

CY2017 Medicare Proposed Rules Issued for Hospital Outpatient, Ambulatory Surgical Center and Physician Fee Schedule *Interventional Cardiology, Peripheral Interventions & Rhythm Management*

On July 6, 2016, the Centers for Medicare and Medicaid Services (CMS) released the Calendar Year (CY)2017 proposed policies and payment rates for Medicare's Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Centers (ASC). On July 7, the proposed Physician Fee Schedule (PFS) was released. Final policy and payment rates are anticipated to be released around November 1, 2016 (following the public comment period and CMS review) with an effective date of January 1, 2017.

Hospital Outpatient: Total OPPS payments are proposed to increase by 1.6%

Ambulatory Surgical Center (ASC): Overall payment rates are proposed to increase by 1.2%

Physician Fee Schedule: Proposed overall physician conversion factor is proposed to go down by 0.03%

At the end of this document are tables that list proposed national payment rates and the national average percent changes for select Interventional Cardiology (IC), Peripheral Interventions (PI) and Rhythm Management (RM) related procedures.

Table 1: CY2017 (OPPS) proposed payment tables

Table 2: CY2017 (ASC) proposed payment rates

Table 3: CY2017 (PFS) proposed payment rates.

Hospital Outpatient Prospective Payment System

The proposed OPPS conversion factor for CY2017 is \$74.909 for hospitals that meet the reporting requirements for Hospital Outpatient Quality Reporting Program (OQR) Program. For hospitals that fail to meet the Hospital OQR requirements, a reduced conversion factor of \$73.411 is proposed. The conversion factor is used to calculate hospital APC payment.

CMS Comprehensive APCs (C-APCs) are a single all-inclusive payment for a primary service and all supporting adjunct services in CY2015. In the cardiovascular space, C-APCs currently include pacemaker and similar procedures, ICD and similar procedures, electrophysiologic procedures, percutaneous coronary interventions and peripheral interventions. CMS proposes 25 new C-APCs in CY2017, one specific to cardiology noted below.

New Comprehensive APCs with Reassignment

Diagnostic Catheterizations and Angiographies are proposed for reassignment from APC 5188 to C-APC 5191 (Level 1 Endovascular Procedures) as part of the vascular (VASX) family. As a result, the vascular family expanded from three levels to four. For coronary and peripheral interventions, the APC group of codes is not impacted, but the APCs assignment changed as noted in Table 1.

The proposed 10.68% increase of Diagnostic Cardiac Catheterization and Angiographies will bundle in other procedures performed on the same date of service such as stress tests or ECGs. Impacted CPT® codes include:

- New APC Assignment 5191 (was 5188):
 - Diagnostic cardiac catheterization CPT codes: 93451, 93530, 93452, 93453, 93531, 93532, 93533
 - Catheter placement (angiographies) CPT code: 93454-93461

APC Reassignment: Proposed Cardiovascular reassignment of APCs that are not comprehensive include: CPT code 33215 right atrium/right ventricle (RA/RV) lead repositioning is proposed for reassignment from APC 5181 to APC 5182 resulting in a 171% payment increase.

Site Neutral Payments

CMS is proposing to revamp how payment is based for certain items and services furnished by some off-campus “provider-based departments” (PBDs). In CY2017, CMS proposes to use the Medicare Physician Fee Schedule (PFS) for the majority of PBD services under the non-facility rate. CMS plans to incorporate a one-year transition policy as they review operational changes.

Exceptions to the proposed change include all items and services in a dedicated emergency department or provided within 250 yards of a remote location of the hospital. CMS is also allowing an exception if an item or service is billed by an off-campus PBD prior to November 12, 2015.

Transitional Pass-Through (TPT) payments

In response to stakeholder requests for greater transparency, in CY2016, CMS adopted a policy to continue to accept and review device pass-through applications on a quarterly basis and to also include discussions of the preliminary pass-through applications in the next applicable OPPS proposed rule. CMS is proposing that incremental payment be available for three full years (rather than the current two to three year eligibility). For CY2017, CMS includes a discussion of three non-cardiovascular applications for which preliminary approval has not been granted based upon quarterly review.

Effective April 1, 2015, CMS established that the device described by HCPCS code C2623 (catheter, transluminal angioplasty, drug-coated, non-laser) will be eligible for pass-through payment. For CY2017, CMS proposes continuation of TPT payment for drug-coated balloon procedures.

CMS is proposing to end pass-through payments for CardioMEMS™ HF System and for pulmonary artery pressure sensors and to include the costs of this device into the costs related to the procedure. CMS did not approve any applications in Q1 2016.

Device Credits

CMS proposed to continue their existing policy for reducing APC payment when a device is provided at no cost or partial credit. CMS will no longer classify APC's as device dependent but rather identify procedures as device dependent.

Appropriate Use Criteria for Imaging Services

CMS proposed clinicians consult and report appropriate use criteria. Chest Pain (includes angina, suspected myocardial infarction, and suspected pulmonary embolism) is listed as the highest clinical area priority and represents 14% of overall payments.

Electronic Health Record (EHR) Incentive Program

CMS proposes continuing the 90-day EHR reporting period in 2016 for all physicians and hospital participating in the program. The continuous 90-day period, between January 1 and December 31, 2016, is targeted at allowing flexibility to accommodate changes to the program that were not finalized until the end of 2015. New participants in CY2017 would be subject to demonstrating meaningful use and will report to a different system.

Highlights for Interventional Cardiology, Peripheral Interventions and Rhythm Management are proposed as follows:

Interventional Cardiology

- Complex Percutaneous Coronary Interventions (PCIs) were formerly part of APC 5193 and are now proposed to move to APC 5194 Level 4 (DES CTO PCI, DES AMI PCI, Stent with Atherectomy).
 - Payment proposed to decrease by (0.69%) to \$14,511
- Percutaneous Coronary Interventions (PCIs) were formerly part of APC 5192 and are now proposed to move to APC 5193 Level 3 (DES, BMS CTO, BMS, AMI, Atherectomy without stent).
 - Payment proposed to increase 1.94% to \$9,727

Peripheral Interventions

- Mechanical thrombectomy payment rates are proposed to increase by 1.41% paying \$3,849.
- Iliac and femoral/popliteal PTA is proposed to increase by 4.54%, bringing the payment rate to \$4,800.
- Iliac and femoral/popliteal stenting and embolization are proposed to increase by 1.93%, paying \$9,727.

- Lower extremity arterial PTA, stent and atherectomy procedures are proposed to decrease by 0.69% paying \$14,511.

Rhythm Management

- Proposed payment rates for ICD system implants would decrease by -0.79% and ICD replacements would increase by 0.16%.
- Single and dual chamber pacemaker system implants would increase by 1.42% and pacemaker (single and dual) replacements would increase by 5.27%.
- Proposed payment rates for an ablation procedures performed in conjunction with a comprehensive EP study, which includes most ablation procedures, would increase by 5.55%.
- Watchman™ Left Atrial Appendage Closure procedure CPT (to be finalized in November) is restricted to the inpatient hospital site of service with a C status indicator for OPPS; therefore, there is no payment assigned when performed in the outpatient hospital.

