management Device Evaluation Codes *continued*					go to APC list		go to ICD-10-PCS list		
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	**$64**	**$91**	*1.25* 2.53	Not covered for ASC payment			4B02XTZ	ICD-10-PCS procedure code does not impact MS-DRG	
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	**$45**	**$68**	*0.85* 1.89						
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	**$27**	**$43**	*0.52* 1.19				4A12X42		
93286	Peri-procedural device evaluation (in person) and programming of device device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	**$15**	**$28**	*0.3* 0.77		NA		4B02XST	NA	
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	**$23**	**$37**	*0.45* 1.02				4B02XTZ		

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Inpatient information effective through September 30, 2016 | **APC** and **ASC** information effective through December 31, 2015 | **Physician fee** information effective July 1, 2015 through December 31, 2015

National Average Medicare physician payment rates calcuated using the 2015 conversion factor of $35.9335

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	Rhythm Management Device Evaluation Codes *continued*					go to APC list		go to ICD-10-PCS list		
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	**$22**	**$38**	*0.43* 1.06	Not covered for ASC payment	APC 0690	**$35**	4B02XSZ	ICD-10-PCS procedure code does not impact MS-DRG	
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	**$46**	**$66**	*0.92* 1.84		APC 0690	**$35**	4B02XTZ		
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	**$40**	**$62**	*0.74* 1.73				4B02XTZ		
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	**$22**	**$31**	*0.43* 0.87				4A02XFZ		
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	**$22**	**$36**	*0.43* 1.01		APC 0450	**$29**			

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	Rhythm Management Device Evaluation Codes *continued*					go to APC list		go to ICD-10-PCS list		
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	**$22**	**$33**	*0.43* 0.91	Not covered for ASC payment	APC 0690	**$35**	4B02XTZ	NA	
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	**$16**	**$54**	*0.32* 1.51						
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	**$34**	**$34**	*0.65* 0.96		NA		4B02XSZ	NA	
93295	Interrogation device evaluation(s) (remote), up to 90 days single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	**$69**	**$69**	*1.29* 1.91				4B02XTZ		
93296	Interrogation device evaluation(s) (remote), up to 90 days single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	**NA**	**$26**	*0* 0.73		APC 0690	**$35**	4B02XSZ 4B02XTZ		
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	**$27**	**$27**	*0.52* 0.75		NA		4A02X9Z		

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	Rhythm Management Device Evaluation Codes *continued*					go to APC list		go to ICD-10-PCS list		
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	**$27**	**$27**	*0.52* 0.75	Not covered for ASC payment	NA		4A02X9Z	NA	
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	**$0**	Contractor priced	*0* 0		APC 0690	**$35**			
	Intracardiac Electrophysiology Procedures/Studies									
+93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	**$217**	**NA**	*3.73* 6.03	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		4A023N7	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC	 **$20,961** **$14,288**
93600	Bundle of His recording	**$125**		*2.12* 3.48		APC 0085	**$4,635**	4A023FZ	**ICD-10-PCS procedure code does not impact MS-DRG**	
93602	Intra-atrial recording	**$123**		*2.12* 3.41						
93603	Right ventricular recording	**$123**		*2.12* 3.41		APC 0084	**$873**			
+93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (list separately in addition to code for primary procedure)	**$293**		*4.99* 8.16		Status N, items and services packaged into primary procedure APC rate. No separate payment		02K83ZZ	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC	 **$20,961** **$14,288**
93610	Intra-atrial pacing	**$174**		*3.02* 4.83		APC 0085	**$4,635**	4A0234Z	**ICD-10-PCS procedure code does not impact MS-DRG**	
93612	Intraventricular pacing	**$172**		*3.02* 4.8						

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	Intracardiac Electrophysiology Procedures/Studies					go to APC list		go to ICD-10-PCS list		
+93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	**$413**	**NA**	*6.99* 11.49	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		02K83ZZ	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC	 **$20,961** **$14,288**
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s)	**$53**		*0.99* 1.48		APC 0084	**$873**	4A02X4Z	**ICD-10-PCS procedure code does not impact MS-DRG**	
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	**$66**		*1.49* 1.85						
93618	Induction of arrhythmia by electrical pacing	**$249**		*4.25* 6.92						
93619	Comprehensive electrohysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	**$427**		*7.31* 11.88		APC 0085	**$4,635**	4A0234Z	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC	 **$20,961** **$14,288**
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	**$678**		*11.57* 18.88						
+93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	**$124**		*2.1* 3.44	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment			**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC	 **$20,961** **$14,288**

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	Intracardiac Electrophysiology Procedures/Studies *continued*					go to APC list		go to ICD-10-PCS list		
+93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	**$180**	**NA**	*3.1* 5.02	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		4A0234Z	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC	**$20,961** **$14,288**
+93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	**$169**		*2.85* 4.69				4A023FZ 3E043KZ 3E033KZ		
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	**$271**		*4.8* 7.55		APC 0085	**$4,635**	4A023FZ		
93640	Electrophysiologic evaluation of single or dual chamber implantable defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	**$203**		*3.51* 5.66		Status N, items and services packaged into primary procedure APC rate. No separate payment		4A02XFZ	**ICD-10-PCS procedure code does not impact MS-DRG**	
93641	Electrophysiologic evaluation of single or dual chamber implantable defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter- defibrillator pulse generator	**$346**		*5.92* 9.62				4A02XFZ		
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	**$282**		*4.88* 7.84		APC 0084	**$873**	4A02XFZ		

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	Intracardiac Electrophysiology Procedures/Studies *continued*					go to APC list		go to ICD-10-PCS list		
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of completer heart block, with or without temporary pacemaker placement	**$628**	**NA**	*10.49* 17.47	Not covered for ASC payment	APC 0085	**$4,635**	02583ZZ 0JH636Z 0JH634Z	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC MS-DRG 274 without MCC	**$20,961** **$14,288**
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary) and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	**$883**		*15* 24.58		APC 0086	**$14,362**	02583ZZ 4A0234Z		
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary) and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	**$1,175**		*20* 32.7						

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	Intracardiac Electrophysiology Procedures/Studies *continued*						go to APC list	go to ICD-10-PCS list		
+93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	**$441**	**NA**	*7.5* 12.28	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		02583ZZ 4A0234Z		
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	**$1,180**		*20.02* 32.84		APC 0086	**$14,362**			
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	**$96**	**$160**	*1.89* 2.67		APC 0096	**$330**	3E033KZ 3E043KZ 4A12XFZ		
+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (list separately in addition to code for primary procedure)	**$149**	**NA**	*2.8* 4.14				B244ZZ3 B245ZZ3 B246ZZ3 B24BZZ3 B24DZZ3	**ICD-10-PCS procedure code does not impact MS-DRG**	

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Note: Some of the codes presented above may be used to code for a variety of procedures (diagnostic and therapeutic) employed in the field of electrophysiology, including atrial fibrillation, atrial flutter, AV Node, SVT and VT ablations. Please note that no Boston Scientific products are approved for sale in the US for atrial fibrillation ablations

[1] Current Procedural Terminology (CPT) CPT® Copyright 2014 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

[2] Source: CMS website. Physician Fee Schedule – 2015 National Physician Fee Schedule Relative Value File July Release: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html

[3] Source: CMS website. ASC Addenda Updates: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html

[4] Source: CMS website. Source: CMS website. July 2015 OPPS Addendum B; http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates-Items/2015-July-Addendum-B.html

[5] Source: CMS ICD-10-CM/PCS MS-DRG v33 Definitions Manual https://www.cms.gov/ICD10Manual/version33-fullcode-cms/fullcode_cms/P0001.html

[6] Source: Data tables (FY2015 IPPS Final Rule). CMS Website. National average (wage index greater than one) MS- DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts. 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). http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2015-IPPS-Final-Rule-Home-Page.html

[7] Total RVU is the relative value unit total for In-Facility calculation. For codes 93279-93284, 93260, 93285-93289, 93261, and 93290-93299 Total RVUs represent In-office total RVUs.

