

CY2016 Medicare Final Rules Issued for Hospital Outpatient, Ambulatory Surgical Center and Physician Fee Schedule

Interventional Cardiology, Peripheral Interventions, & Rhythm Management

The Centers for Medicare and Medicaid Services (CMS) issued two final rules on October 30, 2015 for Calendar Year (CY) 2016. The first is the Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Centers (ASC) and the second is the Physician Fee Schedule (PFS). Both rules address Medicare policies and payments effective on January 1, 2016.

Hospital Outpatient: Total OPPS payments decrease by 0.3%

Physician Fee Schedule: Final overall physician conversion factor down 0.3%

Ambulatory Surgical Center (ASC): Overall payment rates increase by 0.3%

At the end of this document are tables that list detailed national average changes for select Interventional Cardiology (IC), Peripheral Intervention (PI), and Rhythm Management (RM is reflective of Cardiac Rhythm Management and Electrophysiology) related procedures. Table 1: Hospital Outpatient CY2016 Final Payment Rates; Table 2: ASC CY2016 Final Payment Rates; and Table 3: Physician CY2016 Final Fee Schedule.

Hospital Outpatient Prospective Payment System

CMS estimates that total OPPS payments will decrease by \$133 million (-0.3%), holding case-mix and volume constant. The slight decrease is the net of a positive 2.4% increase in the inflation adjustment less congressionally required changes to encourage productivity growth (-0.5%), savings to fund health reform (-0.2%), other adjustments required by law (-2.0%) and other policy changes in the Final Rule.

Hospital outpatient payments are subject to quality adjustments under the Outpatient Quality Reporting (OQR) program. Hospitals failing to meet the hospital outpatient quality reporting program will be subject to a 2.0% reduction in their annual payment update (APU). Some cardiovascular-related quality measures were finalized previously, thus measures initiated in CY2014 will impact CY2016 payment. New quality measures will be added each year which put more hospital payments at risk.

Comprehensive APCs -- Implemented in CY2015, C-APCs are a single all-inclusive payment for a primary service and all supporting adjunct services. Medicare currently uses C-APCs to pay for procedures involving pacemakers, ICDs, electrophysiology procedures, coronary and peripheral interventions and is finalizing their proposal to create nine additional non-cardiovascular C-APCs.

CMS has also broadened their list of "Add-On" codes that are deemed eligible for consideration as part of the C-APC Complexity Adjustment evaluation process including IVUS and several coronary percutaneous coronary interventional additional branch codes. Complexity criteria exists for multiple procedure combinations performed on the same date of service to allow for mapping to a higher paying APC within the clinical family of procedures.

C-Codes and Device Edits -- CMS finalized their proposal that, beginning in CY2016, only procedures that require the implantation of a device that are assigned to a device-intensive APC will require a device code on the claim. Cardiovascular APCs requiring the reporting of C-codes include the following:

- 5192-5193 Level 2 and 3 Endovascular Procedures
- 5222-5224 Level 2, 3 and 4 Pacemaker and Similar Procedures
- 5231-5232 Level 1 and 2 ICD and Similar Procedures

OPPS Payments Adjustments for Discontinued Procedures -- CMS instructs hospitals regarding the use of modifiers (-73 discontinued outpatient hospital/ASC procedure prior to the administration of anesthesia, -74 discontinued outpatient hospital/ASC procedure after the administration of anesthesia, and -52 reduced services) when hospitals have to discontinue a procedure and still need to be paid for the services rendered. CMS finalized reducing the APC payment by the device cost offset amount for those device intensive procedures discontinued prior to the induction of anesthesia plus 50% of the remaining payment amount. However when anesthesia (including local) is used (i.e. -74), CMS will continue to reimburse at 100% of the APC.

Hospital Outpatient Quality Reporting (OQR) Program -- The Hospital OQR Program is a pay for quality data reporting program implemented for outpatient hospital services. Under the program, hospitals must meet administrative, data collection and submission, valuation, and publication requirements or they receive up to a two percentage point reduction in their annual payment update (APU). CMS previously finalized measure set for Hospital OQR Program impacting CY2016 and subsequent years which includes: OP-3 Median time to Transfer to Another Facility for Acute Coronary Intervention (NQF #0290), among other measures. CMS finalizes one new measure for CY2018: OP-33 External Beam Radiotherapy (EBRT) for Bone Metastases (NQF #1822).

Short Inpatient Hospital Stay (Two-Midnight Rule) -- CMS adopted the Two-Midnight Rule for hospital inpatient admissions beginning on October 1, 2013, with the intent to provide greater clarity to hospital and physician stakeholders for when an inpatient admission is reasonable and eligible for payment. While the two-midnight benchmark continues to be the standard, CMS is adopting the following:

- *For stays for which the physician expects the patient to need less than two midnights of hospital care, an inpatient admission may be payable on a case-by-case basis based on the judgment of the admitting physician. The documentation in the medical record must support that an inpatient admission is necessary, and is subject to medical review. (Note: exceptions for procedures on the inpatient-only list or otherwise listed as a national exception)*

On October 1, 2015, CMS began using Beneficiary and Family Centered Care (BFCC) Quality Improvement Organizations (QIOs), rather than Medicare Administrative Contractors (MACs) or Recovery Auditor Contractors (RACs), to conduct the initial medical reviews of providers who submit claims for short stay inpatient admissions. Beginning in 2016, BFCC-QIOs will begin reviewing inpatient cases under the revised Two Midnight Rule. BFCC-QIO reviews of short inpatient hospital claims focus on educating doctors and hospitals about inpatient admission policy and will refer providers to the RACs when they feel it is appropriate based patterns of practices (i.e. high rates of claims denial after medical review or failure to improve after QIO assistance has been rendered).

Transitional Pass-Through (TPT) Payment -- CMS is modifying the process for reviewing applications for transitional pass through payment, allowing for more transparency and public comment. The new process will give the public visibility, for the first time, to applications for pass-through payment and better align with the inpatient New Technology Add-on Payment (NTAP) process.

Effective April 1, 2015, CMS established a new device TPT category for drug-coated balloons (DCBs), which applies to LUTONIX DCB. The TPT results in incremental payment to hospitals for outpatient services when a DCB is furnished. In addition to the DCB category, one other cardiovascular TPT category was approved for wireless pulmonary artery pressure sensors (CardioMEMS). For CY2016, CMS will continue TPT payment for these technologies.