Ambulatory Surgical Center (ASC)

For CY2017, CMS is proposing an increase in payment rates by 1.2%. After considering all policy changes to ASCs, this would mean increased payments of \$214 million for ASCs in CY2017 versus CY2016 payments.

Interventional Cardiology

- IC procedures are not allowed in the ASC, so no applicable changes.

Peripheral Interventions

- Less than 1% of peripheral procedures are performed in the ASC, and proposed payment rates are relatively flat. Overall, proposed PI payment levels in the ASC remain lower than that of Hospital Outpatient payment levels.

Rhythm Management

- CRTD/ICD and S-ICD System implants in the ASC increase by 0.6% and 0.02% respectively.
- Dual chamber pacemaker system implant payments rates increase by 2.34% and dual chamber replacements increase by 0.30%

Physician Fee Schedule (PFS)

For the CY2017 Proposed Medicare PFS, CMS is continuing its emphasis on physicians providing primary and chronic care services. Specifically, Medicare proposes to improve payment for primary care services for patients with multiple chronic conditions, mental and behavioral health issues, and cognitive impairment or mobility-related disabilities. Rule changes would result in approximately \$900 million in additional funding in CY2017 to physicians providing these services. To offset this, due to budget neutrality requirements, CMS is proposing a slight reduction in the proposed conversion factor used to calculate physician payment rates. This is one of the factors driving the decrease in payment rates for interventional procedures.

New Telehealth Codes

A total of eight Telehealth codes are proposed for ESRD (4), Advanced Care Planning (2) and Telehealth Consultations (2). Proposed payment for these services ranges from \$8 for 'ESRD home patient services day 20+' to \$143 for 'Initial Telehealth Consultation for patient requiring Critical Care Services'.

Medicare Shared Savings Program: CMS is proposing several changes to the Medicare Shared Savings Program to encourage more participation in Accountable Care Organizations (ACOs), including changes to the quality measures used to assess ACO performance and permitting a beneficiary to select an ACO professional (i.e., doctor) for overall care to encourage beneficiaries to stay within the ACO so that the ACO can better manage overall care provided to the beneficiary.

CMS wants to reduce the burden of provider, proposing to retire or replace the following measure which does not align with the core measure set recommendations from the Core Quality Measures Collaborative. As a result, ACO-9 and ACO-10 proposed to be retired. Although ACO-9 and ACO-10 address admissions for patients with heart failure, chronic obstructive pulmonary disease (COPD), and asthma, CMS introduced two all-cause, unplanned admission measures for heart failure and multiple chronic conditions (ACO-37 and ACO-38, respectively) in the 2015 PFS final rule) and believes ACO-37 and ACO-38 report on a similar population with similar conditions as ACO-9 and ACO-10.

Global Surgical Package: As required by Congress, CMS is proposing a data-collection exercise related to pre- and post-procedure services for surgical procedures having a 10- or 90-day global period to better assess the work

associated with these procedures. CMS is proposing a set of 8 new time-based, post-operative visit G-codes (GXXX1-GXXX8) for services related to and within 10- and 90- day global periods. The new G-codes will be primarily for data collection and will have no payment assignment.

Physician Payment for Watchman™ Implant Procedure

- CMS has proposed a national payment rate of \$773 for percutaneous implant of a left atrial appendage closure device. This rate is based upon the proposed relative value units (RVUs) of 21.62 for the new CPT I code describing this service, effective January 1, 2017. Like all physician rates, the amount paid will be adjusted for geographic cost differences. The proposed physician payment rate is partly based on recommendations by the AMA Specialty Society/Relative Value Update Committee (RUC), using information obtained by ACC, HRS, and SCAI through a survey of WATCHMAN implanting physicians.

Interventional Cardiology

• **Coronary Stenting**

- Proposed Percutaneous Coronary Intervention (PCI) payment rates show a relatively small decrease.
 - Coronary Total Occlusion (CTO) and Acute Myocardial Infarction (AMI), proposed PCIs payment rates decreased by \$14 to \$693.
 - Atherectomy with stent proposed payment rate decreased by \$14 to \$692.
- Proposed stent/ Percutaneous Transluminal Coronary Angioplasty (PTCA) payment rates decreased by \$14 to \$617.

• **Structural Heart-Valves**

- Proposed Transcatheter Aortic Valve Replacement (TAVR) range of payment rates remain flat with a combined average increase of 0.04% and a range of \$1,415-\$2,005.

Peripheral Interventions

- New Codes for CY2017:
 - Percutaneous Transluminal Angioplasty (PTA) – Four new codes and their proposed payment rates are detailed on Table 3 of this memo. New codes 372X1 through 372X4 will describe arterial and venous PTA. The new codes package radiologic supervision and interpretation (R S&I).
 - Dialysis Circuit – The nine new codes relevant for the dialysis circuit and their proposed payment rates are also detailed on table 3 of this memo. New codes 369X1 through 369X9 describe combinations of needle/catheter introduction, diagnostic angiography, injection of contrast, imaging, PTA, stent placement, thrombectomy and embolization within the dialysis circuit.
- Note that the new codes shown above are placeholder codes and that the final codes for 2017 will not contain an “X” character.
- Overall PI payment rates in a hospital setting are proposed to decrease by 2.01% and by 3.34% in the office setting.

Rhythm Management

- Physician payments for defibrillator, pacemaker and ablation procedures decrease slightly.

COMMENTS / QUESTIONS

If you have questions or would like additional information contact:

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SOURCE INFORMATION

Read the full CY2017 Proposed OPPS Rule (CMS-1656-P) at the following link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1656-P.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>

Read the full CY2017 Proposed Physician Fee Schedule (CMS-1654-P) at the following Link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1654-P.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>

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Table 1: CY2017 Hospital Outpatient Proposed Payment Rates for Select Procedures

