

CY2020 Medicare Proposed Rules Issued for Hospital Outpatient, Ambulatory Surgical Center and Physician Fee Schedule

Interventional Cardiology, Peripheral Interventions & Rhythm Management

On July 29, 2019, the Centers for Medicare and Medicaid Services (CMS) released the CY2020 proposed policies and payment rates for the Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Centers (ASC) and the CY2020 proposed policies and payment rates for the Physician Fee Schedule (PFS) and the Quality Payment Program (QPP). The PFS sets the actual Medicare payment amounts for individual services, and the QPP adjusts Medicare's payments to physicians based on his or her performance using selected performance measures.

The final policy and payment rates for all four payment models are expected around November 1, 2019, effective on January 1, 2020.

Hospital Outpatient: OPPS payments are proposed to increase by 2.7%

Ambulatory Surgical Center (ASC): Overall payment rates are proposed to increase by 2.7%

Physician Fee Schedule: Proposed physician conversion factor is proposed to increase by 0.14%

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: CY2020 Hospital Outpatient (OPPS) proposed payment tables.

Table 2: CY2020 Ambulatory Surgical Center (ASC) proposed payment rates.

Table 3: CY2020 Physician Fee Schedule (PFS) proposed payment rates.

Hospital Outpatient Prospective Payment System

Prior Authorization Process and Requirements for Certain Hospital Outpatient Department (HOPD) Services: CMS is proposing a prior authorization process as a method for controlling unnecessary increases in the volume of the following five categories of services: (1) blepharoplasty, (2) botulinum toxin injections, (3) panniculectomy, (4) rhinoplasty, and (5) vein ablation

Site Neutrality: In the CY2020 OPPS proposed rule, CMS did not make any new site neutral proposals but has demonstrated an increased desire to allow procedures to be done in multiple sites of service to increase patient choice. For example, CMS is proposing changes which would allow for certain interventional cardiovascular services to be performed in the ASC setting.

Transitional Pass-Through Payments:

For CY2020, CMS is evaluating seven applications for device pass-through payments and are seeking public comments in this CY2020 proposed rule on whether these applications meet the criteria for device pass-through payment status. For CY2020, CMS is proposing an alternative pathway to the substantial clinical improvement criterion for devices approved under the FDA Breakthrough Devices Program to qualify for device pass-through status beginning with applications received on or after January 1, 2020.

CMS describes one Boston Scientific device relative to the TPT program:

- Eluvia™ Drug-Eluting Vascular Stent System. CMS summarized the Eluvia TPT application for CY2020 and is seeking stakeholder comment during the 60-day OPPS comment period.

Price Transparency: CMS is seeking comments on whether providers should be required to inform patients about charge and payment information for healthcare services and out-of-pocket costs, what data elements would be most useful to promote price shopping, and what other changes are needed to empower healthcare consumers. CMS is furthering this objective by proposing to define “standard charges” as both the hospital’s gross charge and payer-specific negotiated charges. CMS proposes to require hospitals to publish at least 300 “shoppable” services (services that can be scheduled by a health care consumer in advance): 70 CMS-selected services and 230 hospital-selected services. *(one interventional cardiology code of interest: insertion of a catheter into the left heart for diagnosis)*

Quality Payment Programs: Hospitals and ASCs must meet quality reporting requirements under the Hospital Outpatient Quality Reporting (OQR) Program and Ambulatory Surgical Center Quality Reporting (ASCQR) Program or receive a 2.0% reduction in their annual payment update. CMS is proposing to continue to implement the statutory 2.0%-point reduction for hospitals failing to meet the hospital outpatient quality reporting requirements, by applying a reporting factor of 0.980 to the OPPS payments, and copayments for all applicable services. Certain measures from both programs, in accordance with its desire to use a smaller set of meaningful measures and reduce the paperwork and reporting burden on providers.

Comprehensive APCs (C-APCs): Implemented in CY2015, C-APCs provide a single all-inclusive payment for a primary service and all supporting adjunct services (similar to inpatient DRG payments). Medicare currently uses C-APCs to pay for pacemaker, ICD and similar procedures, electrophysiological (EP) procedures, and endovascular procedures (coronary and peripheral). This policy currently only impacts the Outpatient Hospital Setting and does not apply to Ambulatory Surgery Centers. For CY2020, CMS is proposing to create 2 new C-APCs, which relate to vascular procedures and Neurostimulator and related procedures. APC 5182 (Level 2 Vascular Procedures) and APC 55461 (Level 1 Neurostimulator and Related Procedures) are proposed to be converted to Comprehensive APCs on January 1st, 2019. If this proposal is finalized, there would be 67 C-APCs.

Interventional Cardiology

- Complex Percutaneous Coronary Intervention (CPCIs, including DES CTO PCI, DES w/Atherectomy, BMS w/Atherectomy) payment rates are proposed to increase by 4.53% to \$16,050
- Percutaneous Coronary Intervention (PCIs, including DES w/ PTCA, PTCA w/Atherectomy, BMS w/ PTCA, DES Bypass Graft, BMS Bypass Graft, BMS CTO PCI) payment rates are proposed to increase by 3.56% to \$10,013
- Plain Old Balloon Angioplasty (POBA) payment rates are proposed to increase by 6.80% to \$4,997
- CMS is proposing to continue the complexity adjustment for multi-vessel coding combinations assigned to APC 5194 with a payment rate of \$16,050
- CMS is proposing to continue the complexity adjustment from APC 5191 (\$2,899) to APC 5192 (\$4,997) when performing certain Diagnostic Cardiac Catheterization procedures in conjunction with IVUS or FFR

Peripheral Interventions

- FemPop PTA, Venous Thrombectomy, and Iliac PTA payment rates are proposed to increase by 6.80% to \$4,997
- FemPop Stent, FemPop Atherectomy, Embolization, AV Stent, Venous Stent, and Venous Thrombectomy + Venous PTA payment rates are proposed to increase by 3.56% to \$10,013
- Venous Stent + Venous Thrombectomy, Venous Stent + Venous Stent, FemPop Atherectomy + Stent, TibPer Stent, TibPer Atherectomy, and TibPer Stent + Atherectomy payment rates are proposed to increase by 4.53% to \$16,050
- CMS proposes to reassign Arterial Thrombectomy from APC 5192 to APC 5193, resulting in a proposed 114.03% payment increase from \$4,679 to \$10,013

Rhythm Management

- ICD system implant payment rates are proposed to increase by 6.63% to \$32,690 and ICD replacements payment rates are proposed to increase by 5.27% to \$23,155
- Pacemaker system implant payment rates are proposed to increase by 5.03 % to \$10,376 and pacemaker single chamber replacements payment rates are proposed to increase by 5.34% to \$7,799, dual chamber by 5.03% to \$10,376
- Payment rates for ablation procedures performed in conjunction with a comprehensive EP study are proposed to increase by 7.68% to \$20,690
- Payment rates for insertion of subcutaneous cardiac rhythm monitor (SCRM) are proposed to increase by 5.34% to \$7,799
- Payment rates for the leadless cardiac pacemaker implant are proposed to increase by 4.53% to \$16,050

Ambulatory Surgical Center (ASC)

For CY2020, CMS is proposing an increase in payment rates by 2.7% for ASCs that meet the quality reporting requirements under the Ambulatory Surgical Center Quality Reporting (ASCQR) Program. This would mean based on this proposed update, CMS estimates that total payments to ASCs (including beneficiary cost sharing and estimated changes in enrollment, utilization, and case-mix) for CY2020 would be approximately \$4.89 billion, an increase of approximately \$200 million compared to estimated CY2019 Medicare payments.