Highlights for interventional cardiology, peripheral interventions and rhythm management are as follows:

Interventional Cardiology

- Complex Percutaneous Coronary Interventions (PCIs) APC 5193 (DES CTO PCI, DES AMI PCI, Stent with Atherectomy; formerly APC 319) payment to decrease 1.58% to \$14,612
 - Complexity adjustments, including second main coronary vessel, or additional branch vessel, when in combination with DES or DES bypass graft will group to higher paying APC 0319
(See Table 1 for a list of interventional cardiology code combinations qualifying for complexity adjustments)
- Percutaneous Coronary Interventions (PCIs) APC 5192 (Non-complex stents, BMS CTO, BMS, AMI, atherectomy without stents; formerly APC 229) to decrease 0.89% to \$9,542

Peripheral Interventions

- CMS restructured the vascular family APCs, many PI procedures will report to newly created APCs 5191-5193. See Table 1 for additional details.
- Venous and Arterial Mechanical Thrombectomy payments increase 17.83% to \$3,795
- AV Fistula Thrombectomy payments increase 1.17% to \$4,592
- Iliac PTA, Femoral/Popliteal PTA, and Hemodialysis Access Management (HAM) PTA payments increase by 1.17% to \$4,592
- Embolization payments decrease 0.89% to \$9,542
- Tibial/Peroneal PTA, Iliac Stenting, Femoral/Popliteal Stenting, and Femoral/Popliteal Atherectomy payments decrease 0.89% to \$9,542
- Tibial/Peroneal Stenting, Tibial/Peroneal Atherectomy, and Combined PTA/Stent/Atherectomy payments decrease by 1.58% to \$14,612

Rhythm Management

- Payment rates for ICD system implants decrease by 1.07% and ICD replacement procedures decrease by 4.31%
- Single and dual chamber pacemaker system implants decrease by 2.31% and single and dual pacemaker replacements increase by 2.32% and decrease by 2.31% respectively
- Payment rates for ablation procedures performed in conjunction with a comprehensive EP study, which includes most ablation procedures, increase by 8.35%
- WATCHMAN™ Left Atrial Appendage Closure procedure (0281T) is restricted to the inpatient hospital site of service; therefore, there is no payment assigned when performed in the outpatient hospital setting

See Table 1 at the end of this document for details on select interventional cardiology, peripheral interventions, and rhythm management related procedures.

Ambulatory Surgical Center

For CY2016, CMS will increase payment rates by 0.3%. After considering all policy changes to ASCs, this would mean increased payments of \$128 million for ASCs in CY2016 versus CY2015 payments.

Peripheral Interventions

- Peripheral procedures performed in the ASC will increase by 1.90%
- All lower extremity bundled PTA, stent and atherectomy procedures are allowed in the ASC; however, less than 1.0% of PI procedures are performed within the ASC

Rhythm Management

- CRT-D/ICD/S-ICD system implants in the ASC decrease by 2.04%
- Dual chamber pacemaker system implant payment rates as well as replacements decrease by 2.41%

See Table 2 at the end of this document for details on peripheral interventions, and rhythm management related procedures.

Physician Fee Schedule (PFS)

Until this year, annual updates to physician fees followed the Sustainable Growth Rate (SGR) methodology. The SGR methodology threatened annual cuts of 15-30% each year in physician payment rates since the early 2000s, requiring Congress to pass a “doc fix” each year to avoid politically unsustainable cuts in physician reimbursement.

Earlier this year Congress repealed the SGR method and replaced it with a fixed annual update with a transition to a pay for value method. In the final rule, CMS continues to implement these changes to the physician payment methodology. Changes include a 0.5% annual raise through 2019 for Medicare participating providers, then moving to an incentive-based payment system designed to encourage participation in alternative payment models (APM). Merit-Based Incentive Payment System (MIPS) will begin impacting physician payments in CY2019.

Misvalued Services -- CMS and other policy analysts believe that there are a number of services for which reimbursement rates may be incorrect relative to the approximate cost of delivering the services. These are commonly referred to as misvalued services. CMS has finalized 103 codes as being potentially misvalued and in need of review based on high expenditure by specialty screen. By reducing payments for misvalued services, CMS aims to reduce payments by 1.0% in 2016 and by 0.5% in 2017 and 2018. Cardiovascular procedure codes identified by CMS as being potentially misvalued include: arterial catheter placement, multiple device monitoring codes, and the code for 3-D mapping. CMS reiterated the presence of a code on the misvalued code list is intended to be prioritized for review and does not necessarily mean a specific code is misvalued.

As a result of peripheral IVUS code review, codes 37250 and 37251 will be deleted in CY2016 and replaced by CPT® 37252 (non-coronary IVUS 1st vessel) and CPT 37253 (non-coronary IVUS 2nd vessel) respectively, which allows physicians to receive differential reimbursement for non-coronary IVUS performed in the office setting.

Physician Value-Based Modifier -- CMS continues to apply the value-based payment modifier for physicians in CY2016. The program translates quality and cost performance into payment incentives for those who provide high quality, efficient care, while those who underperform may be subject to a downward adjustment. CMS proposes a +/- 4% adjustment for practices with 10 or more providers and +/- 2% for practices of 9 providers or less impacting CY2018 payments, based on CY2016 reporting. The value-based modified adjustment will end in 2018, to be replaced by the Merit-based Incentive Payment System (MIPS).

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Physician Quality Reporting System (PQRS) -- CMS continues implementing PQRS, proposing new measures that if finalized, would result in 300 measures in the PQRS measure set for CY2016. If an individual eligible provider or group practice does not satisfactorily report these quality measures, a 2% negative payment adjustment would apply in 2018, based on 2016 reporting. In CY2018, physician groups of greater than 10 eligible professionals will be at a risk of a 6.0% payment reduction.

CMS finalized adding three new measure groups for reporting in the PQRS beginning in 2016 including one for Cardiovascular Prevention Measures Group (Million Hearts® Initiative). The added statin therapy measure was developed to report the percentage of beneficiaries who were prescribed or were already on statin medication therapy during the measurement year and who fall into any of the following three categories: 1. High-risk adult patients aged greater than or equal to 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); 2. Adult patients aged greater than or equal to 21 years with any fasting or direct Low Density Lipoprotein Cholesterol (LDL-C) level that is greater than or equal to 190 mg/dL; or 3. Patients aged 40 to 75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70 to 189 mg/dL who were prescribed or were already on statin medication therapy during the measurement year.