Proposed 2017 OPPS rates compared to Final 2016					
APC	Descriptor	CY2017 Proposed Rate	CY2016 Final Rate	Variance 2017 Proposed vs. 2016 Final	% YoY Change
Interventional Cardiology					
5188 (Proposed 5191)	Level 1 Endovascular Procedures	\$2,821	\$2,549	\$272	10.67%
* 5191 (Proposed 5192)	Level 2 Endovascular Procedures	\$4,800	\$4,592	\$208	4.53%
	POBA Complexity Adjustments: Right heart cath + Right heart cath (93451 + 93451), I hrt artery/ventricle angio + Coronary artery angio s&l (93458 + 93554), I hrt artery/ventricle angio + I hrt artery/ventricle angio (93458 + 93458), I hrt art/grft angio + I hrt artery/ventricle angio (93459 + 93458)				
* 5192 (Proposed 5193)	Level 3 Endovascular Procedures DES w/ PTCA (C9600), DES Bypass Graft (C9604), BMS w/ PTCA (92928), BMS Bypass Graft (92937), BMS AMI PCI (92941), BMS CTO PCI (92943), PTCA/Atherectomy (92924) Complexity Adjustments: PTCA + Cath plac cardio brachytx (92920 + 92974)	\$9,727	\$9,542	\$185	1.94%
* 5193 (proposed 5194)	Level 4 Endovascular Procedures DES CTO PCI (C9607), DES AMI PCI (C9606), DES w/Atherectomy (C9602), BMS w/Atherectomy (92933) Complexity Adjustments: DES + DES (C9600 + C9600), DES Bypass Graft + DES add branch (C9604 + C9601), DES Bypass Graft + DES Bypass Graft (C9604 + C9604), DES Bypass Graft + DES Bypass Graft add branch (C9604 + C9605)	\$14,511	\$14,612	-\$101	-0.69%
BSC currently has no stents FDA-approved for CTOs					
Peripheral Interventions					
* 5183	Level 3 Vascular Procedures Arterial Mechanical Thrombectomy (37184), Venous Mechanical Thrombectomy (37187)	\$3,849	\$3,795	\$54	1.41%
5191 (proposed 5192)	Level 1 Endovascular Procedures Iliac PTA (37220), FemPop PTA (37224), AV Fistula Thrombectomy (36870)	\$4,800	\$4,592	\$208	4.53%
* 5192 (proposed 5193)	Level 2 Endovascular Procedures TibPer PTA (37228), Iliac Stent (37221), FemPop Atherectomy (37225), FemPop Stent (37226), Vasc Embolization (37241-37244) Complexity Adjustments: (369X2 + 368X8), (369X4 + 368X8)	\$9,727	\$9,542	\$185	1.94%
* 5193 (proposed 5194)	Level 3 Endovascular Procedures FemPop Stent & Atherectomy (37227), TibPer Atherectomy (37229), TibPer Stent (37230), TibPer Stent & Atherectomy (37231) Complexity Adjustments: Iliac Stent + Iliac Stent (37221 + 37221), FemPop Stent + FemPop Stent (37226 + 37226), Vasc Stent + Vasc Stent (37238 + 37239), (369X3 + 368X8), (369X5 + 368X8)	\$14,511	\$14,612	-\$101	-0.69%

Table 1: CY2017 Hospital Outpatient Proposed Payment Rates for Select Procedures

Proposed 2017 OPPS rates compared to Final 2016

APC	Descriptor	CY2017 Proposed Rate	CY2016 Final Rate	Variance 2017 Proposed vs. 2016 Final	% YoY Change
5352 (proposed 5361)	Level 2 Percutaneous Abdominal/Biliary Procedures and Related Procedures Biliary Stent (47556)	\$4,178	\$4,118	\$60	1.46%
2616	Brachytx, non-str,Yttrium-90	\$16,286	\$16,022	\$264	1.65%
Rhythm Management					
5188 (Proposed 5191)	Diagnostic Cardiac Catheterization	\$2,821	\$2,549	\$272	10.67%
* 5211	Level 1 EP Procedures (previously APC 84)	\$860	\$845	\$15	1.76%
	Right ventricular recording (93603)				
	Induction of arrhythmia (93618)				
	DFT testing not at implant (93642)				
* 5212	Level 2 EP Procedures	\$4,676	\$4,698	-\$22	-0.47%
	Bundle of HIS recording (93600)				
	Intra-atrial recording (93602)				
	Intra-atrial pacing (93610)				
	Intraventricular pacing (93612)				
	Comprehensive EP study without induction (93619)				
	Comprehensive EP study with induction (93620)				
	EP follow up study (93624)				
AV Node Ablation (93650)					
* 5213	Level 3 EP Procedures	\$16,424	\$15,561	\$863	5.55%
	SVT ablation with EP study (93653)				
	VT ablation with EP study (93654)				
	A Fib ablation with EP study (93656)				
5221	Level 1 Pacemaker and Similar Procedures	\$2,389	\$2,490	-\$101	-4.06%
	Repair single transvenous electrode (33218)				
	Repair 2 transvenous electrodes (33220)				
	Removal of transvenous pacemaker electrode - single (33234)				
	Removal of transvenous pacemaker electrode - dual (33235)				
	Removal of ICD pulse generator only (33241)				
	Removal of ICD electrode(s) (33244)				
	Removal of S-ICD electrode (33272)				
Repositioning of S-ICD electrode (33273)					

Table 1: CY2017 Hospital Outpatient Proposed Payment Rates for Select Procedures

Proposed 2017 OPPS rates compared to Final 2016

APC	Descriptor	CY2017 Proposed Rate	CY2016 Final Rate	Variance 2017 Proposed vs. 2016 Final	% YoY Change
*	Level 2 Pacemaker and Similar Procedures	\$7,050	\$6,697	\$354	5.28%
	Insertion of single chamber pacemaker generator only (33212)				
	Insertion of single transvenous electrode, pacemaker or ICD (33216)				
	Insertion of 2 transvenous electrodes, pacemaker or ICD (33217)				
	Single chamber pacemaker change out (33227)				
	Removal of pacemaker generator only (33233)				
	Insertion of S-ICD electrode (33271)				
*	Level 3 Pacemaker and Similar Procedures	\$9,405	\$9,273	\$131	1.41%
	Insertion of single and dual chamber pacemaker (33206,33207,				
	Insertion of dual chamber pacemaker generator only (33213)				
	Upgrade of single to dual chamber pacemaker (33214)				
	LV lead insertion with attachment to previously placed device (33224)				
	Dual chamber pacemaker change out (33228)				
	Removal of PM generator + LV pacing lead add-on (33233 + 33225)				
Implant pat-active ht record + EP Eval (33282 + 93619)					
*	Level 4 Pacemaker and Similar Procedures	\$17,050	\$16,914	\$136	0.80%
	Insertion of multiple lead pacemaker generator only (33221)				
	Multiple lead pacemaker change out (33229)				
	Insert PM ventricular + LV lead add-on (33207 + 33225), Insert PM atrial & Vent + LV pacing lead add-on (33208 + 33225), Insert PM atrial & vent + Ablate heart dys focus (33208 + 93650), Insert pacing lead & connect + Insert 1 electrode pm-defib (33224+ 33216), Remv & replc pm gen dual lead + LV pacing lead add-on (33228 + 33225)				
5231	Level 1 ICD and Similar Procedures (ICD/S-ICD PG only)	\$21,965	\$21,930	\$35	0.16%
	Insertion of single and dual lead defibrillator pulse generator only (33240,33230)				
	Single or dual lead ICD change out (33262, 33263)				
*	Level 2 ICD and Similar Procedures (previously APC 108)	\$30,249	\$30,490	-\$241	-0.79%
	Insertion of multiple lead defibrillator pulse generator only (33231)				
	Insertion of single or dual chamber transvenous ICD system (33249)				
	Multiple lead ICD change out (33264)				
	Insertion of subcutaneous ICD system (33270)				
CRT-D system implant (33249 + 33225)					