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CPT® Code[1]	CPT Descriptions	In-Hospital[2]	*Work RVU* Total RVU[9]	APC Category	APC Payment[3]	Possible ICD-10-PCS Codes[4]	Possible MS-DRG Assignment	MS-DRG Payment[56]
	Diagnostic Cardiac Catheterization *(Use physician modifier -26 as appropriate)*			go to APC list		go to ICD-10-PCS list		
93451 *right*	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	**$150**	*2.72* 4.18	APC 0080	**$2,576**	4A023N6 4A020N6	**Cardiac valve and other major cardiothoracic procedures with cardiac catheterization**	
							MS-DRG 216 with MCC	**$55,884**
							MS-DRG 217 with CC	**$36,950**
93530 *right*	Right heart catheterization, for congenital cardiac anomalies	**$234**	*4.22* 6.5				MS-DRG 218 without CC/MCC	**$32,367**
93452 *left*	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	**$264**	*4.75* 7.35			4A023N7 4A020N7	**Cardiac defibrillator implant with cardiac catheterization with AMI/HF/Shock**	
							MS-DRG 222 with MCC[6]	**$50,301**
93462 *left*	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture *(List separately in addition to code for primary procedure)*	**$217**	*3.73* 6.03				MS-DRG 223 without MCC[6]	**$37,806**
93453 *combined*	Combined right heart catheterization and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	**$347**	*6.24* 9.67			4A023N8 4A020N8	**Cardiac defibrillator implant with cardiac catheterization without AMI/HF/Shock**	
							MS-DRG 224 with MCC[6]	**$44,959**
							MS-DRG 225 without MCC[6]	**$34,579**
93531 *combined*	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	**$456**	*8.34* 12.69				**Coronary bypass with cardiac catheterization**	
							MS-DRG 233 with MCC	**$43,448**
							MS-DRG 234 without MCC	**$28,978**
93532 *combined*	Combined right heart catheterization and transseptal left heart catheterization through intact septum, with or without retrograde left heart catheterization, for congenital cardiac anomalies	**$564**	*9.99* 15.7				**Circulatory disorders except AMI with cardiac catheterization**	
							MS-DRG 286 with MCC	**$12,858**
93533 *combined*	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies)	**$378**	*6.69* 10.53				MS-DRG 287 without MCC	**$6,827**
							Atherosclerosis	
							MS-DRG 302 with MCC	**$6,253**
							MS-DRG 303 without MCC	**$3,795**

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Inpatient information effective through September 30, 2016 | **APC** and **ASC** information effective through December 31, 2015 | **Physician fee** information effective July 1, 2015 through December 31, 2015

National Average Medicare physician payment rates calcuated using the 2015 conversion factor of $35.9335

		*PHYSICIAN[2]		HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		
CPT® Code[1]	CPT Descriptions	In-Hospital[2]	*Work RVU* Total RVU[9]	APC Category	APC Payment[3]	Possible ICD-10-PCS Codes[4]	Possible MS-DRG Assignment	MS-DRG Payment[56]
	Diagnostic Cardiac Catheterization *(Use physician modifier -26 as appropriate)*			go to APC list		go to ICD-10-PCS list		
93454 *placement*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging S&I	**$266**	*4.79* 7.4	APC 0080	**$2,576**	B21 _ _ ZZ	**Cardiac valve and other major cardiothoracic procedures with cardiac catheterization**	
93455 *placement*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	**$308**	*5.54* 8.57				MS-DRG 216 with MCC MS-DRG 217 with CC MS-DRG 218 without CC/MCC	**$55,884** **$36,950** **$32,367**
93456 *placement*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	**$342**	*6.15* 9.52				**Cardiac defibrillator implant with cardiac catheterization with AMI/HF/Shock** MS-DRG 222 with MCC[6] MS-DRG 223 without MCC[b]	 **$50,301** **$37,806**
93457 *placement*	Catheter placement in coronary artery(s) for coronary angiography, including intraproceduralinjection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	**$382**	*6.89* 10.64				**Cardiac defibrillator implant with cardiac catheterization without AMI/HF/Shock** MS-DRG 224 with MCC[6] MS-DRG 225 without MCC[6]	 **$44,959** **$34,579**
93458 *placement*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	**$324**	*5.85* 9.01				**Coronary bypass with cardiac catheterization** MS-DRG 233 with MCC MS-DRG 234 without MCC	 **$43,448** **$28,978**
93459 *placement*	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	**$365**	*6.6* 10.16				**Circulatory disorders except AMI with cardiac catheterization** MS-DRG 286 with MCC MS-DRG 287 without MCC	 **$12,858** **$6,827**
93460 *placement*	Catheter placement in coronary artery(s) for coronary angiography, including intraproceduralinjection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	**$407**	*7.35* 11.34				**Atherosclerosis** MS-DRG 302 with MCC MS-DRG 303 without MCC	 **$6,253** **$3,795**
93461 *placement*	Catheter placement in coronary artery(s) for coronary angiography, including intraproceduralinjection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	**$450**	*8.1* 12.52					

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CPT® Code[1]	CPT Descriptions	In-Hospital[2]	*Work RVU* Total RVU[9]	APC Category	APC Payment[3]	Possible ICD-10-PCS Codes[4]	Possible MS-DRG Assignment	MS-DRG Payment[56]
	Injection Diagnostic Cardiac Catheterization **(Each site may be injected multiple times, only report each code once)**				go to APC list	go to ICD-10-PCS list		
+93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	**$61**	*1.11* 1.71	Status N, items and services packaged into primary procedure APC rate. No separate payment		3E053KZ 3E063KZ		
+93564	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	**$64**	*1.13* 1.79			3E053KZ 3E063KZ		
+93565	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective left ventricular or left arterial angiography (List separately in addition to code for primary procedure)	**$48**	*0.86* 1.34			3E073KZ 3E083KZ		
+93566	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	**$48**	*0.86* 1.34					
+93567	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)	**$55**	*0.97* 1.52			3E053KZ 3E063KZ		
+93568	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	**$49**	*0.88* 1.37					

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		*PHYSICIAN[2]		HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		
CPT® Code[1]	CPT Descriptions	In-Hospital[2]	*Work RVU* Total RVU[9]	APC Category	APC Payment[3]	Possible ICD-10-PCS Codes[4]	Possible MS-DRG Assignment	MS-DRG Payment[56]
	Miscellaneous			go to APC list		go to ICD-10-PCS list		
+93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	**$101**	*2* 2.82	Status N, items and services packaged into primary procedure APC rate. No separate payment		3E073KZ 3E083KZ	NA[8]	
+93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	**$89**	*1.8* 2.48			4A1335C		
	Coronary Angioplasty (PTCA), without stent							
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	**$569**	*10.1* 15.84	APC 0083	**$4,539**	027_3ZZ 027_3Z6	**Percutaneous cardiovascular procedures without coronary artery stent**	
+92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	**$0**	*0* 0	NA			MS-DRG 250 with MCC MS-DRG 251 without MCC	**$15,928** **$9,957**
	Coronary Atherectomy, without stent							
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	**$675**	*11.99* 18.79	APC 0229	**$9,628**	02C_3ZZ	**Percutaneous cardiovascular procedures without coronary artery stent**	
+92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	**$0**	*0* 0	NA			MS-DRG 250 with MCC MS-DRG 251 without MCC	**$15,928** **$9,957**
	Bare Metal Coronary Stent with Angioplasty							
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	**$631**	*11.21* 17.57	APC 0229	**$9,628**	027_3DZ 027_3D6	**Percutaneous cardiovascular procedures with non-drug-eluting stent**	
+92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	**$0**	*0* 0	NA			MS-DRG 248 with MCC MS-DRG 249 without MCC	**$18,125** **$11,302**

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CPT® Code[1]	CPT Descriptions	In-Hospital[2]	*Work RVU* Total RVU[9]	APC Category	APC Payment[3]	Possible ICD-10-PCS Codes[4]	Possible MS-DRG Assignment	MS-DRG Payment[56]
	Drug-Eluting Coronary Stent with Angioplasty			go to APC list		go to ICD-10-PCS list		
C9600	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	NA Physicians use codes 92928/+92929		APC 0229	**$9,628**	027_34Z 027_346	**Percutaneous cardiovascular procedures with drug- eluting stent**	
							MS-DRG 246 with MCC	**$19,187**
							MS-DRG 247 without MCC	**$12,581**
+C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of major coronary artery							
	Bare Metal Coronary Stent with Atherectomy							
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	**$706**	*12.54* 19.66	APC 0319	**$14,846**	027_3DZ 027_3D6 02C_3ZZ	**Percutaneous cardiovascular procedures with non-drug- eluting stent**	
							MS-DRG 248 with MCC	**$18,125**
							MS-DRG 249 without MCC	**$11,302**
+92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure	**$0**	*0* 0	NA				
	Drug-Eluting Coronary Stent with Atherectomy							
C9602	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	NA Physicians use codes 92928/+92929		APC 0319	**$14,846**	027_34Z 027_346 02C_3ZZ	**Percutaneous cardiovascular procedures with drug- eluting stent**	
							MS-DRG 246 with MCC	**$19,187**
							MS-DRG 247 without MCC	**$12,581**
+C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery			NA				
	Bare Metal Stent - Bypass Graft Revascularization							
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	**$631**	*11.2* 17.56	APC 0229	**$9,628**	027_3DZ 027_3D6 02C_3ZZ	**Percutaneous cardiovascular procedures with non-drug- eluting stent**	
							MS-DRG 248 with MCC	**$18,125**
							MS-DRG 249 without MCC	**$11,302**
+92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	**$0**	*0* 0	NA				