Medicare Shared Savings Program -- “Statin Therapy for the Prevention and Treatment of Cardiovascular Disease” was also added in the “Preventive Health” domain of the Shared Savings Program quality measure set. This increases the total measures from 33 to 34 measures and aligns with PQRS.

Highlights for interventional cardiology, peripheral interventions and rhythm management are as follows:

Interventional Cardiology

Coronary Stenting

- PCI payment rates are stable
 - CTO and AMI PCIs to will remain at \$707
 - Atherectomy with stent payment rate to remain \$706
- Stent\PTCA payment rate remain the same at \$631
- Atherectomy without stent to stay at \$675
- Angioplasty payment rate to decrease by \$1 to \$569

Structural Heart-Valves

- TAVR range of codes stable to slightly decrease an average of 0.17% with a range of \$1,421 - \$2,015

Peripheral Interventions

Lower Extremity PAD Procedures

- Physician payments for procedures performed in the hospital are flat
- Physician payments for procedures performed in their office are down 0.79%

Imaging

- New CPT® 37252 (non-coronary IVUS 1st vessel; \$97 in-facility/\$1,422 in-office) and CPT 37253 (non-coronary IVUS 2nd vessel: \$77 in-facility/\$221 in-office) replace CPT Codes 37250 and 37251 effective January 1, 2016. The updated RVUs allow physicians to receive differential reimbursement for non-coronary IVUS performed in the office setting.

Rhythm Management

- Physician payments for defibrillator, pacemaker and ablation procedures remain flat

At the end of the document the following three tables list detailed changes for select Interventional Cardiology (IC), Peripheral Intervention (PI), and Rhythm Management (RM) related procedures:

Table 1: Hospital Outpatient CY2016 Final Payment Rates

Table 2: ASC CY2016 Final Payment Rates

Table 3: Physician CY2016 Final Fee Schedule

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Table 1: CY2016 Hospital Outpatient Final Payment Rates for Select Procedures

APC	Descriptor	CY2016 Final Rate	CY2015 Final Rate	Variance 2016 Final vs. 2015 Final	% YoY Change
Interventional Cardiology					
5188	Diagnostic Cardiac Catheterization (previously APC 80)	\$2,549	\$2,576	-\$27	-1.04%
* 5191	Level 1 Endovascular Procedures (previously APC 83) PTCA (92920)	\$4,592	\$4,539	\$53	1.17%
* 5192	Level 2 Endovascular Procedures (previously APC 229) 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 + PTCA (92920 + 92920)	\$9,542	\$9,628	-\$86	-0.89%
* 5193	Level 3 Endovascular Procedures (previously APC 319) DES CTO PCI (C9607), DES AMI PCI (C9606), DES w/Atherectomy (C9602), BMS w/Atherectomy (92933) Complexity Adjustments: DES + DES (C9600 + C9600), DES + DES add branch (C9600 + C9601), DES + Coronary Angio / Atherectomy (C9600 + 92924), DES Bypass Graft + DES (C9604 + C9600), DES Bypass Graft + DES Bypass Graft (C9604 + C9604), DES Bypass Graft + DES Bypass Graft add branch (C9604 + C9605), BMS Stent + DES Stent add branch (92928 + C9601), DES + Vasc Stent (C9600 + 37236), DES + Iliac Stent (C9600 + 37221), DES + Insert Pacemaker (C9600 + 33208), DES + Insert Electrode (C9600 + 33210), DES + Implant Ht record (C9600 + 33282), DES + Bypass Graft Revasc (C9600 + 92937)	\$14,612	\$14,846	-\$234	-1.58%
BSC currently has no stents FDA-approved for CTOs					
Peripheral Interventions					
5183	Level 3 Vascular Procedures (previously APC 88) Arterial Mechanical Thrombectomy (37184), Venous Mechanical Thrombectomy (37187)	\$3,795	\$3,221	\$574	17.83%
* 5191	Level 1 Endovascular Procedures (previously APC 83) Iliac PTA (37220), FemPop PTA (37224), AV Fistula Thrombectomy (36870)	\$4,592	\$4,539	\$53	1.17%
* 5192	Level 2 Endovascular Procedures (previously APC 229) TibPer PTA (37228), Iliac Stent (37221), FemPop Atherectomy (37225), FemPop Stent (37226), Vasc Embolization (37241-37244) Complexity Adjustments: AV Fistula Thrombectomy + AV Fistula Thrombectomy (36870 + 36870), Arterial PTA + Arterial PTA (35471 + 35471)	\$9,542	\$9,628	-\$86	-0.89%

Table 1: CY2016 Hospital Outpatient Final Payment Rates for Select Procedures

APC	Descriptor	CY2016 Final Rate	CY2015 Final Rate	Variance 2016 Final vs. 2015 Final	% YoY Change
* 5193	Level 3 Endovascular Procedures (previously APC 319)	\$14,612	\$14,846	-\$234	-1.58%
	FemPop Stent & Atherectomy (37227), TibPer Atherectomy (37229), TibPer Stent (37230), TibPer Stent & Atherectomy (37231)				
	Complexity Adjustments: Iliac Stent + Vasc Stent (37221 + 37236), FemPop Atherectomy + Iliac Stent (37225 + 37221), FemPop Atherectomy + Vasc Stent (37225 + 37236), FemPop Stent + Iliac Stent (37226 + 37221), FemPop Stent + FemPop Atherectomy (37226 + 37225), FemPop Stent + FemPop Stent (37226 + 37226), FemPop Stent + Vasc Stent (37226 + 37236), FemPop Stent + DES (37226 + C9600), Vasc embo venous + Vasc stent (37241 + 37238), Vasc embo artery + Iliac stent (37242 + 37221), FemPop Atherectomy + FemPop Atherectomy (37225 + 37225),				
5352	Level 2 Percutaneous Abdominal/Biliary Procedures and Related Procedures (previously APC 423) Biliary Stent (47556)	\$4,118	\$4,096	\$22	0.54%
2616	Brachytx, non-str, Yttrium-90	\$16,022	\$15,583	\$439	2.82%
Rhythm Management					
5188	Diagnostic Cardiac Catheterization (previously APC 80)	\$2,549	\$2,576	-\$27	-1.04%
* 5211	Level 1 EP Procedures (previously APC 84)	\$845	\$873	-\$28	-3.20%
	Right ventricular recording (93603)				
	Induction of arrhythmia (93618)				
	DFT testing not at implant (93642)				
* 5212	Level 2 EP Procedures (previously APC 85)	\$4,698	\$4,635	\$63	1.36%
	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 (previously APC 86)	\$15,561	\$14,362	\$1,199	8.35%
	SVT ablation with EP study (93653)				
	VT ablation with EP study (93654)				
	A Fib ablation with EP study (93656)				
Boston Scientific does not have an ablation catheter FDA approved for treatment of atrial fibrillation					