Interventional Cardiology

- CMS is proposing to add three coronary intervention procedures to the list of ASC Covered Surgical Procedures: Plain Old Balloon Angioplasty (POBA), Bare Metal Stent (BMS) and Drug Eluting Stent (DES) procedures involving major blood vessels
- CMS is soliciting public comments on whether complex PCI Procedures can be safely performed in an ASC setting, for consideration in future rule-making cycles
- CMS is proposing to continue including 12 diagnostic cardiac catheterization procedures, 3 injection procedures, and 2 FFR procedures on the list of ASC Covered Surgical Procedures

Peripheral Interventions

- Arterial Thrombectomy payment rates are proposed to increase by 114.92% to \$6,261
- Venous thrombectomy payment rates are proposed to increase by 11.88% to \$3,045
- FemPop PTA payment rates are proposed to increase by 8.26% to \$3,126. FemPop stent payment rates are proposed to increase 3.67% to \$6,452
- Venous stent payment rates are proposed to increase by 5.91% to \$6,221
- In the dialysis circuit, PTA payment rates are proposed to increase by 6.11% to \$2,126, PTA + Stent payment rates are proposed to increase by 5.31% to \$6,322, Thrombectomy, PTA + stent payment rates are proposed to increase by 4.71% to \$10,183

Rhythm Management

- Pacemaker implants payment rates on average are proposed to decrease by 2.28% to \$7,811
- ICD System implants payment rates are proposed to decrease by 0.23% to \$26,995
- SCD System implants payment rates are proposed to decrease by 1.06% to \$26,722
- Payment rates for insertion of subcutaneous cardiac rhythm monitor (SCRM) is proposed to increase by 6.42% to \$6,374

Physician Fee Schedule (PFS)

The CY2020 Physician Fee Schedule released policies focused on quality payment programs, physician-patient interaction, and access to virtual care. CMS indicates that these proposals would increase clinician productivity and reduce administrative costs.

Quality Payment Program (QPP): CMS is proposing another modification of the Quality Payment Program, changing the existing Merit-based Incentive Payment System (MIPS) to a new framework called “MIPS Value Pathways” (MVPs), beginning in the 2021 performance period. The idea is to reduce the number of measures clinicians are required to report on, furthering the Administration’s efforts to reduce paperwork burden on providers. Instead, clinicians will report on a smaller set of measures that are specialty-specific, outcome-based, and more closely aligned to Alternative Payment Models (APMs).

Malpractice RVUs: CMS is again proposing methodological refinements to the Malpractice Risk Factors used in the calculation of malpractice RVUs for all codes. As a result of this refinement, Cardiac Electrophysiology specialty 21 is proposed to have an “All” Risk Factor of 1.89 causing a reduction in Malpractice RVUs for procedures performed by Cardiac Electrophysiology. CMS is asking for comments on the proposed refinements, comments are due to CMS on September 27, 2019.

Interventional Cardiology

- Coronary Stenting
 - Chronic Total Occlusion (CTO) PCIs. payment rates are proposed to remain flat at \$694
 - Atherectomy without stent payment rates are proposed to remain flat at \$662
 - Atherectomy with stent payment rates are proposed to remain flat at \$693
 - PCI with stent placement payment rates are proposed to remain flat at \$617
 - Percutaneous Transluminal Coronary Angioplasty (PTCA) payment rates are proposed to remain flat at \$555
- Transcatheter Aortic Valve Replacement (TAVR)
 - Using three years of available Medicare claims data, the RUC determined that the technology for these transcatheter aortic valve replacement (TAVR) services was evolving.
 - o Typical site of service had shifted from being provided in academic centers to private centers
 - o RUC recommended that CPT codes 33361-33366 be resurveyed for physician work and practice expense
 - o CPT codes 33361-33366 are currently the only codes on the PFS where the -62 co-surgeon modifier is required 100 percent of the time
 - o Payment for the most commonly used and applicable CPT code (33361) for Lotus Edge is proposed to decrease 10.69%
 - Although CMS has concerns that the RUC-recommended work RVUs for these six codes do not match the decreases in surveyed work time, CMS recognizes that the technology described by the TAVR procedures is in the process of being adopted by a much wider audience, and that there will be greater intensity on the part of the practitioner when this particular new technology is first being adopted. CMS intends to continue examining whether these services are appropriately valued.
- WATCHMAN™ LAAC payment rates are proposed to decrease 4.7% to \$790

Peripheral Interventions

- For procedures performed in the Office-Based Lab:
 - o Fem/Pop Atherectomy payment rates are proposed to decrease by 7.45% to \$11,517
 - o Fem/Pop Stent payment rates are proposed to decrease by 5.20% to \$10,232
 - o Fem/Pop Atherectomy with stent payment rates are proposed to decrease by 7.63% to \$14,810
 - o Tib/Per Atherectomy payment rates are proposed to decrease by 7.12% to \$11,564
 - o Venous Stent payment rates are proposed to decrease by 12.27% to \$3,245
 - o IVUS payment rates are proposed to decrease by 8.31% to \$1,182
- Physician payment rates for PI procedures performed in the hospital are proposed to remain relatively flat, except for IVUS, which is proposed to decrease by 13.84% to \$82