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CPT® Code[1]	CPT Descriptions	In-Hospital[2]	*Work RVU* Total RVU[9]	APC Category	APC Payment[3]	Possible ICD-10-PCS Codes[4]	Possible MS-DRG Assignment	MS-DRG Payment[56]
	Drug-Eluting Stent - Bypass Graft Revascularization			go to APC list		go to ICD-10-PCS list		
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	NA Physicians use codes 92928/+92929		APC 229	**$9,628**	027_34Z 027_346 02C_3ZZ	**Percutaneous cardiovascular procedures with drug- eluting stent** MS-DRG 246 with MCC MS-DRG 247 without MCC	**$19,187** **$12,581**
+C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft			NA				
	Bare Metal Stent - Acute Myocardial Infarction Revascularization							
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	**$708**	*12.56* 19.69	APC 0229	**$9,628**	027_3DZ 027_3D6 02C_3ZZ	**Percutaneous cardiovascular procedures with non-drug- eluting stent** MS-DRG 248 with MCC MC-DRG 249 without MCC	**$18,125** **$11,302**
	Drug-Eluting Stent - Acute Myocardial Infarction Revascularization							
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	NA Physicians use codes 92928/+92929		APC 319	**$14,846**	027_34Z 027_346 02C_3ZZ	**Percutaneous cardiovascular procedures with drug- eluting stent** MS-DRG 246 with MCC MS-DRG 247 without MCC	**$19,187** **$12,581**
	Bare Metal Stent - Chronic Total Occlusion Revascularization							
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	**$707**	*12.56* 19.67	APC 0229	**$9,628**	027_3DZ 027_3D6 02C_3ZZ	**Percutaneous cardiovascular procedures with non-drug-eluting stent** MS-DRG 248 with MCC MS-DRG 249 without MCC	**$18,125** **$11,302**
+92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	**$0**	*0* 0	NA				

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CPT® Code[1]	CPT Descriptions	In-Hospital[2]	*Work RVU* Total RVU[9]	APC Category	APC Payment[3]	Possible ICD-10-PCS Codes[4]	Possible MS-DRG Assignment	MS-DRG Payment[56]
	Drug-Eluting Stent - Chronic Total Occlusion Revascularization			go to APC list		go to ICD-10-PCS list		
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	NA Physicians use codes 92928/+92929		APC 319	**$14,846**	027_34Z 02C_3ZZ	**Percutaneous cardiovascular procedures with drug-eluting stent** MS-DRG 246 with MCC MS-DRG 247 without MCC	**$19,187** **$12,581**
+C9608	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; each additional coronary artery, coronary artery branch, or bypass graft			NA		027_346 027_34Z		
	Intravascular Ultrasound *(Use physician modifier -26 as appropriate)*							
+92978	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)	**$102**	*1.8* 2.83	Status N, items and services packaged into primary procedure APC rate. No separate payment		B240ZZ3 B241ZZ3	**Coronary bypass with PTCA** MS-DRG 231 with MCC MS-DRG 232 without MCC	**$46,090** **$34,117**
+92979	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)	**$81**	*1.44* 2.26				**Percutaneous cardiovascular procedure with drug-eluting stent** MS-DRG 246 with MCC or 4+ vessels/stents MS-DRG 247 without MCC	**$19,187** **$12,581**
	Fractional Flow Reserve (FFR) *(Use physician modifier -26 as appropriate)*							
+93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	**$102**	*1.8* 2.83	Status N, items and services packaged into primary procedure APC rate. No separate payment		4A033BC	**Percutaneous cardiovascular procedure with non-drug- eluting stent** MS-DRG 248 with MCC or 4+ vessels/stents MS-DRG 249 without MCC	**$18,125** **$11,302**
+93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	**$81**	*1.44* 2.26				**Percutaneous cardiovascular procedure without coronary artery stent** MS-DRG 250 with MCC MS-DRG 251 without MCC	**$15,928** **$9,957**
							Circulatory disorders except AMI, with cardiac catheterization MS-DRG 286 with MCC MS-DRG 287 without MCC	**$12,858** **$6,827**

BSC currently has no stents FDA-approved for CTOs

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CPT® Code[1]	CPT Descriptions	*PHYSICIAN[2] In-Hospital[2]	*PHYSICIAN[2] *Work RVU* Total RVU[9]	HOSPITAL OUTPATIENT APC Category	HOSPITAL OUTPATIENT APC Payment[3]	HOSPITAL INPATIENT Possible ICD-10-PCS Codes[4]	HOSPITAL INPATIENT Possible MS-DRG Assignment	HOSPITAL INPATIENT MS-DRG Payment[56]
	Thrombectomy			go to APC list		go to ICD-10-PCS list		
+92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	**$185**	*3.28* 5.15	NA		02C_3ZZ	**Percutaneous cardiovascular procedure with drug-eluting stent** MS-DRG 246 with MCC or 4+ vessels/stents MS-DRG 247 without MCC **Percutaneous cardiovascular procedure with non-drug- eluting stent** MS-DRG 248 with MCC or 4+ vessels/stents MS-DRG 249 without MCC **Percutaneous cardiovascular procedure without coronary artery stent** MS-DRG 250 with MCC MS-DRG 251 without MCC **Circulatory disorders except AMI, with cardiac catheterization** MS-DRG 286 with MCC MS-DRG 287 without MCC	**$19,187** **$12,581** **$18,125** **$11,302** **$15,928** **$9,957** **$12,858** **$6,827**

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CPT® Code[1]	CPT Descriptions	In-Hospital[2]	*Work RVU* Total RVU[9]	APC Category	APC Payment[3]	Possible ICD-10-PCS Codes[4]	Possible MS-DRG Assignment	MS-DRG Payment[56]
	Percutaneous Balloon Valvuloplasty; Aortic Valve				go to APC list	go to ICD-10-PCS list		
92986	Percutaneous balloon valvuloplasty; aortic valve	**$1,388**	*22.85* 38.63	0083	**$4,539**	027F3ZZ 027F4ZZ	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC	**$20,961**
92987	Percutaneous balloon valvuloplasty; mitral valve	**$1,431**	*23.63* 39.82	0229	**$9,628**	027G3ZZ 027G4ZZ	MS-DRG 274 without MCC	**$14,288**
92990	Percutaneous balloon valvuloplasty; pulmonary valve	**$1,133**	*18.27* 31.52			027H3ZZ 027H4ZZ		
	Endovascular or Transthoracic Valves							
33361 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	**$1,421**	*25.13* 39.54	NA Inpatient Only Procedure		02RF37Z 02RF38Z	**Endovascular Cardiac Valve Replacement**	
33362 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	**$1,553**	*27.52* 43.23			02RF3JZ 02RF3KZ	MS-DRG 266 with MCC MS-DRG 267 without MCC	**$50,772** **$38,720**
33363 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	**$1,631**	*28.5* 45.4					
33364 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	**$1,691**	*30* 47.06					
33365 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	**$1,862**	*33.12* 51.81					
33366 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	**$2,015**	*35.88* 56.08			02RF3JH		
+33367 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (e.g., femoral vessels) (list separately in addition to code for primary procedure)	**$653**	*11.88* 18.17			02RF3_Z 5A1221Z		
+33368 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (e.g., femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	**$784**	*14.39* 21.82			02RF0_Z 5A1221Z		

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Inpatient information effective through September 30, 2016 | **APC** and **ASC** information effective through December 31, 2015 | **Physician fee** information effective July 1, 2015 through December 31, 2015

National Average Medicare physician payment rates calcuated using the 2015 conversion factor of $35.9335

		*PHYSICIAN[2]		HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		
CPT® Code[1]	CPT Descriptions	In-Hospital[2]	*Work RVU* Total RVU[9]	APC Category	APC Payment[3]	Possible ICD-10-PCS Codes[4]	Possible MS-DRG Assignment	MS-DRG Payment[56]
	Endovascular or Transthoracic Valves *continued*				go to APC list	go to ICD-10-PCS list		
+33369 *Aortic*	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (e.g., aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	**$1,035**	*19* 28.8			02RF3JZ 5A1221Z		
0262T *Pulmonary*	Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach	*Carrier priced*	*0* 0			02RH3_Z		
33999	Unlisted procedure, cardiac surgery					02RH3_H		
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	**$1,940**	*32.25* 54			02UG3JZ	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC **$20,961** MS-DRG 274 without MCC **$14,288**	
+33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	**$456**	*7.93* 12.69					
	WATCHMAN ™ Left Atrial Appendage Closure (LAAC) Procedure							
0281T	Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement(s) left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	**Carrier Priced**	*0* 0	NA Inpatient Only Procedure		02L73DK	**Percutaneous Intracardiac Procedures** MS-DRG 273 with MCC **$20,961** MS-DRG 274 without MCC **$14,288**	

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[1] Current Procedural Terminology (CPT) © 2014 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

[2] Source: CMS website. Physician Fee Schedule – 2015 National Physician Fee Schedule Relative Value File July Release: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html

[3] Source: CMS website. Source: CMS website. July 2015 OPPS Addendum B; http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates-Items/2015-July-Addendum-B.html

[4] Source: CMS ICD-10-CM/PCS MS-DRG v33 Definitions Manual https://www.cms.gov/ICD10Manual/version33-fullcode-cms/fullcode_cms/P0001.html

[5] Source: Data tables (FY2015 IPPS Final Rule). CMS Website. National average (wage index greater than one) MS- DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts. 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). http://www.cms.gov/Medicare/Medicare-Fee-for-Service- Payment/AcuteInpatientPPS/FY2015-IPPS-Final-Rule-Home-Page.html

[6] Not intended as an all inclusive list of MS-DRGs.

[7] Procedure codes do not exist for this procedure because it does not drive the MS-DRG grouping.

[8] MS-DRG grouping is driven by other primary procedures that are performed in conjunction with this procedure.