Table 1: CY2016 Hospital Outpatient Final Payment Rates for Select Procedures

APC	Descriptor	CY2016 Final Rate	CY2015 Final Rate	Variance 2016 Final vs. 2015 Final	% YoY Change
5221	Level 1 Pacemaker and Similar Procedures (previously APC 0105)	\$2,490	\$2,347	\$143	6.08%
	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)					
* 5222	Level 2 Pacemaker and Similar Procedures (previously APC 90)	\$6,697	\$6,545	\$152	2.32%
	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)				
* 5223	Level 3 Pacemaker and Similar Procedures (Previously APC 89)	\$9,273	\$9,493	-\$220	-2.31%
	Insertion of single and dual chamber pacemaker (33206,33207, 33208)				
	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)				
* 5224	Level 4 Pacemaker and Similar Procedures (previously APC 655)	\$16,914	\$16,407	\$507	3.09%
	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)				

Table 1: CY2016 Hospital Outpatient Final Payment Rates for Select Procedures

APC	Descriptor	CY2016 Final Rate	CY2015 Final Rate	Variance 2016 Final vs. 2015 Final	% YoY Change
* 5231	Level 1 ICD and Similar Procedures (ICD/S-ICD PG only) (previously APC 107)	\$21,930	\$22,917	-\$987	-4.31%
	Insertion of single and dual lead defibrillator pulse generator only (33240,33230)				
	Single or dual lead ICD change out (33262, 33263)				
* 5232	Level 2 ICD and Similar Procedures (previously APC 108)	\$30,490	\$30,818	-\$328	-1.07%
	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

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Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2016 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2016 Final Payment	CY2015 Final Payment	Variance 2016 Final vs. 2015 Final	
		\$	\$	\$	%
Peripheral Interventions					
Hemodialysis PTA					
35476	Transluminal balloon angioplasty, percutaneous; venous	\$1,244	\$1,242	\$3	0.21%
35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	\$1,315	\$1,317	(\$2)	-0.14%
Thrombectomy					
36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	\$2,288	\$2,220	\$68	3.06%
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$2,122	\$1,765	\$357	20.25%
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$2,122	\$1,765	\$357	20.25%
Trach Branch Stent					
31631	Bronchoscopy (rigid or flexible); with tracheal dilation and placement of tracheal stent	\$1,715	\$1,236	\$478	38.69%
Biliary Stenting					
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$2,303	\$2,244	\$58	2.61%
49421	Insert abdom drain, perm	\$1,461	\$1,254	\$207	16.51%
49423	Exchange drainage catheter	\$675	\$706	(\$31)	-4.39%

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2016 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2016 Final Payment	CY2015 Final Payment	Variance 2016 Final vs. 2015 Final	
		\$	\$	\$	%
Rhythm Management					
33207	Pacemaker - single chamber system, ventricular lead	\$7,664	\$7,853	(\$189)	-2.41%
33208	Pacemaker - dual chamber system implant	\$7,664	\$7,853	(\$189)	-2.41%
33240	Insertion of ICD / S-ICD pulse generator only with existing lead	\$19,581	\$20,292	(\$711)	-3.50%
33249	ICD system implant	\$26,658	\$27,212	(\$554)	-2.04%
33270	S-ICD system implant	\$26,658	\$27,212	(\$554)	-2.04%
33249 + 33225	CRT-D System implant (33249 & 33225 when performed on the same day)	\$27,204	\$27,212	(\$8)	-0.03%
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	\$5,787	\$5,651	\$136	2.40%
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	\$7,664	\$7,853	(\$189)	-2.41%
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	\$12,616	\$12,518	\$97	0.78%
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	\$19,581	\$20,292	(\$711)	-3.50%
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	\$19,581	\$20,292	(\$711)	-3.50%
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	\$26,658	\$27,212	(\$554)	-2.04%

Table 3: Physician Fee Schedule (PFS) CY2016 Final Rule Payment Rates

Final 2016 PFS rates compared to Final 2015 (Final 2015 rates as of July 1, 2015)

CPT®	Modifier	Abbreviated (Partial) Description	2016 Final In-Facility Rate	Variance 2016 Final vs. 2015 Final		2016 Final In-Office Rate	Variance 2016 Final vs. 2015 Final	
			\$	\$	%	\$	\$	%
Interventional Cardiology								
Diagnostic Catheterization								
93451	26	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$149	(\$1)	-0.77%	\$149	(\$1)	-0.77%
93451			NA	NA	NA	\$794	(\$4)	-0.56%
93452	26	Left heart catheterization including intraprocedural injection(s) for left ventriculography; imaging supervision and interpretation, when performed	\$262	(\$3)	-0.97%	\$262	(\$3)	-0.97%
93452			NA	NA	NA	\$896	(\$6)	-0.65%
93453	26	Combined right heart cath and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	\$345	(\$2)	-0.60%	\$345	(\$2)	-0.60%
93453			NA	NA	NA	\$1,154	(\$7)	-0.63%
93454	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	\$265	(\$1)	-0.29%	\$265	(\$1)	-0.29%
93454			NA	NA	NA	\$909	(\$4)	-0.49%
93455	26	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	\$306	(\$2)	-0.53%	\$306	(\$2)	-0.53%
93455			NA	NA	NA	\$1,058	(\$5)	-0.46%
93456	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	\$340	(\$2)	-0.61%	\$340	(\$2)	-0.61%
93456			NA	NA	NA	\$1,139	(\$4)	-0.39%
93457	26	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 and right heart catheterization	\$381	(\$1)	-0.29%	\$381	(\$1)	-0.29%
93457			NA	NA	NA	\$1,288	(\$3)	-0.21%
93458	26	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	\$0	0.04%	\$324	\$0	0.04%
93458			NA	NA	NA	\$1,091	(\$4)	-0.33%
93459	26	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	\$0	0.00%	\$365	\$0	0.00%
93459			NA	NA	NA	\$1,205	(\$4)	-0.32%