Rhythm Management

- CMS is proposing a new HCPCS code GTTT1 to replace deleted CPT 93299
 - o The proposed new HCPCS code GTTT1 (remote interrogation technical component 30-days implantable cardiac physiologic monitor (ICPM), and subcutaneous cardiac rhythm monitor (SCRM)) describes the same services previously furnished by CPT 93299 (remote interrogation technical component 30-days for ICPM and SCRM). This is due to the AMA CPT Editorial Panel's decision to delete CPT 93299 for CY2020.
 - o GTTT1 is proposed to be priced by each local Medicare Carrier for CY2020.
- The following decreases in physician payment rates are largely due to proposed changes in how CMS calculates malpractice expense when setting rates.
 - o ICD/CRT-D system implant payment rates are proposed to decrease by 5.30% to \$910
 - o S-ICD system implant payment rates are proposed to decrease by 5.64% to \$560
 - o ICD/CRT-D generator replacements payment rates on average are proposed to decrease by 4.85%
 - o Dual chamber pacemaker system implant payment rates are proposed to decrease by 4.49% to \$521
 - o Dual chamber pacemaker replacement payment rates are proposed to decrease by 3.28% to \$370
 - o Ablation procedures performed in conjunction with a comprehensive EP study, which includes most ablation procedures, payment rates on average are proposed to decrease by 7.10%
 - o Payment rates for insertion of subcutaneous cardiac rhythm monitor (ICM) in office is proposed to decrease by 2.73% to \$5,264

COMMENTS / QUESTIONS

If you have questions or would like additional information, contact:

Rhythm Management (RM)	Interventional Cardiology (IC)	Peripheral Interventions (PI)
CRM.Reimbursement@bsci.com 1-800-CARDIAC and request ext. 24114 for Reimbursement Support	IC.Reimbursement@bsci.com 1-877-786-1050 and select option 2 for Reimbursement Support	PIReimbursement@bsci.com 1-800-CARDIAC and request ext. 24114 for Reimbursement Support

SOURCE INFORMATION

Read the full CY2020 Proposed OPPS Rule (CMS-1717-P) at the following link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1717-P.html>

Read the full CY2020 Proposed Physician Fee Schedule (CMS-1715-P) at the following Link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-P.html>

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It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

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Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements.

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Table 1: CY2020 Hospital Outpatient Proposed Payment Rates for Select Procedures

Proposed 2020 OPPS Rates Compared to Final 2019

APC	Status Indicator ¹	Descriptor	CY2020 Proposed Rate	CY2019 Final Rate	Variance 2020 Proposed vs. 2019 Final	% YoY Change
Interventional Cardiology						
5191	J1	Level 1 Endovascular Procedures Diagnostic Cardiac Catheterization	\$2,899	\$2,810	\$89	3.16%
5192	J1	Level 2 Endovascular Procedures POBA	\$4,997	\$4,679	\$318	6.80%
5193	J1	Level 3 Endovascular Procedures DES w/ PTCA (C9600), DES Bypass Graft (C9604), BMS w/ PTCA (92928), BMS Bypass Graft (92937), BMS CTO PCI (92943), PTCA/Atherectomy (92924)	\$10,013	\$9,669	\$344	3.56%
5194	J1	Level 4 Endovascular Procedures DES CTO PCI (C9607), DES w/Atherectomy (C9602), BMS w/Atherectomy (92933)	\$16,050	\$15,355	\$695	4.53%
BSC currently has no stents FDA-approved for CTOs						
Peripheral Interventions						
5192	J1	Level 2 Endovascular Procedures Iliac PTA (37220), FemPop PTA (37224), Dialysis Circuit PTA (36902), Dialysis Circuit Thrombectomy (36904), Venous Mechanical Thrombectomy (37187)	\$4,997	\$4,679	\$318	6.80%
5193	J1	Level 3 Endovascular Procedures TibPer PTA (37228), Iliac Stent (37221), FemPop Atherectomy (37225), FemPop Stent (37226), Vasc Embolization (37241-37244), Dialysis Circuit Thrombectomy + PTA (36905), Dialysis Circuit Stent + PTA (36903), Arterial Mechanical Thrombectomy (37184)	\$10,013	\$9,669	\$344	3.56%
5194	J1	Level 4 Endovascular Procedures FemPop Stent & Atherectomy (37227), TibPer Atherectomy (37229), TibPer Stent (37230), TibPer Stent & Atherectomy (37231), Dialysis Circuit Thrombectomy + Stent + PTA (36906) Complexity Adjustments: Iliac Stent + Vasc Stent (37221 + 37236), FemPop Ather + Iliac Stent (37225 + 37221), FemPop Ather + FemPop Stent (37225 + 37226), FemPop Ather + Vasc Stent (37225 + 37236), FemPop Stent + Iliac Stent (37226 + 37221), FemPop Stent + FemPop Stent (37226 + 37226), FemPop Stent + Vasc Stent (37226 + 37236), Venous Stent + Venous Stent (37238 + 37238), Venous Stent + Vasc Embolization (37238 + 37241), Vasc Embolization + Iliac Stent (37242 + 37221), Vasc Embolization + Vasc Embolization (37242 + 37243), Iliac Stent + Art Mech. Thromb (37221 + 37184), FemPop Ather + Art Mech. Thromb (37225 + 37184), FemPop Stent (37226 + 37184), Venous Stent + Venous Mech Thromb (37238 + 37187), Dialysis Circuit Stent+ DC Stent in central segment (36903+36908), DC Thrombectomy/lysis with PTA + DC stent in central segment (36905+36908)	\$16,050	\$15,355	\$695	4.53%

Table 1: CY2020 Hospital Outpatient Proposed Payment Rates for Select Procedures						
Proposed 2020 OPPS Rates Compared to Final 2019						
APC	Status Indicator ¹	Descriptor	CY2020 Proposed Rate	CY2019 Final Rate	Variance 2020 Proposed vs. 2019 Final	% YoY Change
Rhythm Management						
5071	Q2	Level 1 Excision/ Biopsy/ Incision and Drainage	\$617	\$579	\$38	6.50%
		Removal, subcutaneous cardiac rhythm monitor (33286)				
5191	J1	Diagnostic Cardiac Catheterization	\$2,899	\$2,810	\$89	3.16%
5183	T	Level 2 Endovascular procedures	\$2,808	\$2,642	\$167	6.30%
		(LCP Removal) Tcat rmvl perm Idls pm w/img CPT 33275				
5211	J1	Level 1 Electrophysiologic Procedures	\$1,016	\$919	\$97	10.57%
		Right ventricular recording (93603)				
		Induction of arrhythmia (93618)				
		DFT testing not at implant (93642)				
5212	J1	Level 2 Electrophysiologic Procedures	\$5,984	\$5,097	\$887	17.40%
		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	J1	Level 3 Electrophysiologic Procedures	\$20,690	\$19,214	\$1,476	7.68%
		SVT ablation with EP study (93653)				
		VT ablation with EP study (93654)				
		A Fib ablation with EP study (93656)				
5221	T	Level1 Pacemaker and Similar Procedures	\$3,338	\$3,131	\$208	6.64%
		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)				