[9] Total RVU is the relative value unit total for In-Facility calculation

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		*PHYSICIAN[2]			ASC[3]	HOSPITAL OUTPATIENT[4]		HOSPITAL INPATIENT[6]		
CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Peripheral Percutaneous Transluminal Balloon Angioplasty					go to APC list		go to ICD-10-PCS list		
35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery	**$551**	**$2,618**	*10.05* 15.32	**NA**	APC 0083	**$4,539**	04793ZZ 047A3ZZ	**Other vascular procedures** MS-DRG 252 with MCC	**$19,410**
35472	Transluminal balloon angioplasty, percutaneous; aortic	**$378**	**$1,916**	*6.9* 10.51				027W3ZZ 04703ZZ	MS-DRG 253 with CC	**$15,369**
35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	**$351**	**$1,596**	*6.6* 9.78	**$1,323**			037_3ZZ 03Q_3ZZ	MS-DRG 254 without	**$10,175**
35476	Transluminal balloon angioplasty, percutaneous; venous	**$284**	**$1,459**	*5.1* 7.91	**$1,248**			067_3ZZ		
	Radiological S&I Codes -Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)									
75962	Transluminal balloon angioplasty, peripheral artery other than cervical carotid, renal or other visceral artery, iliac and lower extremity, radiological supervision and interpretation	**$26**	**$140**	*0.54* 0.73	**NA**			B31_ _ZZ	NA [8]	
75964	Transluminal balloon angioplasty, each additional peripheral artery other than cervical carotid, renal or other visceral artery iliac and lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)	**$18**	**$87**	*0.36* 0.49						
75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation	**$65**	**$173**	*1.31* 1.82				B41_ _ZZ		
75968	Tranluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	**$18**	**$89**	*0.36* 0.5						
75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation	**$26**	**$138**	*0.54* 0.73		APC 0093	**$2,501**	B51_ _ZA		

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		*PHYSICIAN[2]			ASC[3]	HOSPITAL OUTPATIENT[4]		HOSPITAL INPATIENT[6]		
CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Iliac Artery Revascularization					go to APC list		go to ICD-10-PCS list		
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	**$439**	**$3,231**	*8.15* 12.23	**$2,220**	APC 0083	**$4,539**	047_3ZZ	**Other vascular procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	**$19,410** **$15,369** **$10,175**
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	**$540**	**$4,764**	*10* 15.02	**$6,062**	APC 0229	**$9,628**	047_3DZ		
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	**$198**	**$907**	*3.73* 5.51		Status N, items and services packaged into primary procedure APC rate. No separate payment		047_3ZZ		
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	**$227**	**$2,655**	*4.25* 6.33				047_3DZ		
	Femoral/Popliteal Artery Revascularization									
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	**$484**	**$3,920**	*9* 13.48	**$2,220**	APC 0083	**$4,539**	047_3ZZ 047_3Z1	**Other vascular procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	**$19,410** **$15,369** **$10,175**
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	**$654**	**$11,276**	*12* 18.21	**$6,062**	APC 0229	**$9,628**	04C_3ZZ		
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	**$569**	**$9,273**	*10.49* 15.83	**$6,062**	APC 0229	**$9,628**	047_3DZ		
37227	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	**$787**	**$15,227**	*14.5* 21.9	**$9,742**	APC 0319	**$14,846**	047_3DZ 04C_3ZZ		

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		*PHYSICIAN[2]			ASC[3]	HOSPITAL OUTPATIENT[4]		HOSPITAL INPATIENT[6]		
CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Tibial/Peroneal Artery Revascularization					go to APC list		go to ICD-10-PCS list		
37228	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	**$591**	**$5,575**	*11* 16.45	**$6,062**	APC 0229	**$9,628**	047_3ZZ 047_3Z1	**Other vascular procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	**$19,410** **$15,369** **$10,175**
37229	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	**$764**	**$11,125**	*14.05* 21.25	**$9,742**	APC 0319	**$14,846**	04C_3ZZ		
37230	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	**$753**	**$8,506**	*13.8* 20.96	**$9,742**	APC 0319	**$14,846**	047_3ZZ		
37231	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	**$819**	**$13,666**	*15* 22.78	**$9,742**	APC 0319	**$14,846**	047_3DZ 04C_3ZZ		
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty. (List separately in addition to code for primary procedure)	**$215**	**$1,244**	*4* 5.97		Status N, items and services packaged into primary procedure APC rate. No separate payment		047_3ZZ	**Other vascular procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	**$19,410** **$15,369** **$10,175**
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed. (List separately in addition to code for primary procedure)	**$349**	**$1,505**	*6.5* 9.7				04C_3ZZ		
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed. (List separately in addition to code for primary procedure)	**$301**	**$3,967**	*5.5* 8.39				047_3ZZ		
37235	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed. (List separately in addition to code for primary procedure	**$414**	**$4,261**	*7.8* 11.53				047_3DZ 04C_3ZZ		

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		*PHYSICIAN[2]			ASC[3]	HOSPITAL OUTPATIENT[4]		HOSPITAL INPATIENT[6]		
CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Transcatheter Placement of Intravascular Stents									
	(Peripheral stenting is covered at local Medicare contractor discretion. Payment amounts assume procedure is covered)					go to APC list		go to ICD-10-PCS list		
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	**$480**	**$4,242**	*9* 13.35	**$6,062**	APC 0229	**$9,628**	027_3DZ 037_3DZ 047_3DZ	**Other vascular procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	**$19,410** **$15,369** **$10,175**
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	**$228**	**$2,543**	*4.25* 6.34		Status N, items and services packaged into primary procedure APC rate. No separate payment				
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	**$336**	**$4,205**	*6.29* 9.35	**$6,062**	APC 0229	**$9,628**	057_3DZ 067_3DZ		
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	**$159**	**$2,075**	*2.97* 4.43		Status N, items and services packaged into primary procedure APC rate. No separate payment				

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CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Transcatheter Placement of Carotid Stents with embolic protection									
	(Boston Scientifics' carotid WALLSTENT® Monorail® Endoprosthesis device is indicated for carotid artery stenting with embolic protection only. Medicare will not consider payment for the procedure when performed without embolic protection.)					go to APC list		go to ICD-10-PCS list		
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	**$1,146**	NA	*19.68* 31.9	**NA**	NA Inpatient only procedure		037_3DZ	**Carotid artery stent procedure** MS-DRG 034 with MCC MS-DRG 035 with CC MS-DRG 036 without CC/MCC	**$21,760** **$13,609** **$10,144**
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	**$0**	NA	*0* 0		NA Not paid by Medicare				
	Embolization									
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	**$466**	**$4,697**	*9* 12.98	**NA**	APC 0229	**$9,628**	06L_3DZ	**Other major cardiovascular procedures** MS-DRG 270 with MCC MS-DRG 271 with CC MS-DRG 272 without CC/MCC	**$27,958** **$18,556** **$13,290**
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms)	**$520**	**$7,916**	*10.05* 14.47				03L_3DZ 04L_3DZ	**Other vascular procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	**$19,410** **$15,369** **$10,175**
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	**$619**	**$9,993**	*11.99* 17.24				03L_3DZ 04L_3DZ		
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	**$723**	**$6,993**	*14* 20.12				03L_3DZ 04L_3DZ		

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CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Catheter Access					go to APC list		go to ICD-10-PCS list		
36140	Introduction of needle or intracatheter; extremity artery	**$108**	**$447**	*2.01* 3	**NA**	Status N, items and services packaged into primary procedure APC rate		NA	NA[8]	
36147	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow, including the inferior or superior vena cava)	**$195**	**$854**	*3.72* 5.44	**$453**	APC 0668	**$828**			
36148	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)	**$52**	**$268**	*1* 1.44	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment				
36160	Introduction of needle or intracatheter, aortic, translumbar	**$130**	**$507**	*2.52* 3.62						
36200	Introduction of catheter, aorta	**$162**	**$640**	*3.02* 4.5						

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CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Catheter Placement					go to APC list		go to ICD-10-PCS list		
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	**$248**	**$1,152**	*4.67* 6.89	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment		03H233Z	NA [8]	
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	**$287**	**$1,198**	*5.27* 8				03H333Z		
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	**$341**	**$1,937**	*6.29* 9.49				03H733Z		
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)	**$55**	**$189**	*1.01* 1.53				03H333Z		
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	**$265**	**$1,400**	*4.9* 7.38				04H_33Z	NA [8]	
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	**$283**	**$913**	*5.27* 7.88						
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	**$335**	**$1,613**	*6.29* 9.32						
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)	**$52**	**$156**	*1.01* 1.44						
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed and flush aortogram when performed; unilateral	**$296**	**$1,455**	*5.35* 8.24		APC 0279		04H_33Z	NA [8]	

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Inpatient information effective through September 30, 2016 | **APC** and **ASC** information effective through December 31, 2015 | **Physician fee** information effective July 1, 2015 through December 31, 2015

National Average Medicare physician payment rates calcuated using the 2015 conversion factor of $35.9335

		*PHYSICIAN[2]			ASC[3]	HOSPITAL OUTPATIENT[4]		HOSPITAL INPATIENT[6]		
CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Catheter Placement *continued*					go to APC list		go to ICD-10-PCS list		
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed and flush aortogram when performed; bilateral	**$393**	**$1,581**	*6.99* 10.95	**NA**	APC 0279	**$2,560**	04H_33Z		
36253	Superselective catheter placement (one or more second order or higher renal artery branches), renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed and flush aortogram when performed; unilateral	**$396**	**$2,318**	*7.55* 11.03		APC 0279	**$2,560**		NA[8]	
36254	Superselective catheter placement (one or more second order or higher renal artery branches), renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed and flush aortogram when performed; bilateral	**$457**	**$2,255**	*8.15* 12.71						