Final 2016 PFS rates compared to Final 2015 (Final 2015 rates as of July 1, 2015)

CPT®	Modifier	Abbreviated (Partial) Description	2016 Final In-Facility Rate			2016 Final In-Office Rate		
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			\$	\$	%	\$	\$	%
93460	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	\$406	(\$1)	-0.29%	\$406	(\$1)	-0.29%
93460			NA	NA	NA	\$1,292	(\$6)	-0.43%
93461	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(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	\$448	(\$2)	-0.45%	\$448	(\$2)	-0.45%
93461			NA	NA	NA	\$1,478	(\$6)	-0.41%
93462		Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$217	\$1	0.37%	\$217	\$1	0.37%
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	(\$1)	-0.65%	\$101	(\$1)	-0.65%
93464	26	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	(\$0)	-0.29%	\$89	(\$0)	-0.29%
93464			NA	NA	NA	\$277	(\$2)	-0.55%
93531	26	Combined right heart catheterization and retrograde left heart cath, for congenital cardiac anomalies	\$446	(\$10)	-2.26%	\$446	(\$10)	-2.26%
93532	26	Combined right heart catheterization and transeptal left heart cath through intact septum with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$553	(\$11)	-1.95%	\$553	(\$11)	-2.01%
93533	26	Combined right heart catheterization and transeptal left heart cath through existing septal opening, with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$369	(\$9)	-2.38%	\$369	(\$9)	-2.38%
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)	-1.04%	\$48	(\$0)	-1.04%
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)	-0.29%	\$173	(\$1)	-0.50%

Final 2016 PFS rates compared to Final 2015 (Final 2015 rates as of July 1, 2015)

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			Rate	Variance vs. 2015 Final	%	Rate	Variance vs. 2015 Final	%
			\$	\$	%	\$	\$	%
93567		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for supra-avalvular aotography (List separately in addition to code for primary procedure)	\$54	(\$0)	-0.29%	\$143	(\$1)	-0.79%
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)	-0.29%	\$156	(\$1)	-0.52%
Angioplasty without Stent								
92920		Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	\$569	(\$1)	-0.11%	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	\$675	(\$0)	-0.03%	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	\$631	(\$0)	-0.01%	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
Stent with Atherectomy								
92933		Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	\$706	(\$0)	-0.04%	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	\$631	(\$0)	-0.07%	NA	NA	NA

Final 2016 PFS rates compared to Final 2015 (Final 2015 rates as of July 1, 2015)

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			Variance vs. 2015 Final	2016 Final Rate	2015 Final Rate	Variance vs. 2015 Final	2016 Final Rate	2015 Final Rate
			\$	\$	%	\$	\$	%
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	\$708	\$0	0.01%	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	\$707	\$0	0.06%	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
Thrombectomy								
92973		Percutaneous transluminal coronary thrombectomy mechanical	\$185	(\$1)	-0.29%	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	(\$2)	-2.41%	\$99	(\$2)	-2.41%
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	(\$2)	-2.06%	\$80	(\$2)	-2.06%
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; initial vessel (List separately in addition to code for primary procedure)	\$99	(\$2)	-2.41%	\$99	(\$2)	-2.41%

Final 2016 PFS rates compared to Final 2015 (Final 2015 rates as of July 1, 2015)

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			\$	\$	%	\$	\$	%
93572	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)	\$80	(\$2)	-2.06%	\$80	(\$2)	-2.06%
Valvuloplasty								
92986		Percutaneous balloon valvuloplasty; aortic valve	\$1,387	(\$1)	-0.06%	NA	NA	NA
92987		Percutaneous balloon valvuloplasty; mitral valve	\$1,430	(\$1)	-0.04%	NA	NA	NA
92990		Percutaneous balloon valvuloplasty; pulmonary valve	\$1,129	(\$4)	-0.33%	NA	NA	NA
Transcatheter Aortic Valve Replacement								
33361		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	\$1,421	(\$0)	-0.02%	NA	NA	NA
33362		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	\$1,553	\$0	0.01%	NA	NA	NA
33363		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	\$1,614	(\$18)	-1.08%	NA	NA	NA
33364		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	\$1,692	\$1	0.05%	NA	NA	NA
33365		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	\$1,862	\$1	0.03%	NA	NA	NA
33366		Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	\$2,015	(\$0)	-0.01%	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)	\$655	\$2	0.25%	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)	\$785	\$1	0.12%	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)	\$1,037	\$2	0.23%	NA	NA	NA

Final 2016 PFS rates compared to Final 2015 (Final 2015 rates as of July 1, 2015)

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			2016 Final In-Facility Rate	Variance vs. 2015 Final	2016 Final In-Office Rate	Variance vs. 2015 Final		
			\$	\$ %	\$	\$ %		
Peripheral Interventions								
Non-Coronary Angioplasty								
35475		Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	\$349	(\$2)	-0.70%	\$1,586	(\$10)	-0.63%
35476		Transluminal balloon angioplasty, percutaneous; venous	\$282	(\$2)	-0.80%	\$1,454	(\$5)	-0.37%
Radiological S&I (Non-Coronary Angioplasty)								
75962	26	Transluminal balloon angioplasty, peripheral artery other than cervical carotid, renal or other visceral artery, iliac or lower extremity, radiological S&I	\$27	\$1	3.80%	\$27	\$1	3.80%
75962			NA	NA	NA	\$142	\$2	1.24%
75964	26	Transluminal balloon angioplasty, each additional peripheral artery other than cervical carotid, renal or other visceral artery, iliac or lower extremity, S&I (List separately in addition to code for primary procedure)	\$18	\$1	3.78%	\$18	\$1	3.78%
75964			NA	NA	NA	\$89	\$2	2.59%
75966	26	Transluminal balloon angioplasty, renal/visceral artery, radiological S&I	\$66	\$0	0.25%	\$66	\$0	0.25%
75966			NA	NA	NA	\$173	(\$0)	-0.09%
75968	26	Transluminal balloon angioplasty, renal/visceral, each additional artery, S&I (List separately in addition to code for primary procedure)	\$18	\$0	1.70%	\$18	\$0	1.70%
75968			NA	NA	NA	\$88	(\$1)	-1.09%
75978	26	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological S&I	\$27	\$1	3.80%	\$27	\$1	3.80%
75978			NA	NA	NA	\$140	\$1	1.00%
Iliac Artery Revascularization								
37220		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$438	(\$2)	-0.38%	\$3,219	(\$12)	-0.36%
37221		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$538	(\$2)	-0.36%	\$4,744	(\$20)	-0.42%
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)	\$197	(\$1)	-0.29%	\$904	(\$2)	-0.25%
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)	\$226	(\$1)	-0.45%	\$2,638	(\$16)	-0.62%
Femoral/Popliteal Artery Revascularization								
37224		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$482	(\$3)	-0.59%	\$3,905	(\$15)	-0.39%
37225		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within same vessel, when performed	\$653	(\$1)	-0.18%	\$11,220	(\$56)	-0.50%
37226		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$566	(\$3)	-0.48%	\$9,224	(\$49)	-0.53%