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Proposed 2020 OPPS Rates Compared to Final 2019						
APC	Status Indicator ¹	Descriptor	CY2020 Proposed Rate	CY2019 Final Rate	Variance 2020 Proposed vs. 2019 Final	% YoY Change
5222	J1	Level 2 Pacemaker and Similar Procedures	\$7,799	\$7,404	\$395	5.34%
		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)				
5224	J1	Level 4 Pacemaker and Similar Procedures	\$18,494	\$17,679	\$815	4.61%
		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	J1	Level 1 ICD and Similar Procedures	\$23,155	\$21,996	\$1,158	5.27%
		Insertion of single and dual lead defibrillator pulse generator only (33240,33230)				
		Single or dual lead ICD change out (33262, 33263)				
5232	J1	Level 2 ICD and Similar Procedures	\$32,690	\$30,656	\$2,033	6.63%
		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)				

BSC currently has no FDA-approved Subcutaneous Cardiac Rhythm Monitor or Leadless Pacemaker ¹

Status Indicator (Source: CMS OPPS Addendum D1)

J1 - Hospital part B services paid through comprehensive APC

T - Procedure or service, multiple procedure reduction applies

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2020 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2020 Proposed Payment	CY2019 Final Payment	Variance 2020 Proposed vs. 2019 Final	
		\$	\$	\$	%
Peripheral Interventions					
Iliac Artery Revascularization					
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$2,126	\$2,003	\$122	6.11%
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$6,203	\$5,835	\$369	6.32%
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)	\$0	\$0	NA	NA
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)	\$0	\$0	NA	NA
Femoral/Popliteal Artery Revascularization					
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$3,126	\$2,888	\$238	8.26%
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within same vessel, when performed	\$6,705	\$6,411	\$294	4.59%
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$6,452	\$6,224	\$228	3.67%
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	\$10,973	\$10,355	\$617	5.96%

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2020 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2020 Proposed Payment	CY2019 Final Payment	Variance 2020 Proposed vs. 2019 Final	
		\$	\$	\$	%
Tibial / Peroneal Artery Revascularization					
37228	Revascularization, endovascular, open or percutaneous, tibea\peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$5,677	\$5,486	\$192	3.50%
37229	Revascularization, endovascular, open or percutaneous, tibea\peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$10,333	\$9,789	\$544	5.55%
37230	Revascularization, endovascular, open or percutaneous, tibea\peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$10,124	\$9,605	\$519	5.40%
37231	Revascularization, endovascular, open or percutaneous, tibea\peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$10,689	\$9,853	\$836	8.49%
37232	Revascularization, endovascular, open or percutaneous, tibea\peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code fore primary procedure)	\$0	\$0	NA	NA
37233	Revascularization, endovascular, open or percutaneous, tibea\peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code fore primary procedure)	\$0	\$0	NA	NA
37234	Revascularization, endovascular, open or percutaneous, tibea\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 fore primary procedure)	\$0	\$0	NA	NA
37235	Revascularization, endovascular, open or percutaneous, tibea\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 fore primary procedure)	\$0	\$0	NA	NA

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2020 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2020 Proposed Payment	CY2019 Final Payment	Variance 2020 Proposed vs. 2019 Final	
		\$	\$	\$	%
Vascular Stent					
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	\$5,941	\$5,742	\$199	3.47%
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)	\$0	\$0	NA	NA
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	\$6,221	\$5,874	\$347	5.91%
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)	\$0	\$0	NA	NA

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2020 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2020 Proposed Payment	CY2019 Final Payment	Variance 2020 Proposed vs. 2019 Final	
		\$	\$	\$	%
Dialysis Circuit					
36901	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	\$571	\$523	\$49	9.34%
36902	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	\$2,126	\$2,003	\$122	6.11%
36903	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	\$6,322	\$6,003	\$319	5.31%

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2020 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2020 Proposed Payment	CY2019 Final Payment	Variance 2020 Proposed vs. 2019 Final	
		\$	\$	\$	%
36904	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)	\$2,126	\$2,003	\$122	6.11%
36905	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	\$4,151	\$4,058	\$93	2.29%
36906	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	\$10,183	\$9,726	\$458	4.71%

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2020 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2020 Proposed Payment	CY2019 Final Payment	Variance 2020 Proposed vs. 2019 Final	
		\$	\$	\$	%
36907	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)	\$0	\$0	NA	NA
36908	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)	\$0	\$0	NA	NA
36909	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)	\$0	\$0	NA	NA
Thrombectomy					
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$6,261	\$2,913	\$3,348	114.92%
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$3,045	\$2,722	\$323	11.88%
Biliary Stenting					
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$3,411	\$3,049	\$362	11.87%
49421	Insert abdom drain, perm	\$1,375	\$1,343	\$32	2.36%
49423	Exchange drainage catheter	\$659	\$643	\$16	2.56%

Table 2: Ambulatory Surgical Center (ASC)					
ASC CY2020 Proposed Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2020 Proposed Payment	CY2019 Final Payment	Variance 2020 Proposed vs. 2019 Final	
		\$	\$	\$	%
Rhythm Management					
33206	Pacemaker - single chamber system, atrial lead	\$7,372	\$7,940	(\$568)	-7.15%
33207	Pacemaker - single chamber system, ventricular lead	\$7,731	\$7,921	(\$190)	-2.40%
33208	Pacemaker - dual chamber system implant	\$7,892	\$8,066	(\$173)	-2.15%
33240	Insertion of ICD / S-ICD pulse generator only with existing lead	\$20,268	\$19,902	\$365	1.84%
33249	ICD system implant	\$26,995	\$27,058	(\$63)	-0.23%
33270	S-ICD system implant	\$26,722	\$27,008	(\$286)	-1.06%
33249 + 33225	CRT-D System implant (33249 & 33225 when performed on the same day)	\$26,995	\$27,058	(\$63)	-0.23%
33227	Pacemaker - single chamber replacement	\$6,167	\$5,831	\$335	5.75%
33228	Pacemaker - dual chamber replacement	\$7,702	\$7,876	(\$173)	-2.20%
33229	Pacemaker - multiple lead replacement	\$11,938	\$12,785	(\$847)	-6.62%
33262	Defibrillator - single chamber replacement	\$19,791	\$19,281	\$510	2.64%
33263	Defibrillator - dual chamber replacement	\$20,093	\$19,565	\$528	2.70%
33264	Defibrillator - multiple lead replacement	\$27,035	\$27,121	(\$86)	-0.32%
33285	Insertion subq cardiac rhythm monitor	\$6,784	\$6,375	\$409	6.42%
33286	Removal subq cardiac rhythm monitor	\$306	\$298	\$8	2.67%
Interventional Cardiology - Diagnostic Cardiac Catheterization					
93451	Right heart cath	\$1,377	\$1,360	\$16.91	1.24%
93452	Left hrt cath w/ventriclgrphy	\$1,377	\$1,360	\$16.91	1.24%
93453	R&l hrt cath w/ventriclgrphy	\$1,377	\$1,360	\$16.91	1.24%
93454	Coronary artery angio s&i	\$1,377	\$1,360	\$16.91	1.24%
93455	Coronary art/grft angio s&i	\$1,377	\$1,360	\$16.91	1.24%
93456	R hrt coronary artery angio	\$1,377	\$1,360	\$16.91	1.24%
93457	R hrt art/grft angio	\$1,377	\$1,360	\$16.91	1.24%
93458	L hrt artery/ventricle angio	\$1,377	\$1,360	\$16.91	1.24%
93459	L hrt art/grft angio	\$1,377	\$1,360	\$16.91	1.24%
93460	R&l hrt art/ventricle angio	\$1,377	\$1,360	\$16.91	1.24%
93461	R&l hrt art/ventricle angio	\$1,377	\$1,360	\$16.91	1.24%
Interventional Cardiology - Percutaneous Coronary Interventions					
92920	Prq cardiac angioplast 1 art	\$2,126	#N/A	#N/A	#N/A
92921	Prq cardiac angio addl art	\$0	#N/A	#N/A	#N/A
92928	Prq card stent w/angio 1 vsl	\$6,081	#N/A	#N/A	#N/A
92929	Prq card stent w/angio addl	\$0	#N/A	#N/A	#N/A
C9600	Perc drug-el cor stent sing	\$6,203	#N/A	#N/A	#N/A
C9601	Perc drug-el cor stent bran	\$0	#N/A	#N/A	#N/A