* Symbol notes comprehensive APC

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2017 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2017 Proposed Payment	CY2016 Final Payment	Variance 2017 Proposed vs. 2016 Final	
		\$	\$	\$	%
Peripheral Interventions					
Thrombectomy					
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$2,952	\$2,122	\$830	39.10%
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$2,073	\$2,122	(\$49)	-2.31%
Trach Branch Stent					
31631	Bronchoscopy (rigid or flexible); with tracheal dilation and placement of tracheal stent	\$1,672	\$1,715	(\$43)	-2.48%
Biliary Stenting					
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$2,079	\$2,303	(\$224)	-9.73%
49421	Insert abdom drain, perm	\$1,447	\$1,461	(\$14)	-0.97%
49423	Exchange drainage catheter	\$616	\$675	(\$59)	-8.77%
Rhythm Management					
33207	Pacemaker - single chamber system, ventricular lead	\$7,641	\$7,664	(\$23)	-0.29%
33208	Pacemaker - dual chamber system implant	\$7,843	\$7,664	\$180	2.34%
33240	Insertion of ICD / S-ICD pulse generator only with existing lead	\$19,385	\$19,581	(\$197)	-1.01%
33249	ICD system implant	\$26,673	\$26,658	\$15	0.06%
33270	S-ICD system implant	\$26,664	\$26,658	\$7	0.02%
33249 + 33225	CRT-D System implant (33249 & 33225 when performed on the same day)	\$26,673	\$26,658	\$15	0.06%
33227	Pacemaker - single chamber replacement	\$5,615	\$5,787	(\$172)	-2.97%
33228	Pacemaker - dual chamber replacement	\$7,686	\$7,664	\$23	0.30%
33229	Pacemaker - multiple lead replacement	\$12,639	\$12,616	\$23	0.18%
33262	Defibrillator - single chamber replacement	\$19,351	\$19,581	(\$230)	-1.18%
33263	Defibrillator - dual chamber replacement	\$19,542	\$19,581	(\$39)	-0.20%
33264	Defibrillator - multiple lead replacement	\$26,918	\$26,658	\$261	0.98%

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates

Proposed 2017 PFS rates compared to Final 2016

CPT®	Modifier	Abbreviated (Partial) Description	2017 Proposed In-Facility Rate			2017 Proposed In-Office Rate		
			Rate	Variance 2017 Proposed vs. 2016 Final		Rate	Variance 2017 Proposed vs. 2016 Final	
				\$	\$		%	\$
Interventional Cardiology								
Diagnostic Catheterization								
93451	26	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$136	(\$13)	-8.95%	\$136	(\$13)	-8.95%
93451			NA	NA	NA	\$729	(\$66)	-8.31%
93452	26	Left heart catheterization including intraprocedural injection(s) for left ventriculography; imaging supervision and	\$247	(\$14)	-5.43%	\$247	(\$14)	-5.43%
93452			NA	NA	NA	\$830	(\$66)	-7.35%
93453	26	Combined right heart cath and left heart catheterization including intraprocedural injection(s) for left ventriculography,	\$331	(\$14)	-4.12%	\$331	(\$14)	-4.12%
93453			NA	NA	NA	\$1,079	(\$78)	-6.73%
93454	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$250	(\$14)	-5.35%	\$250	(\$14)	-5.35%
93454			NA	NA	NA	\$843	(\$67)	-7.32%
93455	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$292	(\$14)	-4.64%	\$292	(\$14)	-4.64%
93455			NA	NA	NA	\$986	(\$73)	-6.94%
93456	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$326	(\$14)	-3.98%	\$326	(\$14)	-3.98%
93456			NA	NA	NA	\$1,067	(\$73)	-6.42%
93457	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$367	(\$14)	-3.56%	\$367	(\$14)	-3.56%
93457			NA	NA	NA	\$1,208	(\$80)	-6.24%
93458	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$309	(\$14)	-4.29%	\$309	(\$14)	-4.29%
93458			NA	NA	NA	\$1,016	(\$76)	-6.96%
93459	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$351	(\$14)	-3.71%	\$351	(\$14)	-3.71%
93459			NA	NA	NA	\$1,127	(\$80)	-6.61%
93460	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$392	(\$14)	-3.34%	\$392	(\$14)	-3.34%
93460			NA	NA	NA	\$1,214	(\$80)	-6.19%
93461	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$434	(\$14)	-3.12%	\$434	(\$14)	-3.12%
93461			NA	NA	NA	\$1,389	(\$91)	-6.15%
93462		Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$217	(\$0)	-0.08%	\$217	(\$0)	-0.08%
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	\$0	0.27%	\$101	\$0	0.27%
93464	26	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and	\$89	\$0	0.32%	\$89	\$0	0.32%
93464			NA	NA	NA	\$257	(\$21)	-7.68%
93531	26	Combined right heart catheterization and retrograde left heart cath, for congenital cardiac anomalies	\$444	(\$2)	-0.40%	\$444	(\$2)	-0.40%
93532	26	Combined right heart catheterization and transseptal left heart cath through intact septum with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$553	\$1	0.11%	\$553	\$1	0.11%
93533	26	Combined right heart catheterization and transseptal left heart cath through existing septal opening, with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$370	\$1	0.31%	\$370	\$1	0.31%
Diagnostic Cath Injection								
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)	-0.08%	\$48	(\$0)	-0.08%

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates

Proposed 2017 PFS rates compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Proposed In-Facility			2017 Proposed In-Office		
			Rate	Variance 2017 Proposed vs. 2016 Final		Rate	Variance 2017 Proposed vs. 2016 Final	
			\$	\$	%	\$	\$	%
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)	\$49	\$1	1.41%	\$163	(\$11)	-6.04%
93567		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for supraaortic angiography (List separately in addition to code for primary procedure)	\$54	(\$0)	-0.08%	\$137	(\$6)	-4.32%
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)	\$50	\$1	1.38%	\$146	(\$10)	-6.50%
Angioplasty without Stent								
92920		Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	\$554	(\$14)	-2.54%	NA	NA	NA
92921		Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
Atherectomy without Stent								
92924		Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	\$660	(\$15)	-2.15%	NA	NA	NA
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	NA	\$0	\$0	NA
Stent with Angioplasty								
92928		Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	\$617	(\$14)	-2.18%	NA	NA	NA
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	NA	\$0	\$0	NA