Final 2016 PFS rates compared to Final 2015 (Final 2015 rates as of July 1, 2015)

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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	\$786	(\$1)	-0.11%	\$15,151	(\$76)	-0.50%
Tibial / Peroneal Artery Revascularization								
37228		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$589	(\$2)	-0.42%	\$5,548	(\$27)	-0.48%
37229		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$762	(\$2)	-0.25%	\$11,055	(\$70)	-0.63%
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	\$751	(\$3)	-0.34%	\$8,456	(\$50)	-0.59%
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	\$816	(\$3)	-0.34%	\$13,604	(\$62)	-0.46%
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)	\$214	(\$1)	-0.29%	\$1,236	(\$8)	-0.61%
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)	\$348	(\$0)	-0.09%	\$1,494	(\$11)	-0.75%
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)	\$300	(\$1)	-0.41%	\$3,950	(\$17)	-0.42%
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)	\$426	\$12	2.91%	\$4,159	(\$101)	-2.38%
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	\$477	(\$3)	-0.67%	\$4,190	(\$52)	-1.22%

Final 2016 PFS rates compared to Final 2015 (Final 2015 rates as of July 1, 2015)

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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)	\$225	(\$3)	-1.39%	\$2,505	(\$38)	-1.49%
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	\$330	(\$6)	-1.79%	\$4,271	\$66	1.56%
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)	\$157	(\$2)	-1.19%	\$2,067	(\$8)	-0.38%
Catheter Access								
36140		Introduction of needle or intracatheter; extremity artery	\$107	(\$0)	-0.29%	\$442	(\$5)	-1.18%
36147		Access av dial grft for eval	\$194	(\$1)	-0.66%	\$853	(\$1)	-0.17%
36148		Access av dial grft for proc	\$51	(\$1)	-0.99%	\$267	(\$1)	-0.43%
36160		Introduction of needle or intracatheter, aortic, translumbar	\$129	(\$1)	-1.12%	\$502	(\$5)	-0.93%
36200		Introduction of catheter, aorta	\$161	(\$1)	-0.74%	\$635	(\$4)	-0.69%
Catheter Placement								
36215		Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$245	(\$2)	-0.87%	\$1,146	(\$6)	-0.51%
36216		Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$290	\$3	0.95%	\$1,226	\$27	2.28%
36217		Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$346	\$5	1.39%	\$2,047	\$110	5.70%
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)	\$56	\$1	1.01%	\$196	\$8	4.07%
36245		Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$264	(\$1)	-0.56%	\$1,397	(\$3)	-0.22%
36246		Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$282	(\$2)	-0.55%	\$908	(\$5)	-0.57%
36247		Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$334	(\$1)	-0.40%	\$1,607	(\$7)	-0.43%

Final 2016 PFS rates compared to Final 2015 (Final 2015 rates as of July 1, 2015)

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			\$	\$	%	\$	\$	%
36248		Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	\$52	(\$0)	-0.29%	\$156	(\$0)	-0.29%
Carotid Artery Stenting								
37215		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	\$1,054	(\$93)	-8.08%	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.	\$250	(\$2)	-0.72%	\$2,681	(\$13)	-0.49%
37192		Repositioning of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$385	(\$8)	-2.12%	\$1,579	(\$140)	-8.13%
37193		Retrieval (removal) of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$383	(\$3)	-0.67%	\$1,631	(\$10)	-0.60%
Thrombectomy								
36870		Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	\$312	(\$3)	-0.98%	\$1,867	(\$8)	-0.41%
37184		Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$482	(\$4)	-0.81%	\$2,315	(\$13)	-0.56%
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	(\$1)	-0.29%	\$737	(\$0)	0.00%

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			\$	\$	%	\$	\$	%
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	(\$0)	-0.02%	\$1,406	(\$6)	-0.40%
37187		Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$427	(\$2)	-0.54%	\$2,098	(\$16)	-0.75%
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	\$307	(\$2)	-0.64%	\$1,811	\$8	0.42%
34101		Thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	\$637	(\$2)	-0.29%	NA	NA	NA
34111		Thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	\$636	(\$0)	-0.01%	NA	NA	NA
34201		Thrombectomy, with or without catheter; femoral\popliteal, aortoiliac artery, by leg incision	\$1,092	(\$5)	-0.49%	NA	NA	NA
34490		Thrombectomy, with or without catheter; axillary and subclavian vein, by arm incision	\$650	\$3	0.43%	NA	NA	NA
Thrombolysis								
37211		Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	\$419	(\$3)	-0.63%	NA	NA	NA
37212		Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$368	(\$1)	-0.29%	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	\$259	(\$2)	-0.71%	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	\$142	(\$2)	-1.29%	NA	NA	NA

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CPT®	Modifier	Abbreviated (Partial) Description	2016 Final In-Facility Rate			2016 Final In-Office Rate		
			\$	Variance vs. 2015 Final	%	\$	Variance vs. 2015 Final	%
Non-Coronary IVUS								
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) (Replaces 37250)	\$97	(\$16)	-14.16%	\$1,422	NA	NA
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) (Replaces 37251)	\$77	(\$8)	-9.41%	\$221	NA	NA
Angiograms								
75710	26	Angiography, extremity, unilateral, radiological supervision and interpretation	\$57	\$2	3.59%	\$57	\$2	3.59%
75710			NA	NA	NA	\$165	\$2	1.47%
75716	26	Angiography, extremity, bilateral, radiological supervision and interpretation	\$66	(\$1)	-0.84%	\$66	(\$1)	-0.84%
75716			NA	NA	NA	\$189	\$1	0.28%
75726	26	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	\$57	(\$1)	-2.15%	\$57	(\$1)	-2.15%
75726			NA	NA	NA	\$151	(\$1)	-0.77%
75731	26	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$58	\$1	0.94%	\$58	\$1	0.94%
75731			NA	NA	NA	\$174	\$2	0.95%
75733	26	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	\$64	(\$1)	-0.84%	\$64	(\$1)	-0.84%
75733			NA	NA	NA	\$186	\$1	0.48%
75736	26	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	\$56	(\$3)	-5.70%	\$56	(\$3)	-5.70%
75736			NA	NA	NA	\$162	(\$3)	-2.03%
Bronchoscopy								
31631		Bronchoscopy; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	\$238	(\$2)	-1.04%	NA	NA	NA
Biliary Stenting								
47556		Biliary endoscopy, percutaneous via T-Tube or other tract; with dilation of biliary duct stricture(s) with stent	\$435	(\$5)	-1.03%	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	\$44	(\$2)	-3.46%	\$44	(\$2)	-3.46%
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)	\$868	(\$9)	-1.07%	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)	\$410	(\$4)	-1.07%	\$6,018	(\$22)	-0.37%