Table 3: Physician Fee Schedule (PFS) CY2020 Proposed Rule Payment Rates

Proposed 2020 PFS Rates Compared to Final 2019

CPT®	Modifier	Abbreviated (Partial) Description	Proposed			Proposed		
			2020 In-Facility Rate	Variance Proposed 2020 vs. Final 2019		2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
Interventional Cardiology								
Diagnostic Catheterization								
93451	26	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$136	(\$1)	-0.39%	NA	NA	NA
93451			NA	NA	NA	\$858	\$60	7.51%
93452	26	Left heart catheterization including intraprocedural injection(s) for left ventriculography; imaging supervision and	\$246	(\$3)	-1.02%	NA	NA	NA
93452			NA	NA	NA	\$929	\$42	4.74%
93453	26	Combined right heart cath and left heart catheterization including intraprocedural injection(s) for left	\$329	(\$5)	-1.48%	NA	NA	NA
93453			NA	NA	NA	\$1,197	\$46	4.03%
93454	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$250	(\$3)	-1.15%	NA	NA	NA
93454			NA	NA	NA	\$931	\$36	4.01%
93455	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$291	(\$4)	-1.21%	NA	NA	NA
93455			NA	NA	NA	\$1,058	\$26	2.52%
93456	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$325	(\$4)	-1.07%	NA	NA	NA
93456			NA	NA	NA	\$1,179	\$45	3.93%
93457	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$366	(\$3)	-0.84%	NA	NA	NA
93457			NA	NA	NA	\$1,305	\$37	2.93%
93458	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$309	(\$3)	-1.02%	NA	NA	NA
93458			NA	NA	NA	\$1,091	\$27	2.58%
93459	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$349	(\$3)	-0.99%	NA	NA	NA
93459			NA	NA	NA	\$1,187	\$20	1.69%
93460	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$392	(\$3)	-0.77%	NA	NA	NA
93460			NA	NA	NA	\$1,315	\$39	3.08%
93461	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$432	(\$4)	-1.02%	NA	NA	NA
93461			NA	NA	NA	\$1,471	\$27	1.86%
93462		Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$206	(\$14)	-6.42%	\$206	(\$14)	-6.42%
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)	\$103	\$2	1.56%	\$103	\$2	1.56%
93464	26	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and	\$91	\$0	0.54%	NA	NA	NA
93464			NA	NA	NA	\$246	(\$7)	-2.85%
93531	26	Combined right heart catheterization and retrograde left heart cath, for congenital cardiac anomalies	\$441	(\$6)	-1.23%	\$441	(\$6)	-1.23%
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	\$551	(\$7)	-1.22%	\$551	(\$7)	-1.22%
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	\$368	(\$5)	-1.22%	\$368	(\$5)	-1.22%

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
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)	\$47	(\$0)	-0.62%	\$47	(\$0)	-0.62%
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)	-0.60%	\$150	(\$8)	-4.89%
93567		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for supravascular aortography (List separately in addition to code for primary procedure)	\$54	(\$1)	-1.17%	\$127	(\$6)	-4.72%
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	\$0	0.87%	\$139	(\$4)	-3.14%
Angioplasty without Stent								
92920		Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	\$555	(\$3)	-0.57%	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	\$662	(\$4)	-0.62%	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	(\$4)	-0.61%	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

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In-Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
Stent with Atherectomy								
92933		Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	\$693	(\$4)	-0.64%	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	\$618	(\$3)	-0.50%	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	\$694	(\$5)	-0.69%	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	\$694	(\$4)	-0.63%	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	\$186	(\$0)	-0.05%	NA	NA	NA
33361		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	\$1,271	(\$152)	-10.69%	NA	NA	NA
33362		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	\$1,384	(\$170)	-10.92%	NA	NA	NA
33363		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	\$1,436	(\$173)	-10.76%	NA	NA	NA

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
33364		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	\$1,435	(\$228)	-13.73%	NA	NA	NA
33365		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	\$1,515	(\$353)	-18.87%	NA	NA	NA
33366		Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	\$1,652	(\$367)	-18.18%	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)	\$660	\$1	0.14%	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)	\$778	(\$4)	-0.55%	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)	\$1,028	(\$5)	-0.52%	NA	NA	NA
Paravalvular Leak Repair								
93590		Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	\$1,128	\$4	0.33%	NA	NA	NA
93591		Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	\$936	\$10	1.08%	NA	NA	NA
93592		Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	\$412	\$2	0.40%	NA	NA	NA
Watchman™ Left Atrial Appendage Closure (LAAC) Procedure								
33340		Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	\$790	(\$39)	-4.69%	NA	NA	NA

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
Peripheral Interventions								
Non-Coronary Angioplasty								
37246		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	\$366	\$1	0.34%	\$2,098	(\$38)	-1.79%
37247		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)	\$181	\$2	0.95%	\$739	(\$75)	-9.17%
37248		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	\$313	(\$5)	-0.50%	\$1,544	\$7	2.50%
37249		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)	\$154	(\$3)	-0.30%	\$564	\$3	1.60%
Dialysis Circuit								
36901		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	\$176	\$1	0.35%	\$710	\$49	7.41%
36902		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	\$252	(\$0)	0.00%	\$1,331	\$30	2.30%