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates

Proposed 2017 PFS rates compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Proposed In-Facility Rate	Variance 2017 Proposed vs. 2016 Final		2017 Proposed In-Office Rate	Variance 2017 Proposed vs. 2016 Final	
			\$	\$	%	\$	\$	%
Stent with Atherectomy								
92933		Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	\$692	(\$14)	-2.01%	NA	NA	NA
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	NA	\$0	\$0	NA
Bypass Graft								
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	\$616	(\$14)	-2.24%	NA	NA	NA
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	NA	\$0	\$0	NA
Acute Myocardial Infarction								
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	\$693	(\$14)	-2.00%	NA	NA	NA
Chronic Total Occlusion								
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	\$693	(\$14)	-1.95%	NA	NA	NA
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	NA	\$0	\$0	NA

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates

Proposed 2017 PFS rates compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017	Variance 2017		2017	Variance 2017	
			Proposed In-Facility Rate	Proposed vs. 2016 Final	Proposed In-Office Rate	Proposed vs. 2016 Final		
			\$	\$	%	\$	\$	%
Thrombectomy								
92973		Percutaneous transluminal coronary thrombectomy mechanical	\$184	(\$1)	-0.28%	NA	NA	NA
IVUS								
92978	26	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	\$99	(\$0)	-0.08%	\$99	(\$0)	-0.08%
92979	26	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	\$80	\$0	0.37%	\$80	\$0	0.37%
FFR								
93571	26	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)	\$99	\$0	0.28%	\$99	\$0	0.28%
93572	26	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)	\$80	\$0	0.37%	\$80	\$0	0.37%
Valvuloplasty								
92986		Percutaneous balloon valvuloplasty; aortic valve	\$1,371	(\$15)	-1.11%	NA	NA	NA
92987		Percutaneous balloon valvuloplasty; mitral valve	\$1,416	(\$14)	-0.96%	NA	NA	NA
92990		Percutaneous balloon valvuloplasty; pulmonary valve	\$1,129	\$1	0.11%	NA	NA	NA
33365		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	\$1,853	(\$3)	-0.18%	NA	NA	NA
33366		Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	\$2,005	(\$4)	-0.19%	NA	NA	NA
33367		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)	\$650	(\$2)	-0.36%	NA	NA	NA
33368		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)	\$775	(\$5)	-0.63%	NA	NA	NA
33369		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)	\$1,026	(\$5)	-0.46%	NA	NA	NA
Transcatheter Aortic Valve Replacement								
33361		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	\$1,415	(\$1)	-0.08%	NA	NA	NA

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates								
Proposed 2017 PFS rates compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Proposed In-Facility Rate	Variance 2017 Proposed vs. 2016 Final		2017 Proposed In-Office Rate	Variance 2017 Proposed vs. 2016 Final	
			\$	\$	%	\$	\$	%
33362		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	\$1,543	(\$5)	-0.34%	NA	NA	NA
33363		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	\$1,626	\$18	1.10%	NA	NA	NA
33364		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	\$1,685	(\$1)	-0.08%	NA	NA	NA
Watchman™ Left Atrial Appendage Closure (LAAC) Procedure								
TBD		Percutaneous transcatheter closure of the left atrial appendage with implant, including fluorscopy, transseptal puncture, catheter placement(s) left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	\$763	NA	NA	NA	NA	NA

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates

Proposed 2017 PFS rates compared to Final 2016

CPT®	Modifier	Abbreviated (Partial) Description	2017 Proposed In-Facility			2017 Proposed In-Office		
			Rate			Rate		
			\$	\$	%	\$	\$	%
			Variance 2017 Proposed vs. 2016 Final			Variance 2017 Proposed vs. 2016 Final		
Peripheral Interventions								
Non-Coronary Angioplasty								
372X1		Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	\$368	NA	NA	\$2,143	NA	NA
372X2		Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	\$185	NA	NA	\$876	NA	NA
372X3		Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	\$317	NA	NA	\$1,480	NA	NA
372X4		Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	\$156	NA	NA	\$643	NA	NA
Dialysis Circuit								
369X1		Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report	\$151	NA	NA	\$573	NA	NA
369X2		Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$224	NA	NA	\$1,223	NA	NA

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates

Proposed 2017 PFS rates compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Proposed In-Facility Rate	Variance 2017 Proposed vs. 2016 Final		2017 Proposed In-Office Rate	Variance 2017 Proposed vs. 2016 Final	
			\$	\$	%	\$	\$	%
369X3		Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s) peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	\$308	NA	NA	\$3,246	NA	NA
369X4		Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	\$354	NA	NA	\$1,328	NA	NA
369X5		Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$444	NA	NA	\$1,829	NA	NA
369X6		Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	\$518	NA	NA	\$3,937	NA	NA
369X7		Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	\$129	NA	NA	\$734	NA	NA
369X8		Transcatheter placement of an intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	\$195	NA	NA	\$2,703	NA	NA

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates

Proposed 2017 PFS rates compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Proposed In-Facility Rate	Variance 2017 Proposed vs. 2016 Final		2017 Proposed In-Office Rate	Variance 2017 Proposed vs. 2016 Final	
			\$	\$	%	\$	\$	%
369X9		Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	\$184	NA	NA	\$1,967	NA	NA
Iliac Artery Revascularization								
37220		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$421	(\$16)	-3.68%	\$3,085	(\$141)	-4.37%
37221		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$521	(\$17)	-3.08%	\$4,576	(\$180)	-3.79%
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)	\$196	(\$1)	-0.44%	\$868	(\$38)	-4.23%
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)	\$225	(\$2)	-0.71%	\$2,570	(\$75)	-2.84%

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates

Proposed 2017 PFS rates compared to Final 2016								
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			Rate	Variance Proposed vs. 2016 Final	%	Rate	Variance Proposed vs. 2016 Final	%
			\$	\$	%	\$	\$	%
Femoral/Popliteal Artery Revascularization								
37224		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$466	(\$15)	-3.20%	\$3,743	(\$171)	-4.38%
37225		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within same vessel, when performed	\$637	(\$16)	-2.49%	\$10,957	(\$288)	-2.56%
37226		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$550	(\$17)	-2.93%	\$8,982	(\$265)	-2.87%
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	\$767	(\$18)	-2.31%	\$14,853	(\$333)	-2.19%
Tibial / Peroneal Artery Revascularization								
37228		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$572	(\$16)	-2.76%	\$5,363	(\$199)	-3.57%
37229		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$743	(\$18)	-2.38%	\$10,804	(\$281)	-2.53%
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	\$734	(\$16)	-2.08%	\$8,254	(\$219)	-2.59%
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	\$798	(\$18)	-2.23%	\$13,371	(\$268)	-1.96%
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)	\$213	(\$1)	-0.58%	\$1,197	(\$41)	-3.32%
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)	\$346	(\$2)	-0.70%	\$1,449	(\$48)	-3.19%
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)	\$299	(\$1)	-0.32%	\$3,911	(\$48)	-1.20%
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)	\$415	(\$11)	-2.68%	\$4,208	\$38	0.92%