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	Angiography *(Use physician modifier -26 as appropriate)*					go to APC list		go to ICD-10-PCS list		
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	**$55**	**$163**	*1.14* 1.54	**NA**	APC 0279	**$2,560**	B31 _ _ ZZ B41 _ _ ZZ	NA [8]	
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	**$66**	**$189**	*1.31* 1.84						
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	**$58**	**$152**	*1.14* 1.61						
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	**$58**	**$172**	*1.14* 1.61				B41 _ _ ZZ		
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	**$65**	**$185**	*1.31* 1.81				B418 _ ZZ		
75736	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation	**$60**	**$165**	*1.14* 1.66				B41 _ _ ZZ		
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	**$18**	**$89**	*0.36* 0.51						
	Transhepatic Shunts (TIPS)									
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	**$877**	**NA**	*16.97* 24.42	**NA**	**NA**		06H43DZ 06H83DZ	**Other vascular procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	 **$19,410** **$15,369** **$10,175**
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)	**$414**	**$6,040**	*7.99* 11.52		APC 0083	**$4,539**	06H43DZ 06H83DZ 06PY3DZ 06WY3DZ		

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CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Arteriovenous Fistual Thrombectomy					go to APC list		go to ICD-10-PCS list		
36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra- graft thrombolysis)	**$315**	**$1,875**	*5.2* 8.77	**$2,220**	APC 0083	**$4,539**	03CY3ZZ 05CY3ZZ	**Other vascular procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	**$19,410** **$15,369** **$10,175**
	Arterial Thrombectomy									
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	**$486**	**$2,328**	*8.66* 13.53	**$1,765**	APC 0088	**$3,221**	03C_3ZZ 04C_3ZZ	**Other vascular procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	**$19,410** **$15,369** **$10,175**
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	**$177**	**$737**	*3.28* 4.92					**Other major cardiovascular procedures** MS-DRG 270 with MCC MS-DRG 271 with CC MS-DRG 272 without CC/MCC	**$27,958** **$18,556** **$13,290**
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure	**$262**	**$1,411**	*4.92* 7.3						
	Venous Thrombectomy									
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	**$429**	**$2,114**	*8.03* 11.94	**$1,765**	APC 0088	**$3,221**	05C_3ZZ	**Other vascular procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	**$19,410** **$15,369** **$10,175**
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	**$309**	**$1,804**	*5.71* 8.59	**$1,765**				**Other major cardiovascular procedures** MS-DRG 270 with MCC MS-DRG 271 with CC MS-DRG 272 without MCC/CC	**$27,958** **$18,556** **$13,290**

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CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Thrombolysis					go to APC list		go to ICD-10-PCS list		
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	**$421**	**NA**	*8* 11.73	**$462**	APC 0621	**$844**	3E05317 3E06317	**Peripheral vascular disorders** MS-DRG 299 with MCC MS-DRG 300 with CC MS-DRG 301 without MCC/CC	**$8,394** **$5,901** **$4,147**
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	**$369**	**NA**	*7.06* 10.28	**$462**	APC 0621	**$844**	3E03317 3E04317		
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed	**$261**	**NA**	*5* 7.25	**NA**	APC 0622	**$2,236**	3E03317 3E04317 3E05317 3E06317		
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	**$143**	**NA**	*2.74* 3.99	**NA**	APC 0622	**$2,236**			
	Vena Cava Filters									
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	**$252**	**$2,694**	*4.71* 7	**NA**	APC 0622	**$2,236**	06H03DZ	**Other vascular procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	**$19,410** **$15,369** **$10,175**
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	**$393**	**$1,719**	*7.35* 10.94	**NA**			06WY3DZ		
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	**$386**	**$1,641**	*7.35* 10.73	**NA**			06PY3DZ		

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CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Intravascular Ultrasound					go to APC list		go to ICD-10-PCS list		
37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	**$113**	**NA**	*2.1* 3.14	**$0**	**NA**		B44_ZZ3 B54_ZZ3	**Other vascular procedures** MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	**$19,410** **$15,369** **$10,175**
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)	**$85**	**NA**	*1.6* 2.36	**$0**					
	Radiological S&I Codes – Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)									
75945	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel	**$20**	**$0**	*0.4* 0.57	**NA**	APC 0267	**$190**	B44_ZZ3 B54_ZZ3	N/A [8]	
75946	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)	**$20**	**$0**	*0.4* 0.57		N/A				

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		*PHYSICIAN[2]			ASC[3]	HOSPITAL OUTPATIENT[4]		HOSPITAL INPATIENT[6]		
CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Drainage					go to APC list		go to ICD-10-PCS list		
47510	Introduction of percutaneous transhepatic catheter for biliary drainage	**$490**	**NA**	*8.03* 13.64	**$1,005**	APC 0152	**$1,833**	0F9030Z	**Pancreas, liver and shunt procedures** MS-DRG 405 with MCC MS-DRG 406 with CC MS-DRG 407 without CC/MCC **Biliary tract procedures except only cholecystectomy** MS-DRG 408 with MCC MS-DRG 409 with CC MS-DRG 410 without CC/MCC	 **$33,000** **$16,578** **$11,825** **$21,538** **$14,554** **$9,197**
47511	Introduction of percutaneous transhepatic stent for internal and external biliary drainage	**$600**	**NA**	*10.77* 16.7	**$2,244**	APC 0423	**$4,096**	0F753DZ 0F763DZ		
47525	Change of percutaneous biliary drainage catheter	**$88**	**$532**	*1.54* 2.45	**$706**	APC 0427	**$1,289**	0F2BX0Z	N/A[8]	
47530	Revision and/or reinsertion of transhepatic tube	**$367**	**$1,409**	*6.05* 10.2						
49421	Insertion of intraperitoneal cannula or catheter for drainage or dialysis, open	**$240**	**NA**	*4.21* 6.69	**$1,254**	APC 0652	**$2,288**	0WHG03Z		
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	**$76**	**$561**	*1.46* 2.11	**$706**	APC 0427	**$1,289**	0D2_X0Z 0W2_X0Z		
50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	**$186**	**NA**	*3.37* 5.19	**$672**	APC 0161	**$1,227**	0T9_30Z 0TH533Z	**Kidney and ureter procedures for neoplasm** MS-DRG 656 with MCC MS-DRG 657 with CC MS-DRG 658 without CC/MCC **Kidney and ureter procedures for non-neoplasm** MS-DRG 659 with MCC MS-DRG 660 with CC MS-DRG 661 without CC/MCC	 **$20,440** **$11,863** **$9,056** **$20,577** **$11,237** **$8,255**

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CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Drainage *Continued*					go to APC list		go to ICD-10-PCS list		
75980	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation	**$74**	**$74**	*1.44* 2.07	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment		BF10_ZZ	N/A [8]	
75982	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation	**$74**	**$74**	*1.44* 2.05						
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	**$36**	**$36**	*0.72* 1						
	Biliary Stenting									
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	**$439**	**NA**	*8.55* 12.22	**$2,244**	APC 0423	**$4,096**	0F7_4DZ 0FHB4DZ	**Malignancy of hepatobiliary system of pancreas** MS-DRG 435 with MCC **$10,319** MS-DRG 436 with CC **$6,900** MS-DRG 437 without CC/MCC **$5,344**	
47511	Introduction of percutaneous transhepatic stent for internal and external biliary drainage	**$600**	**NA**	*10.77* 16.7				0F753DZ 0F763DZ		
47530	Revision and/or reinsertion of transhepatic tube	**$367**	**NA**	*6.05* 10.2	**$706**	APC 0427	**$1,289**	0F2BX0Z	**Disorders of the biliary tract** MS-DRG 444 with MCC **$9,386** MS-DRG 445 with CC **$6,231** MS-DRG 446 without CC/MCC **$4,507**	
	Radiological S&I Codes – Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)									
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	**$45**	**$45**	*0.88* 1.26	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment		BF00_ZZ BF10_ZZ BF12_ZZ	N/A [8]	

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CPT® Code[1]	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	*Work RVU* Total RVU[8]	ASC Payment[3]	APC Category	APC Payment[4]	Possible ICD-10-PCS Codes[5]	Possible MS-DRG Assignment	MS-DRG Payment[67]
	Radiofrequency Ablation					go to APC list		go to ICD-10-PCS list		
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	**$1,296**	**NA**	*20.8* 36.07	**NA**	APC 0174	**$8,070**	0F5_4ZZ	**Pancreas, Liver and Shunt Procedures**	
									MS-DRG 405 with MCC	**$33,000**
									MS-DRG 406 with CC	**$16,578**
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	**$807**	**$5,118**	*15.22* 22.47	**$2,244**	APC 0423	**$4,096**	0F5_3ZZ	MS-DRG 407 without CC/MCC	**$11,825**
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	**$1,497**	**NA**	*24.56* 41.67	**NA**	**NA**		0F5_0ZZ		
	Radiological S&I Codes – Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)									
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	**$108**	**$108**	*2* 3.01	**NA**	Status N, items and services packaged into primary procedure APC rate. No separate payment		BF45ZZZ	N/A [8]	