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
36903		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	\$333	\$0	0.03%	\$5,259	(\$226)	-4.12%
36904		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)	\$389	\$1	0.14%	\$1,970	\$56	2.91%
36905		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	\$466	\$0	0.06%	\$2,473	\$65	2.72%
36906		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	\$538	\$1	0.14%	\$6,532	(\$191)	-2.84%

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
36907		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)	\$154	\$0	0.14%	\$707	(\$29)	-3.93%
36908		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)	\$218	\$1	0.47%	\$2,145	(\$306)	-12.49%
36909		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)	\$211	\$1	0.31%	\$2,044	\$62	3.15%
Iliac Artery Revascularization								
37220		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$423	\$2	0.57%	\$2,952	(\$67)	-2.20%
37221		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$523	\$3	0.49%	\$3,995	(\$288)	-6.73%
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	0.69%	\$765	(\$51)	-6.27%
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	\$1	0.62%	\$1,957	(\$299)	-13.25%

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
Femoral/Popliteal Artery Revascularization								
37224		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$470	\$3	0.68%	\$3,509	(\$120)	-3.30%
37225		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within same vessel, when performed	\$635	\$1	0.08%	\$11,517	(\$927)	-7.45%
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	\$3	0.47%	\$10,232	(\$561)	-5.19%
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	\$763	\$0	0.05%	\$14,810	#####	-7.63%
Tibial / Peroneal Artery Revascularization								
37228		Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$572	\$3	0.46%	\$5,050	(\$210)	-3.99%
37229		Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$740	(\$1)	-0.15%	\$11,564	(\$887)	-7.12%

Proposed 2020 PFS Rates Compared to Final 2019

CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
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	\$735	(\$0)	-0.01%	\$10,395	(\$205)	-1.94%
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	\$796	(\$2)	-0.27%	\$14,378	(\$852)	-5.59%
37232		Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code fore primary procedure)	\$212	\$1	0.48%	\$1,046	(\$76)	-6.78%
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 fore primary procedure)	\$344	\$1	0.25%	\$1,285	(\$82)	-5.98%
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 fore primary procedure)	\$299	(\$1)	-0.34%	\$3,950	(\$5)	-0.12%
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 fore primary procedure)	\$423	\$2	0.57%	\$4,175	(\$116)	-2.70%

Proposed 2020 PFS Rates Compared to Final 2019								
CPT® Modifier		Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate			Proposed 2020 In-Office Rate		
				Variance 2020 vs. Final 2019			Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
Vascular Stent								
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	\$470	\$3	0.68%	\$3,445	(\$217)	-5.92%
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)	\$224	\$1	0.63%	\$1,913	(\$262)	-12.04%
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	\$321	\$3	1.05%	\$3,245	(\$454)	-12.27%
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)	\$161	\$1	0.82%	\$1,503	(\$262)	-14.83%

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In-Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
Catheter Access								
36140		Introduction of needle or intracatheter; extremity artery	\$94	(\$0)	-0.24%	\$490	\$31	6.83%
36160		Introduction of needle or intracatheter, aortic, translumbar	\$131	\$2	1.26%	\$561	\$35	6.58%
36200		Introduction of catheter, aorta	\$148	\$2	1.13%	\$607	\$22	3.7%
Catheter Placement								
36215		Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$221	(\$1)	-0.35%	\$1,103	\$44	4.13%
36216		Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$285	(\$0)	-0.11%	\$1,170	\$28	2.48%
36217		Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$343	\$0	0.14%	\$1,934	\$20	1.03%
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)	-1.19%	\$235	(\$14)	-5.53%
36245		Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$248	(\$0)	-0.01%	\$1,372	\$23	1.69%
36246		Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$266	\$0	0.00%	\$883	\$26	3.00%
36247		Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$317	\$0	0.03%	\$1,554	\$19	1.22%
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	0.85%	\$142	(\$6)	-4.25%
Carotid Artery Stenting								
37215		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	\$1,047	(\$5)	-0.51%	NA	NA	NA
37216		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	\$1,019	\$1,019	NA	NA	NA	NA

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
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	\$1	0.45%	\$2,447	(\$74)	-2.94%
37192		Repositioning of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$365	\$5	1.34%	\$1,380	\$29	2.17%
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	\$2	0.44%	\$1,623	\$35	2.21%
Thrombectomy								
37184		Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$457	(\$11)	-2.25%	\$2,013	(\$158)	-7.27%
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	\$173	(\$2)	-0.89%	\$610	(\$59)	-8.87%
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)	\$257	\$1	0.42%	\$1,352	\$2	0.14%
37187		Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$413	\$2	0.49%	\$1,980	(\$22)	-1.10%
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	\$293	\$4	1.39%	\$1,666	(\$18)	-1.06%

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
Thrombolysis								
37211		Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	\$407	\$3	0.77%	NA	NA	NA
37212		Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$355	\$2	0.45%	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	\$246	\$3	1.03%	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	\$130	\$1	0.70%	NA	NA	NA
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)	\$82	(\$13)	-13.84%	\$1,182	(\$107)	-8.31%
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)	\$62	(\$15)	-19.14%	\$180	(\$22)	-10.95%
Angiograms								
75710	26	Angiography, extremity, unilateral, radiological supervision and interpretation	\$88	(\$0)	-0.27%	\$88	(\$0)	-0.27%
75710			NA	NA	NA	\$166	(\$4)	-2.40%
75716	26	Angiography, extremity, bilateral, radiological supervision and interpretation	\$99	\$0	0.14%	\$99	\$0	0.14%
75716			NA	NA	NA	\$178	(\$3)	-1.85%
75726	26	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and	\$101	\$44	79.10%	\$101	\$44	79.10%
75726			NA	NA	NA	\$188	\$41	27.63%
75731	26	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$58	(\$0)	-0.47%	\$58	(\$0)	-0.47%
75731			NA	NA	NA	\$166	(\$5)	-2.82%
75733	26	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	\$65	(\$0)	-0.41%	\$65	(\$0)	-0.41%
75733			NA	NA	NA	\$179	(\$5)	-2.61%
75736	26	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	\$55	(\$1)	-1.79%	\$55	(\$1)	-1.79%
75736			NA	NA	NA	\$153	(\$5)	-3.29%

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
Bronchoscopy								
31631		Bronchoscopy; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	\$237	(\$0)	-0.01%	NA	NA	NA
Biliary Stenting								
47556		Biliary endoscopy, percutaneous via T-Tube or other tract; with dilation of biliary duct stricture(s) with stent	\$393	\$7	1.82%	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	\$0	0.96%	\$44	\$0	0.96%
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)	\$860	\$3	0.35%	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)	\$393	\$1	0.23%	\$6,334	\$195	3.17%
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	\$460	(\$3)	-0.72%	\$5,038	\$89	1.80%
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	\$3	0.50%	\$7,793	\$171	2.24%
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	\$590	\$2	0.26%	\$9,837	(\$24)	-0.24%
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	\$699	\$3	0.40%	\$7,221	\$169	2.40%