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			\$	\$	%	\$	\$	%
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	\$473	\$7	1.40%	\$4,871	\$175	3.72%
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	\$517	(\$3)	-0.64%	\$7,806	(\$110)	-1.39%
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	\$609	(\$10)	-1.62%	\$9,912	(\$81)	-0.81%
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	\$714	(\$9)	-1.24%	\$6,907	(\$86)	-1.23%
Rhythm Management								
Device Implant Procedures								
33206		Insertion of heart pacemaker and atrial electrode	\$479	(\$1)	-0.29%	NA	NA	NA
33207		Insertion of heart pacemaker and ventricular electrode	\$511	(\$1)	-0.15%	NA	NA	NA
33208		Insertion of heart pacemaker with transvenous electrode	\$554	(\$0)	-0.04%	NA	NA	NA
33212		Insertion of pulse generator only with existing single lead	\$346	\$0	0.02%	NA	NA	NA
33213		Insertion of pulse generator only with existing dual lead	\$362	(\$0)	-0.10%	NA	NA	NA
33221		Insertion of pulse generator only with existing multiple leads	\$387	\$0	0.08%	NA	NA	NA
33214		Upgrade of pacemaker system	\$508	\$1	0.13%	NA	NA	NA
33215		Reposition pacing-defib lead	\$322	(\$1)	-0.18%	NA	NA	NA
33216		Insert lead pace-defib, one	\$397	(\$0)	-0.02%	NA	NA	NA
33217		Insert lead pace-defib, dual	\$390	(\$0)	-0.02%	NA	NA	NA
33218		Repair of single lead, pacer or ICD	\$416	(\$1)	-0.12%	NA	NA	NA
33220		Repair of 2 leads, pacer or ICD	\$417	(\$0)	-0.04%	NA	NA	NA
33222		Revise/relocate pocket, pacemaker	\$362	\$0	0.10%	NA	NA	NA
33223		Revise pocket, defib	\$436	(\$0)	-0.05%	NA	NA	NA
33225		L ventric pacing lead (add-on)	\$487	(\$0)	-0.07%	NA	NA	NA
33227		Removal and replacement of pacemaker gen, single lead	\$364	(\$0)	-0.10%	NA	NA	NA
33228		Removal and replacement of pacemaker gen, dual lead	\$380	(\$0)	-0.01%	NA	NA	NA
33229		Removal and replacement of pacemaker gen, multiple lead	\$400	\$2	0.43%	NA	NA	NA
33230		Insert ICD pulse generator with existing dual leads	\$412	\$2	0.58%	NA	NA	NA
33231		Insert ICD pulse generator with existing multiple leads	\$429	(\$3)	-0.71%	NA	NA	NA
33233		Removal of pacemaker system gen only	\$252	(\$1)	-0.29%	NA	NA	NA
33234		Removal of pacemaker system lead, single	\$516	(\$1)	-0.22%	NA	NA	NA
33235		Removal pacemaker electrode, dual lead	\$673	\$0	0.03%	NA	NA	NA
33240		Insertion of implantable defibrillator pulse generator only; with existing single lead	\$393	\$0	0.07%	NA	NA	NA
33241		Remove pulse generator only	\$236	(\$1)	-0.44%	NA	NA	NA

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			\$	Variance 2016 Final vs. 2015 Final		\$	Variance 2016 Final vs. 2015 Final	
				\$	%		\$	%
33262		Removal and replacement of defib gen, single lead	\$400	\$0	0.06%	NA	NA	NA
33263		Removal and replacement of defib gen, dual lead	\$416	(\$1)	-0.12%	NA	NA	NA
33264		Removal and replacement of defib gen, multiple lead	\$433	(\$0)	-0.05%	NA	NA	NA
33244		Remove eltrd, transven	\$904	(\$1)	-0.10%	NA	NA	NA
33249		Eltrd/insert pace-defib	\$963	(\$1)	-0.11%	NA	NA	NA
33270		Insertion or replacement of permanent S-ICD system, with subcutaneous electrode, including DFT, when performed	\$614	\$1	0.23%	NA	NA	NA
33271		Insertion of S-ICD electrode	\$517	\$2	0.33%	NA	NA	NA
33272		Removal of S-ICD electrode	\$365	(\$14)	-3.79%	NA	NA	NA
33273		Repositioning of previously implanted S-ICD electrode	\$418	\$1	0.22%	NA	NA	NA
Device Evaluation								
93641	26	Electrophysiology evaluation -ICD system	\$339	(\$7)	-2.06%	\$339	(\$7)	-2.06%
93260		S-ICD Programming device evaluation (in person)	NA	NA	NA	\$68	(\$0)	-0.29%
93260	TC		NA	NA	NA	\$22	(\$0)	-1.88%
93260	26		\$46	\$0	0.50%	\$46	\$0	0.50%
93261		S-ICD Interrogation device evaluation (in person)	NA	NA	NA	\$61	(\$1)	-1.45%
93261	TC		NA	NA	NA	\$22	(\$0)	-1.88%
93261	26		\$39	(\$0)	-1.20%	\$39	(\$0)	-1.20%
93288		PM Interrogation in person all lead configurations	NA	NA	NA	\$37	(\$1)	-2.18%
93288	TC		NA	NA	NA	\$16	(\$0)	-2.51%
93288	26		\$21	(\$0)	-1.93%	\$21	(\$0)	-1.93%
93279		PM Programming eval 1 lead	NA	NA	NA	\$50	(\$0)	-0.29%
93279	TC		NA	NA	NA	\$18	(\$0)	-0.29%
93279	26		\$33	(\$0)	-0.29%	\$33	(\$0)	-0.29%
93280		PM Programming eval 2 lead	NA	NA	NA	\$58	(\$1)	-1.50%
93280	TC		NA	NA	NA	\$20	(\$0)	-2.07%
93280	26		\$39	(\$0)	-1.21%	\$39	(\$0)	-1.21%
93281		PM Programming eval 3 lead	NA	NA	NA	\$69	(\$0)	-0.29%
93281	TC		NA	NA	NA	\$23	(\$0)	-0.29%
93281	26		\$46	(\$0)	-0.29%	\$46	(\$0)	-0.29%
93289		ICD interrogation in person all lead configurations	NA	NA	NA	\$66	(\$0)	-0.29%
93289	TC		NA	NA	NA	\$20	(\$0)	-0.29%
93289	26		\$46	(\$0)	-0.29%	\$46	(\$0)	-0.29%
93282		ICD Programming eval 1 lead	NA	NA	NA	\$63	(\$1)	-1.41%
93282	TC		NA	NA	NA	\$20	(\$0)	-2.01%
93282	26		\$43	(\$0)	-1.12%	\$43	(\$0)	-1.12%
93283		ICD Programming eval 2 lead	NA	NA	NA	\$82	(\$0)	-0.29%
93283	TC		NA	NA	NA	\$24	(\$0)	-0.29%
93283	26		\$58	(\$0)	-0.29%	\$58	(\$0)	-0.29%
93284		ICD Programming eval 3 lead	NA	NA	NA	\$91	\$0	0.10%
93284	TC		NA	NA	NA	\$27	(\$0)	-0.29%
93284	26		\$64	\$0	0.27%	\$64	\$0	0.27%
93291		ILR Ininterrogation in person	NA	NA	NA	\$37	\$0	0.69%
93291	TC		NA	NA	NA	\$15	(\$0)	-0.29%
93291	26		\$22	\$0	1.37%	\$22	\$0	1.37%