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1 Current Procedural Terminology (CPT) © 2014 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association
2 Source: CMS website. Physician Fee Schedule – 2015 National Physician Fee Schedule Relative Value File July Release: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html
3 Source: CMS website. ASC Annenda Updates: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html
4 Source: CMS website. Source: CMS website. July 2015 OPPS Addendum B; http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates-Items/2015-July-Addendum-B.html
5 Source: CMS ICD-10-CM/PCS MS-DRG v33 Definitions Manual https://www.cms.gov/ICD10Manual/version33-fullcode-cms/fullcode_cms/P0001.html
6 Not intended as an all inclusive list of MS-DRGs.
7 Procedure codes do not exist for this procedure because it does not drive the MS-DRG grouping.
8 Total RVU is the relative value unit total for In-Facility calculation

APPENDIX A

APC Reference Table

APC Category	APC Payment	APC Description
0070	$489	Thoracentesis/Lavage Procedures
0080	$2,576	Diagnostic Cardiac Catheterization
0083	$4,539	Level I Endovascular Procedures
0084	$873	Level I Electrophysiologic Procedures
0085	$4,635	Level II Electrophysiologic Procedures
0086	$14,362	Level III Electrophysiologic Procedures
0088	$3,221	Thrombectomy
0089	$9,493	Level III Pacemaker and Similar Procedures
0090	$6,545	Level II Pacemaker and Similar Procedures
0093	$2,501	Vascular Reconstruction/Fistula Repair
0096	$330	Level II Noninvasive Physiologic Studies
0097	$113	Level I Noninvasive Physiologic Studies
0103	$1,576	Miscellaneous Vascular Procedures
0105	$2,347	Level I Pacemaker & Similar Procedures
0107	$22,917	Level I ICD and Similar Procedures
0108	$30,818	Level II ICD and Similar Procedures
0152	$1,833	Level I Percutaneous Abdominal and Biliary Procedures
0161	$1,227	Level II Cystourethroscopy and other Genitourinary Procedures
0174	$8,070	Level IV Laparoscopy
0229	$9,628	Level II Endovascular Procedures
0267	$190	Level III Diagnostic and Screening Ultrasound
0279	$2,560	Level II Angiography and Venography
0280	$5,325	Level III Angiography and Venography
0319	$14,846	Level III Endovascular Procedures
0328	$1,407	Level III Skin Procedures
0423	$4,096	Level II Percutaneous Abdominal and Biliary Procedures
0427	$1,289	Level II Tube or Catheter Changes or Repositioning
0450	$29	Level I Minor Procedures
0621	$844	Level I Vascular Access Procedures
0622	$2,236	Level II Vascular Access Procedures
0652	$2,288	Insertion of Intraperitoneal and Pleural Catheters
0655	$16,407	Level IV Pacemaker and Similar Procedures
0668	$828	Level I Angiography and Venography
0690	$35	Level I Electronic Analysis of Devices

See pages 2 and 3 for important information about the uses and limitations of this document.

APPENDIX B

Category Code (C-Code) Reference Guide 2015

BSC C-Code Finder Website

C-Codes are VERY important to future reimbursement. Use of all applicable C-Codes on a claim allows identification of device(s) utilized in a procedure and may affect future payment rates.

Rhythm Management

Category Codes	Category Code Description
C1721	Cardioverter-defibrillator, dual chamber (implantable)
C1729	Catheter, drainage
C1730	Catheter, electrophysiology, diagnostic, other than 3-D mapping (19 or fewer electrodes)
C1731	Catheter, electrophysiology, diagnostic, other than 3-D mapping (20 or more electrodes)
C1732	Catheter, electrophysiology, diagnostic/ablation, 3-D or vector mapping
C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3-D or vector mapping, other than cool-tip
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away
C1769	Guide Wire
C1772	Cardioverter-defibrillator, single chamber (implantable)
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
C1785	Pacemaker, dual chamber, rate-responsive (implantable)
C1786	Pacemaker, single chamber, rate-responsive (implantable)
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
C1887	Catheter, guiding (may include infusion/perfusion capability)
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed curve, other than peel-away
C1894	Introducer/sheath, other than guiding, intracardiac electrophysiological, non-laser
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
C1898	Lead, pacemaker, other than transvenous VDD single pass
C1900	Lead, coronary venous
C2621	Pacemaker, other than single or dual chamber (implantable)
C2628	Catheter, occlusion
C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3-D or vector mapping cool-tip

See pages 2 and 3 for important information about the uses and limitations of this document.

Coronary

Category Codes	Category Code Description
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1753	Catheter, intravascular ultrasound
C1757	Catheter, embolectomy/thrombectomy
C1769	Guide wire
C1874	Stent, coated/covered, with delivery system
C1876	Stent, noncoated/noncovered, with delivery system
C1884	Embolization protective system
C1887	Catheter, guiding (may include infusion/perfusion capability)
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser

Peripheral

Category Codes	Category Code Description
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1753	Catheter, intravascular ultrasound
C1757	Catheter, thrombectomy, embolectomy
C1769	Guide wire
C1874	Stent, coated/covered, with delivery system
C1876	Stent, non-coated/non-covered, with delivery system
C1880	Vena cava filter
C1884	Embolization protective system
C1887	Catheter, guiding (may include infusion/perfusion capability)
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser
C2628	Catheter, occlusion

See pages 2 and 3 for important information about the uses and limitations of this document.

APPENDIX C

ICD-10-PCS Reference Table

ICD-10-PCS	Description
Rhythm Management	
Pacemaker Procedures	
0JH604Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH636Z	Insertion of Pacemaker, Dual Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH604Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH605Z	Insertion of Pacemaker, Single Chamber - Rate Responsive into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH606Z	Insertion of Pacemaker, Dual Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63JZ	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Approach
02H73JZ	Insertion of Pacemaker Lead into Left Atrium, Percutaneous Approach
02HK3JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach
02HKOJX	Insertion of Pacemaker Lead into Right Ventricle, Open Approach
02HL3JZ	Insertion of Pacemaker Lead into Left Ventricle, Percutaneous Approach
02HLOJZ	Insertion of Pacemaker Lead into Left Ventricle, Open Approach
02H43JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Approach
0JPT0PZ	Removal of permanent pacemaker pulse generator only
4B02XSZ	Measurement of Cardiac Pacemaker, External Approach
CRT-P	
0JH607Z	Insertion of Cardiac Resynchronization Pacemaker Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63JZ	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Approach
02HK3JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach
02HKOJX	Insertion of Pacemaker Lead into Right Ventricle, Open Approach
02H43JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Approach
Defibrillator Procedures	
0JH608Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
02H73KZ	Insertion of Defibrillator Lead into Left Atrium, Percutaneous Approach
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02HKOKZ	Insertion of Defibrillator Lead into Right Ventricle, Open Approach
02HL3KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Approach
02HLOKZ	Insertion of Defibrillator Lead into Left Ventricle, Open Approach
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach

See pages 2 and 3 for important information about the uses and limitations of this document.

APPENDIX C

ICD-10-PCS Reference Table

ICD-10-PCS	Description
4B02XTZ	Measurement of Cardiac Defibrillator, External Approach
CRT-D	
0JH609Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02HKOKZ	Insertion of Defibrillator Lead into Right Ventricle, Open Approach
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach
Insertion of Cardiac Rhythm Related Device	
0JH60PZ	Insertion of Cardiac Rhythm Related Device into Chest Subcutaneous Tissue and Fascia, Open Approach
Removal of Cardiac Lead	
02PA0MZ	Removal of Cardiac Lead from Heart, Open Approach
02PA3MZ	Removal of Cardiac Lead from Heart, Percutaneous Approach
Revision of Cardiac Lead	
02WA0MZ	Revision of Cardiac Lead in Heart, Open Approach
02WA3MZ	Revision of Cardiac Lead in Heart, Percutaneous Approach
Removal of Cardiac Rhythm Related Device	
0JPT0PZ	Removal of Cardiac Rhythm Related Device from Trunk Subcutaneous Tissue and Fascia, Open Approach
Revision of Cardiac Rhythm Related Device in Trunk	
0JWT0PZ	Revision of Cardiac Rhythm Related Device in Trunk Subcutaneous Tissue and Fascia, Open Approach
WATCHMAN ™ Left Atrial Appendace Closure (LAAC) Procedure	
02L73DK	Occlusion of Left Atrial Appendage with Intraluminal Device, Percutaneous Approach
Programming ILR and Remote Interrogation of ICM and ILR (Professional and Technical Components)	
4A02X4Z	Measurement of Cardiac Electrical Activity, External Approach
In Person Interrogation of transvenous ICD, ICM and ILR	
4A12X42	Monitoring of Cardiac Electrical Activity, External Approach
4A02X9Z	Measurement of Cardiac Electrical Activity, External Approach
Electrophysiology Studies	
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach

See pages 2 and 3 for important information about the uses and limitations of this document.