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			Rate	Variance Proposed vs. 2016 Final	%	Rate	Variance Proposed vs. 2016 Final	%
			\$	\$	%	\$	\$	%
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	\$462	(\$14)	-2.94%	\$3,981	(\$221)	-5.27%
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)	\$223	(\$2)	-0.72%	\$2,434	(\$78)	-3.11%
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	\$314	(\$15)	-4.64%	\$4,157	(\$129)	-3.00%
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)	\$160	\$2	1.51%	\$2,019	(\$54)	-2.62%
Catheter Access								
36140		Introduction of needle or intracatheter; extremity artery	\$94	(\$14)	-12.70%	\$427	(\$20)	-4.49%
36160		Introduction of needle or intracatheter, aortic, translumbar	\$128	(\$0)	-0.36%	\$493	(\$11)	-2.14%
36200		Introduction of catheter, aorta	\$147	(\$14)	-8.56%	\$567	(\$69)	-10.9%
Catheter Placement								
36215		Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$244	(\$1)	-0.52%	\$1,137	(\$10)	-0.89%
36216		Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$283	(\$5)	-1.70%	\$1,171	(\$46)	-3.79%

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			\$	\$	%	\$	\$	%
36217		Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$336	(\$6)	-1.86%	\$1,913	(\$90)	-4.48%
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)	\$54	(\$1)	-2.02%	\$187	(\$9)	-4.63%
36245		Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$249	(\$16)	-5.90%	\$1,308	(\$90)	-6.40%
36246		Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$267	(\$15)	-5.17%	\$830	(\$80)	-8.77%
36247		Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$317	(\$16)	-4.71%	\$1,507	(\$104)	-6.45%
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)	\$51	(\$1)	-1.46%	\$153	(\$3)	-1.91%
Carotid Artery Stenting								
37215		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	\$1,040	(\$14)	-1.30%	NA	NA	NA
37216		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	\$0	\$0	NA	\$0	\$0	NA
Vena Cava Filters								
37191		Insertion of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$235	(\$14)	-5.67%	\$2,568	(\$119)	-4.42%
37192		Repositioning of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$375	(\$9)	-2.41%	\$1,593	\$9	0.60%
37193		Retrieval (removal) of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$367	(\$16)	-4.10%	\$1,538	(\$98)	-5.97%

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			Rate	Variance Proposed vs. 2016 Final	%	Rate	Variance Proposed vs. 2016 Final	%
			\$	\$	%	\$	\$	%
Thrombectomy								
37184		Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$470	(\$13)	-2.60%	\$2,233	(\$93)	-4.02%
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)	\$176	(\$0)	-0.08%	\$712	(\$26)	-3.57%
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)	\$259	(\$3)	-1.04%	\$1,351	(\$58)	-4.14%
37187		Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$410	(\$17)	-3.94%	\$1,985	(\$123)	-5.84%
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	\$290	(\$16)	-5.33%	\$1,690	(\$125)	-6.90%
Thrombolysis								
37211		Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	\$403	(\$16)	-3.76%	NA	NA	NA
37212		Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$351	(\$17)	-4.65%	NA	NA	NA
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	\$244	(\$15)	-5.76%	NA	NA	NA
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	\$129	(\$13)	-9.17%	NA	NA	NA
Non-Coronary IVUS								

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates

Proposed 2017 PFS rates compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Proposed In-Facility			2017 Proposed In-Office		
			Rate	Variance 2017 Proposed vs. 2016 Final		Rate	Variance 2017 Proposed vs. 2016 Final	
			\$	\$	%	\$	\$	%
37252		Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention; including radiological supervision and interpretation; initial non-coronary vessel (List separately in addition to code for primary procedure)	\$96	(\$0)	-0.45%	\$1,390	(\$36)	-2.54%
37253		Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention; including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	\$78	\$1	0.84%	\$210	(\$11)	-5.09%
Angiograms								
75710	26	Angiography, extremity, unilateral, radiological supervision and interpretation	\$57	(\$0)	-0.70%	\$57	(\$0)	-0.70%
75710			NA	NA	NA	\$163	(\$2)	-1.38%
75716	26	Angiography, extremity, bilateral, radiological supervision and interpretation	\$65	(\$1)	-1.17%	\$65	(\$1)	-1.17%
75716			NA	NA	NA	\$188	(\$2)	-1.21%
75726	26	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	\$56	(\$1)	-1.35%	\$56	(\$1)	-1.35%
75726			NA	NA	NA	\$149	(\$3)	-1.74%
75731	26	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$58	(\$0)	-0.69%	\$58	(\$0)	-0.69%
75731			NA	NA	NA	\$171	(\$4)	-2.13%
75733	26	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	\$65	(\$0)	-0.08%	\$65	(\$0)	-0.08%
75733			NA	NA	NA	\$187	\$1	0.49%
75736	26	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	\$56	(\$0)	-0.71%	\$56	(\$0)	-0.71%
75736			NA	NA	NA	\$161	(\$2)	-1.40%
Bronchoscopy								
31631		Bronchoscopy; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	\$238	\$0	0.07%	NA	NA	NA
Biliary Stenting								
47556		Biliary endoscopy, percutaneous via T-Tube or other tract; with dilation of biliary duct stricture(s) with stent	\$430	(\$5)	-1.07%	NA	NA	NA
Radiological S&I (Biliary stenting)								
74363	26	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	\$43	(\$1)	-1.72%	\$43	(\$1)	-1.72%

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Proposed 2017 PFS rates compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Proposed In-Facility			2017 Proposed In-Office		
			Rate	Variance Proposed vs. 2016 Final	%	Rate	Variance Proposed vs. 2016 Final	%
			\$	\$	%	\$	\$	%
Transhepatic Shunts (TIPS)								
37182		Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein cath, portography with hemodynamic evaluation, intrahepatic tract formation/dilation, stent placement and all associated imaging and guidance and documentation)	\$859	(\$9)	-1.03%	NA	NA	NA
37183		Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS)(includes venous access, hepatic and portal vein cath, portography with hemodynamic evaluation, intrahepatic tract recanalization / dilation, stent placement and all associated imaging and guidance and documentation)	\$392	(\$18)	-4.36%	\$5,810	(\$226)	-3.74%
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	\$463	(\$9)	-1.97%	\$4,767	(\$108)	-2.21%
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	\$502	(\$15)	-2.92%	\$7,453	(\$376)	-4.81%
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	\$592	(\$18)	-2.90%	\$9,660	(\$283)	-2.84%
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	\$697	(\$18)	-2.49%	\$6,734	(\$194)	-2.80%
Drainage								
47531		Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	\$73	(\$26)	-26.32%	\$313	(\$66)	-17.54%
47532		Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	\$221	(\$3)	-1.52%	\$803	(\$31)	-3.77%