Proposed 2020 PFS Rates Compared to Final 2019								
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			\$	\$	%	\$	\$	%
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	\$74	\$0	0.14%	\$396	\$39	11.08%
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)	\$223	\$1	0.30%	\$870	\$33	3.89%
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	\$280	\$1	0.27%	\$1,289	\$19	1.48%
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	\$391	\$2	0.42%	\$1,467	(\$13)	-0.88%
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	\$206	(\$2)	-0.73%	\$1,015	(\$10)	-1.02%
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	(\$0)	-0.12%	\$713	\$7	1.06%
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	\$101	\$1	0.86%	\$462	\$47	11.28%
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	\$248	\$0	0.14%	\$4,381	(\$9)	-0.20%

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
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	\$447	(\$1)	-0.26%	\$4,833	(\$35)	-0.72%
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)	\$464	\$1	0.30%	\$4,931	(\$21)	-0.42%
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	\$349	\$2	0.56%	\$1,247	\$28	2.33%
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)	\$142	(\$0)	-0.11%	\$531	\$29	5.75%
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)	\$151	(\$0)	-0.10%	\$474	(\$8)	-1.73%
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)	\$165	(\$1)	-0.51%	\$1,018	(\$37)	-3.49%

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
Rhythm Management								
Device Implant Procedures								
33206		Insertion of heart pacemaker and atrial electrode	\$455	(\$18)	-3.90%	NA	NA	NA
33207		Insertion of heart pacemaker and ventricular electrode	\$483	(\$21)	-4.09%	NA	NA	NA
33208		Insertion of heart pacemaker, atrial and ventricular electrodes	\$521	(\$24)	-4.49%	NA	NA	NA
33212		Insertion of pulse generator only with existing single lead	\$331	(\$4)	-1.26%	NA	NA	NA
33213		Insertion of pulse generator only with existing dual lead	\$346	(\$5)	-1.50%	NA	NA	NA
33221		Insertion of pulse generator only with existing multiple leads	\$359	(\$18)	-4.66%	NA	NA	NA
33214		Upgrade of pacemaker system	\$480	(\$21)	-4.25%	NA	NA	NA
33215		Reposition pacing-defib lead	\$313	(\$13)	-3.86%	NA	NA	NA
33216		Insert lead pace-defib, one	\$372	(\$16)	-4.14%	NA	NA	NA
33217		Insert lead pace-defib, dual	\$371	(\$11)	-2.98%	NA	NA	NA
33218		Repair of single lead, pacer or ICD	\$390	(\$16)	-3.87%	NA	NA	NA
33220		Repair of 2 leads, pacer or ICD	\$394	(\$15)	-3.57%	NA	NA	NA
33222		Revise/relocate pocket, pacemaker	\$344	(\$10)	-2.72%	NA	NA	NA
33223		Revise pocket, defib	\$410	(\$18)	-4.16%	NA	NA	NA
33225		L ventric pacing lead (add-on)	\$461	(\$31)	-6.38%	NA	NA	NA
33227		Removal and replacement of pacemaker gen, single lead	\$342	(\$12)	-3.43%	NA	NA	NA
33228		Removal and replacement of pacemaker gen, dual lead	\$358	(\$12)	-3.28%	NA	NA	NA
33229		Removal and replacement of pacemaker gen, multiple lead	\$371	(\$21)	-5.30%	NA	NA	NA
33230		Insert ICD pulse generator with existing dual leads	\$387	(\$13)	-3.20%	NA	NA	NA
33231		Insert ICD pulse generator with existing multiple leads	\$403	(\$17)	-4.07%	NA	NA	NA
33233		Removal of pacemaker system gen only	\$231	(\$9)	-3.91%	NA	NA	NA
33234		Removal of pacemaker system lead, single	\$484	(\$24)	-4.76%	NA	NA	NA
33235		Removal pacemaker electrode, dual lead	\$637	(\$30)	-4.56%	NA	NA	NA
33240		Insertion of implantable defibrillator pulse generator only; with existing single lead	\$372	(\$10)	-2.69%	NA	NA	NA
33241		Remove pulse generator only	\$215	(\$10)	-4.35%	NA	NA	NA
33262		Removal and replacement of defib gen, single lead	\$372	(\$18)	-4.58%	NA	NA	NA
33263		Removal and replacement of defib gen, dual lead	\$387	(\$19)	-4.66%	NA	NA	NA
33264		Removal and replacement of defib gen, multiple lead	\$401	(\$23)	-5.31%	NA	NA	NA
33244		Remove eltrd, transven	\$862	(\$42)	-4.69%	NA	NA	NA
33249		Eltrd/insert pace-defib	\$910	(\$51)	-5.30%	NA	NA	NA
33270		Insertion or replacement of permanent S-ICD system, with subcutaneous electrode, including DFT, when performed	\$560	(\$33)	-5.64%	NA	NA	NA
33271		Insertion of S-ICD electrode	\$475	(\$3)	-0.54%	NA	NA	NA
33272		Removal of S-ICD electrode	\$348	(\$15)	-4.13%	NA	NA	NA
33273		Repositioning of previously implanted S-ICD electrode	\$418	(\$3)	-0.63%	NA	NA	NA
33285		Insertion, subcutaneous cardiac rhythm monitor	\$88	(\$5)	-5.27%	\$5,120	(\$144)	-2.73%
33286		Removal, subcutaneous cardiac rhythm monitor	\$87	(\$5)	-5.38%	\$132	(\$4)	-3.29%