APPENDIX C

ICD-10-PCS Reference Table

ICD-10-PCS	Description
4A02X4Z	Measurement of Cardiac Electrical Activity, External Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
3E043GC	Introduction of Other Therapeutic Substance into Central Vein, Percutaneous Approach
3E033GC	Introduction of Other Therapeutic Substance into Peripheral Vein, Percutaneous Approach
3E043GC	Introduction of Other Therapeutic Substance into Central Vein, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
02583ZZ	Destruction of Conduction Mechanism, Percutaneous Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
02583ZZ	Destruction of Conduction Mechanism, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
3E033KZ	Introduction of Other Diagnostic Substance into Peripheral Vein, Percutaneous Approach
3E043KZ	Introduction of Other Diagnostic Substance into Central Vein, Percutaneous Approach
4A12X9Z	Monitoring of Cardiac Output, External Approach
B244ZZ3	Ultrasonography of Right Heart, Intravascular
B245ZZ3	Ultrasonography of Left Heart, Intravascular
B246ZZ3	Ultrasonography of Right and Left Heart, Intravascular
B24BZZ3	Ultrasonography of Heart with Aorta, Intravascular
B24DZZ3	Ultrasonography of Pediatric Heart, Intravascular
Interventional Cardiology	
Diagnostic Cardiac Catheterization	
4A020N6	Measurement of Cardiac Sampling and Pressure, Right Heart, Open Approach
4A020N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Open Approach
4A020N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Open Approach
4A023N6	Measurement of Cardiac Sampling and Pressure, Right Heart, Percutaneous Approach
4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach
4A023N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Percutaneous Approach
Injection Diagnostic Cardiac Catheterization	
4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach
3E073KZ	Introduction of Other Diagnostic Substance into Coronary Artery, Percutaneous Approach
3E083KZ	Introduction of Other Diagnostic Substance into Heart, Percutaneous Approach
3E053KZ	Introduction of Other Diagnostic Substance into Peripheral Artery, Percutaneous Approach

APPENDIX C

ICD-10-PCS Reference Table

ICD-10-PCS	Description
3E063KZ	Introduction of Other Diagnostic Substance into Central Artery, Percutaneous Approach
3E073KZ	Introduction of Other Diagnostic Substance into Coronary Artery, Percutaneous Approach
3E083KZ	Introduction of Other Diagnostic Substance into Heart, Percutaneous Approach
3E053KZ	Introduction of Other Diagnostic Substance into Peripheral Artery, Percutaneous Approach
3E063KZ	Introduction of Other Diagnostic Substance into Central Artery, Percutaneous Approach
Coronary Angioplasty (PTCA), without stent	
02703ZZ	Dilation of Coronary Artery, One Site, Percutaneous Approach
02713ZZ	Dilation of Coronary Artery, Two Sites, Percutaneous Approach
02723ZZ	Dilation of Coronary Artery, Three Sites, Percutaneous Approach
02733ZZ	Dilation of Coronary Artery, Four or More Sites, Percutaneous Approach
02703Z6	Dilation of Coronary Artery, One Site, Bifurcation, Percutaneous Approach
02713Z6	Dilation of Coronary Artery, Two Sites, Bifurcation, Percutaneous Approach
02723Z6	Dilation of Coronary Artery, Three Sites, Bifurcation, Percutaneous Approach
02733Z6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, Percutaneous Approach
Coronary Atherectomy, without stent	
02C03ZZ	Extirpation of Matter from Coronary Artery, One Site, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Sites, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Sites, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Sites, Percutaneous Approach
Bare Metal Coronary Stent with Angioplasty	
02703DZ	Dilation of Coronary Artery, One Site with Intraluminal Device, Percutaneous Approach
02713DZ	Dilation of Coronary Artery, Two Sites with Intraluminal Device, Percutaneous Approach
02723DZ	Dilation of Coronary Artery, Three Sites with Intraluminal Device, Percutaneous Approach
02733DZ	Dilation of Coronary Artery, Four or More Sites with Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Site, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713D6	Dilation of Coronary Artery, Two Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723D6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733D6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
Drug-Eluting Coronary Stent with Angioplasty	
027034Z	Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Approach
027134Z	Dilation of Coronary Artery, Two Sites with Drug-eluting Intraluminal Device, Percutaneous Approach

See pages 2 and 3 for important information about the uses and limitations of this document.

APPENDIX C

ICD-10-PCS Reference Table

ICD-10-PCS	Description
027234Z	Dilation of Coronary Artery, Three Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
027334Z	Dilation of Coronary Artery, Four or More Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
0270346	Dilation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0271346	Dilation of Coronary Artery, Two Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272346	Dilation of Coronary Artery, Three Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273346	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
Bare Metal Coronary Stent with Atherectomy	
02703DZ	Dilation of Coronary Artery, One Site with Intraluminal Device, Percutaneous Approach
02713DZ	Dilation of Coronary Artery, Two Sites with Intraluminal Device, Percutaneous Approach
02723DZ	Dilation of Coronary Artery, Three Sites with Intraluminal Device, Percutaneous Approach
02733DZ	Dilation of Coronary Artery, Four or More Sites with Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Site, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713D6	Dilation of Coronary Artery, Two Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723D6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733D6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Site, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Sites, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Sites, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Sites, Percutaneous Approach
Drug-Eluting Coronary Stent with Atherectomy	
027034Z	Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Approach
027134Z	Dilation of Coronary Artery, Two Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
027234Z	Dilation of Coronary Artery, Three Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
027334Z	Dilation of Coronary Artery, Four or More Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
0270346	Dilation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0271346	Dilation of Coronary Artery, Two Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272346	Dilation of Coronary Artery, Three Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273346	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Site, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Sites, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Sites, Percutaneous Approach

See pages 2 and 3 for important information about the uses and limitations of this document.

APPENDIX C

ICD-10-PCS Reference Table

ICD-10-PCS	Description
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Sites, Percutaneous Approach
Bare Metal Stent - Bypass Graft Revascularization	
02703DZ	Dilation of Coronary Artery, One Site with Intraluminal Device, Percutaneous Approach
02713DZ	Dilation of Coronary Artery, Two Sites with Intraluminal Device, Percutaneous Approach
02723DZ	Dilation of Coronary Artery, Three Sites with Intraluminal Device, Percutaneous Approach
02733DZ	Dilation of Coronary Artery, Four or More Sites with Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Site, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713D6	Dilation of Coronary Artery, Two Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723D6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733D6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Site, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Sites, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Sites, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Sites, Percutaneous Approach
Drug-Eluting Stent - Bypass Graft Revascularization	
027034Z	Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Approach
027134Z	Dilation of Coronary Artery, Two Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
027234Z	Dilation of Coronary Artery, Three Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
027334Z	Dilation of Coronary Artery, Four or More Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
0270346	Dilation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0271346	Dilation of Coronary Artery, Two Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272346	Dilation of Coronary Artery, Three Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273346	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Site, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Sites, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Sites, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Sites, Percutaneous Approach
Bare Metal Stent - Acute Myocardial Infarction Revascularization	
02703DZ	Dilation of Coronary Artery, One Site with Intraluminal Device, Percutaneous Approach
02713DZ	Dilation of Coronary Artery, Two Sites with Intraluminal Device, Percutaneous Approach
02723DZ	Dilation of Coronary Artery, Three Sites with Intraluminal Device, Percutaneous Approach

See pages 2 and 3 for important information about the uses and limitations of this document.

APPENDIX C

ICD-10-PCS Reference Table

ICD-10-PCS	Description
02733DZ	Dilation of Coronary Artery, Four or More Sites with Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Site, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713D6	Dilation of Coronary Artery, Two Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723D6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733D6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Site, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Sites, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Sites, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Sites, Percutaneous Approach
Drug-Eluting Stent - Acute Myocardial Infarction Revascularization	
027034Z	Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Approach
027134Z	Dilation of Coronary Artery, Two Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
027234Z	Dilation of Coronary Artery, Three Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
027334Z	Dilation of Coronary Artery, Four or More Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
0270346	Dilation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0271346	Dilation of Coronary Artery, Two Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272346	Dilation of Coronary Artery, Three Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273346	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Site, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Sites, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Sites, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Sites, Percutaneous Approach
Bare Metal Stent - Chronic Total Occlusion Revascularization (BSC currently has no stents FDA-approved for CTOs)	
02703DZ	Dilation of Coronary Artery, One Site with Intraluminal Device, Percutaneous Approach
02713DZ	Dilation of Coronary Artery, Two Sites with Intraluminal Device, Percutaneous Approach
02723DZ	Dilation of Coronary Artery, Three Sites with Intraluminal Device, Percutaneous Approach
02733DZ	Dilation of Coronary Artery, Four or More Sites with Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Site, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713D6	Dilation of Coronary Artery, Two Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723D6	Dilation of Coronary Artery, Three Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733D6	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach

See pages 2 and 3 for important information about the uses and limitations of this document.