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates

Proposed 2017 PFS rates compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Proposed In-Facility Rate	Variance 2017 Proposed vs. 2016 Final		2017 Proposed In-Office Rate	Variance 2017 Proposed vs. 2016 Final	
			\$	\$	%	\$	\$	%
47533		Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	\$287	(\$31)	-9.65%	\$1,246	(\$115)	-8.46%
47534		Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	\$412	(\$10)	-2.29%	\$1,500	(\$178)	-10.61%
47535		Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	\$218	(\$25)	-10.10%	\$1,030	(\$96)	-8.50%
47536		Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	\$138	(\$15)	-9.89%	\$690	(\$140)	-16.88%
47537		Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	\$102	(\$2)	-1.81%	\$367	(\$43)	-10.54%
47538		Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access	\$255	(\$87)	-25.51%	\$4,324	(\$260)	-5.68%
47539		Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter	\$485	\$23	4.87%	\$4,814	(\$195)	-3.90%

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates

Proposed 2017 PFS rates compared to Final 2016								
CPT®	Modifier	Abbreviated (Partial) Description	2017 Proposed In-Facility Rate	Variance 2017 Proposed vs. 2016 Final		2017 Proposed In-Office Rate	Variance 2017 Proposed vs. 2016 Final	
			\$	\$	%	\$	\$	%
47540		Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	\$501	(\$51)	-9.22%	\$4,933	(\$275)	-5.29%
47541		Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	\$294	(\$0)	-0.08%	\$1,121	(\$81)	-6.75%
47542		Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	\$156	\$17	12.28%	\$479	(\$48)	-9.05%
47543		Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	\$169	(\$6)	-3.56%	\$583	(\$766)	-56.77%
47544		Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	\$179	(\$45)	-20.23%	\$1,102	\$270	32.55%

Table 3: Physician Fee Schedule (PFS) CY2017 Proposed Rule Payment Rates

Proposed 2017 PFS rates compared to Final 2016

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			Rate	Variance 2017 Proposed vs. 2016 Final		Rate	Variance 2017 Proposed vs. 2016 Final	
				\$	\$		%	\$
Rhythm Management								
Device Implant Procedures								
33206		Insertion of heart pacemaker and atrial electrode	\$467	(\$12)	-2.47%	NA	NA	NA
33207		Insertion of heart pacemaker and ventricular electrode	\$498	(\$13)	-2.60%	NA	NA	NA
33208		Insertion of heart pacemaker with transvenous electrode	\$539	(\$14)	-2.54%	NA	NA	NA
33212		Insertion of pulse generator only with existing single lead	\$332	(\$15)	-4.21%	NA	NA	NA
33213		Insertion of pulse generator only with existing dual lead	\$347	(\$14)	-3.95%	NA	NA	NA
33221		Insertion of pulse generator only with existing multiple leads	\$373	(\$14)	-3.50%	NA	NA	NA
33214		Upgrade of pacemaker system	\$494	(\$14)	-2.69%	NA	NA	NA
33215		Reposition pacing-defib lead	\$322	\$0	0.03%	NA	NA	NA
33216		Insert lead pace-defib, one	\$383	(\$14)	-3.51%	NA	NA	NA
33217		Insert lead pace-defib, dual	\$376	(\$14)	-3.48%	NA	NA	NA
33218		Repair of single lead, pacer or ICD	\$403	(\$13)	-3.09%	NA	NA	NA
33220		Repair of 2 leads, pacer or ICD	\$403	(\$13)	-3.17%	NA	NA	NA
33222		Revise/relocate pocket, pacemaker	\$348	(\$14)	-3.84%	NA	NA	NA
33223		Revise pocket, defib	\$422	(\$14)	-3.12%	NA	NA	NA
33225		L ventric pacing lead (add-on)	\$489	\$2	0.43%	NA	NA	NA
33227		Removal and replacement of pacemaker gen, single lead	\$349	(\$15)	-4.11%	NA	NA	NA
33228		Removal and replacement of pacemaker gen, dual lead	\$366	(\$14)	-3.57%	NA	NA	NA
33229		Removal and replacement of pacemaker gen, multiple lead	\$387	(\$12)	-3.12%	NA	NA	NA
33230		Insert ICD pulse generator with existing dual leads	\$396	(\$16)	-3.82%	NA	NA	NA
33231		Insert ICD pulse generator with existing multiple leads	\$417	(\$11)	-2.67%	NA	NA	NA
33233		Removal of pacemaker system gen only	\$236	(\$15)	-5.92%	NA	NA	NA
33234		Removal of pacemaker system lead, single	\$502	(\$13)	-2.51%	NA	NA	NA
33235		Removal pacemaker electrode, dual lead	\$660	(\$12)	-1.79%	NA	NA	NA
33240		Insertion of implantable defibrillator pulse generator only; with existing single lead	\$379	(\$14)	-3.55%	NA	NA	NA
33241		Remove pulse generator only	\$222	(\$15)	-6.28%	NA	NA	NA
33262		Removal and replacement of defib gen, single lead	\$386	(\$13)	-3.30%	NA	NA	NA
33263		Removal and replacement of defib gen, dual lead	\$402	(\$14)	-3.27%	NA	NA	NA
33264		Removal and replacement of defib gen, multiple lead	\$419	(\$14)	-3.14%	NA	NA	NA
33244		Remove eltrd, transven	\$890	(\$12)	-1.31%	NA	NA	NA
33249		Eltrd/insert pace-defib	\$950	(\$13)	-1.31%	NA	NA	NA
33270		Insertion or replacement of permanent S-ICD system, with subcutaneous electrode, including DFT, when performed	\$610	(\$3)	-0.55%	NA	NA	NA
33271		Insertion of S-ICD electrode	\$511	(\$6)	-1.19%	NA	NA	NA
33272		Removal of S-ICD electrode	\$361	(\$4)	-1.06%	NA	NA	NA
33273		Repositioning of previously implanted S-ICD electrode	\$422	\$4	0.86%	NA	NA	NA