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed	Variance Proposed		Proposed	Proposed 2020	
			2020 In-Facility Rate	2020	vs. Final 2019	2020 In-Office Rate	vs. Final 2019	2019
			\$	\$	%	\$	\$	%
Device Evaluation								
93641	26	Electrophysiology evaluation -ICD system	\$307	(\$21)	-6.46%	\$307	(\$21)	-6.46%
93260		S-ICD Programming device evaluation (in person)	NA	NA	NA	\$74	\$4	6.37%
93260	TC		NA	NA	NA	\$29	\$4	14.24%
93260	26		\$45	\$1	1.78%	\$45	\$1	1.78%
93261		S-ICD Interrogation device evaluation (in person)	NA	NA	NA	\$68	\$4	6.36%
93261	TC		NA	NA	NA	\$29	\$3	12.83%
93261	26		\$39	\$1	2.03%	\$39	\$1	2.03%
93288		PM Interrogation in person all lead configurations	NA	NA	NA	\$50	\$5	11.36%
93288	TC		NA	NA	NA	\$28	\$5	22.05%
93288	26		\$22	\$0	0.14%	\$22	\$0	0.14%
93279		PM Programming eval 1 lead	NA	NA	NA	\$62	\$5	9.77%
93279	TC		NA	NA	NA	\$29	\$5	23.61%
93279	26		\$33	\$0	0.14%	\$33	\$0	0.14%
93280		PM Programming eval 2 lead	NA	NA	NA	\$73	\$7	11.08%
93280	TC		NA	NA	NA	\$33	\$7	24.50%
93280	26		\$40	\$1	1.98%	\$40	\$1	1.98%
93281		PM Programming eval 3 lead	NA	NA	NA	\$78	\$7	10.31%
93281	TC		NA	NA	NA	\$34	\$7	25.51%
93281	26		\$44	\$0	0.96%	\$44	\$0	0.96%
93289		ICD interrogation in person all lead configurations	NA	NA	NA	\$67	\$6	9.57%
93289	TC		NA	NA	NA	\$29	\$5	23.61%
93289	26		\$39	\$0	1.08%	\$39	\$0	1.08%
93282		ICD Programming eval 1 lead	NA	NA	NA	\$75	\$7	9.63%
93282	TC		NA	NA	NA	\$31	\$6	24.81%
93282	26		\$44	\$0	0.97%	\$44	\$0	0.97%
93283		ICD Programming eval 2 lead	NA	NA	NA	\$93	\$7	7.68%
93283	TC		NA	NA	NA	\$34	\$7	24.17%
93283	26		\$59	\$0	0.14%	\$59	\$0	0.14%
93284		ICD Programming eval 3 lead	NA	NA	NA	\$101	\$7	7.87%
93284	TC		NA	NA	NA	\$36	\$7	25.18%
93284	26		\$65	\$0	0.14%	\$65	\$0	0.14%
93291		SCRM Ininterrogation in person	NA	NA	NA	\$44	\$5	14.18%
93291	TC		NA	NA	NA	\$25	\$5	25.63%
93291	26		\$19	\$0	2.07%	\$19	\$0	2.07%
93285		SCRM Programming eval	NA	NA	NA	\$55	\$5	11.10%
93285	TC		NA	NA	NA	\$28	\$5	24.37%
93285	26		\$27	\$0	0.14%	\$27	\$0	0.14%
93290		ICPM Interrogation in person	NA	NA	NA	\$48	\$5	11.92%
93290	TC		NA	NA	NA	\$26	\$5	24.74%
93290	26		\$22	\$0	0.14%	\$22	\$0	0.14%
93292		Wearable defib Interrogation in person	NA	NA	NA	\$45	\$4	10.68%
93292	TC		NA	NA	NA	\$23	\$4	22.81%
93292	26		\$22	\$0	0.14%	\$22	\$0	0.14%

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In- Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
93286		PM Peri-px eval and programming	NA	NA	NA	\$41	\$5	14.30%
93286	TC		NA	NA	NA	\$25	\$5	23.39%
93286	26		\$16	\$0	2.47%	\$16	\$0	2.47%
93287		ICD Peri-px eval and programming	NA	NA	NA	\$49	\$5	11.63%
93287	TC		NA	NA	NA	\$25	\$5	25.18%
93287	26		\$24	\$0	0.14%	\$24	\$0	0.14%
93293		TTM rhythm strip pacemaker eval	NA	NA	NA	\$52	(\$1)	-1.89%
93293	TC		NA	NA	NA	\$37	(\$1)	-2.72%
93293	26		\$16	\$0	0.14%	\$16	\$0	0.14%
93228		Wearable defib mobile telemetry w/phy r&l w/report	\$27	\$0	1.49%	\$27	\$0	1.49%
93294		PM Remote Interrogation 90 days all lead config	\$32	\$0	1.29%	\$32	\$0	1.29%
93295		ICD Remote interrogation 90 days all lead config	\$39	(\$6)	-13.37%	\$39	(\$6)	-13.37%
93296		PE- Remote data aquisition PM or ICD	NA	NA	NA	\$26	(\$0)	-1.25%
93297		ICPM Remote interrogation eval 30 days	\$27	\$0	1.48%	\$27	\$0	1.48%
93298		SCRM Remote interrogation eval 30 days	\$27	\$0	1.48%	\$27	\$0	1.48%
Proposed GTTT1 (CY19) 93299		ICPM and SCRN Remote interr 30 days, tech	NA	NA	NA	Contractor Priced		
Electrophysiology Procedures								
93462		L hrt cath trnsptl puncture	\$206	(\$14)	-6.42%	\$206	(\$14)	-6.42%
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)	\$269	(\$23)	-7.77%	\$269	(\$23)	-7.77%
93613		Intracardiac electrophysiologic 3-dimensional mapping (add on)	\$289	(\$22)	-7.05%	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	\$381	(\$28)	-6.91%	\$381	(\$28)	-6.91%
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	\$612	(\$46)	-7.04%	\$612	(\$46)	-7.04%
93621	26	with left atrial pacing and recording from coronary sinus or left atrium (add on)	\$114	(\$8)	-6.36%	\$114	(\$8)	-6.36%
93622	26	with left ventricular pacing and recording (add on)	\$167	(\$14)	-7.64%	\$167	(\$14)	-7.64%
93623	26	Programmed stimulation and pacing after intravenous drug infusion (add on)	\$154	(\$12)	-7.25%	\$154	(\$12)	-7.25%
93644		EP Evaluation of S-ICD	NA	NA	NA	\$203	(\$1)	-0.39%
93650		Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	\$576	(\$44)	-7.02%	NA	NA	NA

Proposed 2020 PFS Rates Compared to Final 2019								
CPT®	Modifier	Abbreviated (Partial) Description	Proposed 2020 In-Facility Rate	Variance Proposed 2020 vs. Final 2019		Proposed 2020 In-Office Rate	Proposed 2020 vs. Final 2019	
			\$	\$	%	\$	\$	%
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.	\$816	(\$62)	-7.05%	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	\$1,093	(\$82)	-6.99%	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)	\$415	(\$32)	-7.21%	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	\$1,093	(\$86)	-7.27%	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)	\$414	(\$32)	-7.14%	NA	NA	NA
93662	26	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (add on)	\$147	\$1	0.39%	\$147	\$1	0.39%
BSC currently has no FDA-approved ablation catheters for the treatment of atrial fibrillation								
WATCHMAN is a registered or unregistered trademark of Boston Scientific Corporation								
<p>CPT Copyright 2019 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.</p> <ul style="list-style-type: none"> • Please note: this coding information may include some codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. • 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. 								