APPENDIX C

ICD-10-PCS Reference Table

ICD-10-PCS	Description
02C03ZZ	Extirpation of Matter from Coronary Artery, One Site, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Sites, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Sites, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Sites, Percutaneous Approach
Drug-Eluting Stent - Chronic Total Occlusion Revascularization (BSC currently has no stents FDA-approved for CTOs)	
027034Z	Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Approach
027134Z	Dilation of Coronary Artery, Two Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
027234Z	Dilation of Coronary Artery, Three Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
027334Z	Dilation of Coronary Artery, Four or More Sites with Drug-eluting Intraluminal Device, Percutaneous Approach
0270346	Dilation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0271346	Dilation of Coronary Artery, Two Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272346	Dilation of Coronary Artery, Three Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273346	Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Site, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Sites, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Sites, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Sites, Percutaneous Approach
Intravascular Ultrasound	
B240ZZ3	Ultrasonography of Single Coronary Artery, Intravascular
B241ZZ3	Ultrasonography of Multiple Coronary Arteries, Intravascular
Fractional Flow Reserve	
4A033BC	Measurement of Arterial Pressure, Coronary, Percutaneous Approach
Thrombectomy	
02C03ZZ	Extirpation of Matter from Coronary Artery, One Site, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Sites, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Sites, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Sites, Percutaneous Approach
Percutaneous Balloon Valvuloplasty; Aortic Valve	
027F3ZZ	Dilation of Aortic Valve, Percutaneous Approach
027G3ZZ	Dilation of Mitral Valve, Percutaneous Approach
027H3ZZ	Dilation of Pulmonary Valve, Percutaneous Approach

See pages 2 and 3 for important information about the uses and limitations of this document.

APPENDIX C

ICD-10-PCS Reference Table

ICD-10-PCS	Description
02RF37Z	Replacement of Aortic Valve with Autologous Tissue Substitute, Percutaneous Approach
02RF38Z	Replacement of Aortic Valve with Zooplastic Tissue, Percutaneous Approach
02RF3JH	Replacement of Aortic Valve with Synthetic Substitute, Transapical, Percutaneous Approach
02RF3JZ	Replacement of Aortic Valve with Synthetic Substitute, Percutaneous Approach
02RF3KZ	Replacement of Aortic Valve with Nonautologous Tissue Substitute, Percutaneous Approach
02RF0JZ	Replacement of Aortic Valve with Synthetic Substitute, Open Approach
02RH37H	Replacement of Pulmonary Valve with Autologous Tissue Substitute, Transapical, Percutaneous Approach
02UG3JZ	Supplement Mitral Valve with Synthetic Substitute, Percutaneous Approach
5A1221Z	Performance of Cardiac Output, Continuous
5A1221Z	Performance of Cardiac Output, Continuous
Peripheral Interventions	
Percutaneous Transluminal Balloon Angioplasty	
04793ZZ	Dilation of Right Renal Artery, Percutaneous Approach
047A3ZZ	Dilation of Left Renal Artery, Percutaneous Approach
027W3ZZ	Dilation of Thoracic Aorta, Percutaneous Approach
04703ZZ	Dilation of Abdominal Aorta, Percutaneous Approach
03773ZZ	Dilation of Right Brachial Artery, Percutaneous Approach
03783ZZ	Dilation of Left Brachial Artery, Percutaneous Approach
03Q73ZZ	Repair Right Brachial Artery, Percutaneous Approach
03Q83ZZ	Repair Left Brachial Artery, Percutaneous Approach
B3110ZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using High Osmolar Contrast
B3111ZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using Low Osmolar Contrast
B311YZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using Other Contrast
B4120ZZ	Fluoroscopy of Hepatic Artery using High Osmolar Contrast
B4121ZZ	Fluoroscopy of Hepatic Artery using Low Osmolar Contrast
B412YZZ	Fluoroscopy of Hepatic Artery using Other Contrast
B51B0ZA	Fluoroscopy of Right Lower Extremity Veins using High Osmolar Contrast, Guidance
B51B1ZA	Fluoroscopy of Right Lower Extremity Veins using Low Osmolar Contrast, Guidance
B51BYZA	Fluoroscopy of Right Lower Extremity Veins using Other Contrast, Guidance
Iliac Artery Revascularization	
047C3ZZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach

APPENDIX C

ICD-10-PCS Reference Table

ICD-10-PCS	Description
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
Femoral/Popliteal Artery Revascularization	
04CK3ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Approach
04CL3ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Approach
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach
047M3DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach
047K3Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Approach
047L341	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach
Tibial/Peroneal Artery Revascularization	
047P3ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Approach
047T3ZZ	Dilation of Right Peroneal Artery, Percutaneous Approach
04CP3ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Approach
04CS3ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Approach
Transcatheter Placement of Carotid Stents with Embolic Protection	
037H3DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Approach
037L3DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Approach
Embolization	
06L43DZ	Occlusion of Hepatic Vein with Intraluminal Device, Percutaneous Approach
03L43DZ	Occlusion of Left Subclavian Artery with Intraluminal Device, Percutaneous Approach
04L43DZ	Occlusion of Splenic Artery with Intraluminal Device, Percutaneous Approach
Catheter Placement	
03H233Z	Insertion of Infusion Device into Innominate Artery, Percutaneous Approach
03H333Z	Insertion of Infusion Device into Right Subclavian Artery, Percutaneous Approach
03H733Z	Insertion of Infusion Device into Right Brachial Artery, Percutaneous Approach
04HC33Z	Insertion of Infusion Device into Right Common Iliac Artery, Percutaneous Approach
04HD33Z	Insertion of Infusion Device into Left Common Iliac Artery, Percutaneous Approach
04H933Z	Insertion of Infusion Device into Right Renal Artery, Percutaneous Approach
04HA33Z	Insertion of Infusion Device into Left Renal Artery, Percutaneous Approach

See pages 2 and 3 for important information about the uses and limitations of this document.

APPENDIX C

ICD-10-PCS Reference Table

ICD-10-PCS	Description
Angiography	
B31H0ZZ	Fluoroscopy of Right Upper Extremity Arteries using High Osmolar Contrast
B41FYZZ	Fluoroscopy of Right Lower Extremity Arteries using Other Contrast
Transhepatic Shunts (TIPS)	
06H43DZ	Insertion of Intraluminal Device into Hepatic Vein, Percutaneous Approach
06H83DZ	Insertion of Intraluminal Device into Portal Vein, Percutaneous Approach
06PY3DZ	Removal of Intraluminal Device from Lower Vein, Percutaneous Approach
06WY3DZ	Revision of Intraluminal Device in Lower Vein, Percutaneous Approach
Thrombectomy	
03CY3ZZ	Extirpation of Matter from Upper Artery, Percutaneous Approach
05CY3ZZ	Extirpation of Matter from Upper Vein, Percutaneous Approach
04CM3ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Approach
04CT3ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Approach
Thrombolysis	
3E05317	Introduction of Other Thrombolytic into Peripheral Artery, Percutaneous Approach
3E06317	Introduction of Other Thrombolytic into Central Artery, Percutaneous Approach
3E03317	Introduction of Other Thrombolytic into Peripheral Vein, Percutaneous Approach
3E04317	Introduction of Other Thrombolytic into Central Vein, Percutaneous Approach
Vena Cava Filters	
06H03DZ	Insertion of Intraluminal Device into Inferior Vena Cava, Percutaneous Approach
06WY3DZ	Revision of Intraluminal Device in Lower Vein, Percutaneous Approach
06PY3DZ	Removal of Intraluminal Device from Lower Vein, Percutaneous Approach
Intravascular Ultrasound	
B44LZZ3	Ultrasonography of Femoral Artery, Intravascular
B54CZZ3	Ultrasonography of Left Lower Extremity Veins, Intravascular
Drainage	
0F9030Z	Drainage of Liver with Drainage Device, Percutaneous Approach
0F753DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Percutaneous Approach
0F763DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Percutaneous Approach
0F2BX0Z	Change Drainage Device in Hepatobiliary Duct, External Approach
0WHG03Z	Insertion of Infusion Device into Peritoneal Cavity, Open Approach

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APPENDIX C

ICD-10-PCS Reference Table

ICD-10-PCS	Description
0T9330Z	Drainage of Right Kidney Pelvis with Drainage Device, Percutaneous Approach
0T9430Z	Drainage of Left Kidney Pelvis with Drainage Device, Percutaneous Approach
0TH533Z	Insertion of Infusion Device into Kidney, Percutaneous Approach
BF100ZZ	Fluoroscopy of Bile Ducts using High Osmolar Contrast
BF101ZZ	Fluoroscopy of Bile Ducts using Low Osmolar Contrast
BF10YZZ	Fluoroscopy of Bile Ducts using Other Contrast
Biliary Stenting	
0F754DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F764DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F784DZ	Dilation of Cystic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F794DZ	Dilation of Common Bile Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0FHB4DZ	Insertion of Intraluminal Device into Hepatobiliary Duct, Percutaneous Endoscopic Approach
0F753DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Percutaneous Approach
0F763DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Percutaneous Approach
0F2BX0Z	Change Drainage Device in Hepatobiliary Duct, External Approach
BF000ZZ	Plain Radiography of Bile Ducts using High Osmolar Contrast
BF101ZZ	Fluoroscopy of Bile Ducts using Low Osmolar Contrast
BF12YZZ	Fluoroscopy of Gallbladder using Other Contrast
Radiofrequency Ablation	
0F504ZZ	Destruction of Liver, Percutaneous Endoscopic Approach
0F514ZZ	Destruction of Right Lobe Liver, Percutaneous Endoscopic Approach
0F503ZZ	Destruction of Liver, Percutaneous Approach
0F500ZZ	Destruction of Liver, Open Approach
BF45ZZZ	Ultrasonography of Liver

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