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			Rate	Variance 2017 Proposed vs. 2016 Final		Rate	Variance 2017 Proposed vs. 2016 Final	
				\$	\$		%	\$
Watchman™ Left Atrial Appendage Closure (LAAC) Procedure								
TBD		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	\$763	NA	NA	NA	NA	NA
Device Evaluation								
93641	26	Electrophysiology evaluation -ICD system	\$324	(\$14)	-4.10%	\$324	(\$14)	-4.10%
93260		S-ICD Programming device evaluation (in person)	NA	NA	NA	\$66	(\$2)	-2.72%
93260	TC		NA	NA	NA	\$21	(\$1)	-4.92%
93260	26		\$45	(\$1)	-1.66%	\$45	(\$1)	-1.66%
93261		S-ICD Interrogation device evaluation (in person)	NA	NA	NA	\$60	(\$1)	-1.25%
93261	TC		NA	NA	NA	\$21	(\$1)	-4.92%
93261	26		\$39	\$0	0.84%	\$39	\$0	0.84%
93288		PM Interrogation in person all lead configurations	NA	NA	NA	\$38	\$0	0.88%
93288	TC		NA	NA	NA	\$16	(\$0)	-0.08%
93288	26		\$22	\$0	1.58%	\$22	\$0	1.58%
93279		PM Programming eval 1 lead	NA	NA	NA	\$50	\$0	0.63%
93279	TC		NA	NA	NA	\$18	(\$0)	-0.08%
93279	26		\$33	\$0	1.02%	\$33	\$0	1.02%
93280		PM Programming eval 2 lead	NA	NA	NA	\$59	\$0	0.53%
93280	TC		NA	NA	NA	\$20	(\$0)	-0.08%
93280	26		\$39	\$0	0.84%	\$39	\$0	0.84%
93281		PM Programming eval 3 lead	NA	NA	NA	\$69	\$1	0.96%
93281	TC		NA	NA	NA	\$23	(\$0)	-0.08%
93281	26		\$46	\$1	1.49%	\$46	\$1	1.49%
93289		ICD interrogation in person all lead configurations	NA	NA	NA	\$67	\$1	1.00%
93289	TC		NA	NA	NA	\$20	(\$0)	-0.08%
93289	26		\$47	\$1	1.47%	\$47	\$1	1.47%
93282		ICD Programming eval 1 lead	NA	NA	NA	\$64	\$1	1.61%
93282	TC		NA	NA	NA	\$21	\$0	1.67%
93282	26		\$44	\$1	1.58%	\$44	\$1	1.58%
93283		ICD Programming eval 2 lead	NA	NA	NA	\$83	\$0	0.35%
93283	TC		NA	NA	NA	\$24	(\$0)	-0.08%
93283	26		\$59	\$0	0.53%	\$59	\$0	0.53%
93284		ICD Programming eval 3 lead	NA	NA	NA	\$91	(\$0)	-0.08%
93284	TC		NA	NA	NA	\$27	(\$0)	-0.08%
93284	26		\$64	(\$0)	-0.08%	\$64	(\$0)	-0.08%

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				Variance Proposed vs. 2016 Final			Variance Proposed vs. 2016 Final	
			\$	\$	%	\$	\$	%
93291		ILR Innterrogation in person	NA	NA	NA	\$37	\$0	0.90%
93291	TC		NA	NA	NA	\$15	(\$0)	-0.08%
93291	26		\$22	\$0	1.56%	\$22	\$0	1.56%
93285		ILR Programming eval	NA	NA	NA	\$43	(\$0)	-0.08%
93285	TC		NA	NA	NA	\$16	(\$0)	-0.08%
93285	26		\$26	(\$0)	-0.08%	\$26	(\$0)	-0.08%
93290		ICM Interrogation in person	NA	NA	NA	\$31	(\$0)	-0.08%
93290	TC		NA	NA	NA	\$10	(\$0)	-0.08%
93290	26		\$22	(\$0)	-0.08%	\$22	(\$0)	-0.08%
93292		Wearable defib Interrogation in person	NA	NA	NA	\$33	(\$0)	-0.08%
93292	TC		NA	NA	NA	\$11	(\$0)	-0.08%
93292	26		\$22	(\$0)	-0.08%	\$22	(\$0)	-0.08%
93286		PM Peri-px eval and programming	NA	NA	NA	\$28	(\$0)	-0.08%
93286	TC		NA	NA	NA	\$12	(\$0)	-0.08%
93286	26		\$15	(\$0)	-0.08%	\$15	(\$0)	-0.08%
93287		ICD Peri-px eval and programming	NA	NA	NA	\$37	\$0	0.90%
93287	TC		NA	NA	NA	\$13	(\$0)	-0.08%
93287	26		\$24	\$0	1.46%	\$24	\$0	1.46%
93293		TTM rhythm strip pacemaker eval	NA	NA	NA	\$54	\$0	0.58%
93293	TC		NA	NA	NA	\$38	(\$0)	-0.08%
93293	26		\$16	\$0	2.19%	\$16	\$0	2.19%
93228		Wearable defib mobile telemetry w/phy r&l w/report	\$27	\$0	1.27%	\$27	\$0	1.27%
93294		PM Remote Interrogation 90 days all lead config	\$34	(\$0)	-0.08%	\$34	(\$0)	-0.08%
93295		ICD Remote interrogation 90 days all lead config	\$69	\$1	0.96%	\$69	\$1	0.96%
93296		PE- Remote data aquisition PM or ICD	NA	NA	NA	\$26	(\$0)	-0.08%
93297		ICM Remote interrogation eval 30 days	\$27	\$0	1.25%	\$27	\$0	1.25%
93298		ILR Remote interrogation eval 30 days	\$28	\$1	2.58%	\$28	\$1	2.58%
93299		ICM and ILR Remote interr 30 days, tech	\$0	\$0	NA	Contractor Priced		
Electrophysiology Procedures								
93462		L hrt cath trnsptl puncture	\$217	(\$0)	-0.08%	\$217	(\$0)	-0.08%
93609	26	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (add on)	\$288	\$2	0.54%	\$288	\$2	0.54%
93613		Intracardiac electrophysiologic 3-dimensional mapping (add on)	\$413	\$0	0.09%	NA	NA	NA
93619	26	Comprehensive electrophysiologic 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	\$406	(\$12)	-2.82%	\$406	(\$12)	-2.82%

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			\$	\$	%	\$	\$	%
93620	26	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	\$653	(\$11)	-1.59%	\$653	(\$11)	-1.59%
93621	26	with left atrial pacing and recording from coronary sinus or left atrium (add on)	\$122	\$1	0.81%	\$122	\$1	0.81%
93622	26	with left ventricular pacing and recording (add on)	\$180	\$3	1.54%	\$180	\$3	1.54%
93623	26	Programmed stimulation and pacing after intravenous drug infusion (add on)	\$165	\$1	0.35%	\$165	\$1	0.35%
93644		EP Evaluation of S-ICD	NA	NA	NA	\$221	(\$61)	-21.76%
93650		Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	\$614	(\$12)	-1.97%	NA	NA	NA
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, HIS recording, 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.	\$869	(\$13)	-1.42%	NA	NA	NA
93654		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	\$1,164	(\$10)	-0.87%	NA	NA	NA
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 (add on)	\$443	\$2	0.49%	NA	NA	NA

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			\$	\$	%	\$	\$	%
93656		Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, HIS bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation	\$1,168	(\$7)	-0.57%	NA	NA	NA
93657		Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (add on)	\$443	\$2	0.49%	NA	NA	NA
93662	26	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (add on)	\$146	\$1	0.91%	\$146	\$1	0.91%

BSC currently has no FDA-approved ablation catheters for the treatment of atrial fibrillation

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