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			Variance 2016 Final vs. 2015 Final			Variance 2016 Final vs. 2015 Final		
			\$	\$	%	\$	\$	%
93285		ILR Programming eval	NA	NA	NA	\$43	(\$0)	-0.29%
93285	TC		NA	NA	NA	\$16	(\$0)	-0.29%
93285	26		\$27	(\$0)	-0.29%	\$27	(\$0)	-0.29%
93290		ICM Interrogation in person	NA	NA	NA	\$32	\$0	0.85%
93290	TC		NA	NA	NA	\$10	(\$0)	-0.29%
93290	26		\$22	\$0	1.37%	\$22	\$0	1.37%
93292		Wearable defib Interrogation in person	NA	NA	NA	\$33	(\$0)	-0.29%
93292	TC		NA	NA	NA	\$11	(\$0)	-0.29%
93292	26		\$21	(\$0)	-0.29%	\$21	(\$0)	-0.29%
93286		PM Peri-px eval and programming	NA	NA	NA	\$28	(\$0)	-0.29%
93286	TC		NA	NA	NA	\$12	(\$0)	-0.29%
93286	26		\$15	(\$0)	-0.29%	\$15	(\$0)	-0.29%
93287		ICD Peri-px eval and programming	NA	NA	NA	\$37	(\$0)	-0.29%
93287	TC		NA	NA	NA	\$13	(\$0)	-0.29%
93287	26		\$23	(\$0)	-0.29%	\$23	(\$0)	-0.29%
93293		TTM rhythm strip pacemaker eval	NA	NA	NA	\$54	(\$1)	-0.95%
93293	TC		NA	NA	NA	\$38	(\$0)	-1.23%
93293	26		\$16	(\$0)	-0.29%	\$16	(\$0)	-0.29%
93228		Wearable defib mobile telemetry w/phy r&l w/report	\$27	(\$0)	-0.29%	\$27	(\$0)	-0.29%
93294		PM Remote Interrogation 90 days all lead config	\$34	(\$0)	-0.29%	\$34	(\$0)	-0.29%
93295		ICD Remote interrogation 90 days all lead config	\$68	(\$1)	-0.82%	\$68	(\$1)	-0.82%
93296		PE- Remote data aquisition PM or ICD	NA	NA	NA	\$26	(\$0)	-0.29%
93297		ICM Remote interrogation eval 30 days	\$27	(\$0)	-0.29%	\$27	(\$0)	-0.29%
93298		ILR Remote interrogation eval 30 days	\$27	(\$0)	-0.29%	\$27	(\$0)	-0.29%
93299		ICM and ILR Remote interr 30 days, tech	\$0	\$0	NA	Contractor Priced		
Electrophysiology Procedures								
93462		L hrt cath trnsptl puncture	\$217	\$1	0.37%	\$217	\$1	0.37%
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)	\$287	(\$6)	-2.00%	\$287	(\$6)	-2.00%
93613		Intracardiac electrophysiologic 3-dimensional mapping (add on)	\$414	\$1	0.23%	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	\$418	(\$8)	-1.97%	\$418	(\$8)	-1.97%
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	\$664	(\$14)	-2.09%	\$664	(\$15)	-2.14%
93621	26	with left atrial pacing and recording from coronary sinus or left atrium (add on)	\$121	(\$3)	-2.03%	\$121	(\$3)	-2.03%
93622	26	with left ventricular pacing and recording (add on)	\$177	(\$3)	-1.88%	\$177	(\$3)	-1.88%
93623	26	Programmed stimulation and pacing after intravenous drug infusion (add on)	\$164	(\$4)	-2.42%	\$164	(\$4)	-2.42%
93644		EP Evaluation of S-ICD	NA	NA	NA	\$282	(\$22)	-7.35%

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			\$	\$	%	\$	\$	%
93650		Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	\$627	(\$0)	-0.07%	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.	\$883	(\$0)	-0.05%	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	\$1,176	\$0	0.04%	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)	\$441	\$0	0.03%	NA	NA	NA
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	\$1,176	(\$4)	-0.32%	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)	\$441	\$0	0.03%	NA	NA	NA
93662	26	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (add on)	\$145	(\$4)	-2.46%	\$145	(\$4)	-2.46%

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

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- National average final base payment amounts. Specific payment rates may change due to geographic wage differences.
- Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.