

2017 Procedural Payment Guide

Hospital Inpatient, Hospital Outpatient, ASC and Physician Reimbursement Information

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

IMPORTANT—Please Note:

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

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

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

The Medicare reimbursement amounts shown are currently published national average payments. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, proportion of low-income patients, coverage, and/or payment rules. Please feel free to contact the Boston Scientific reimbursement department at 1-800-CARDIAC if you have any questions about the information in these materials. You can also find reimbursement updates on our website:

www.bostonscientific.com/reimbursement

Disclaimer

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

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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. 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.

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Physician Billing and Payment: Medicare and most other insurers typically reimburse physicians based on fee schedules tied to Current Procedural Terminology¹ (CPT®) codes. CPT codes are published by the AMA and used to report medical services and procedures performed by or under the direction of physicians. Physician payment for procedures performed in an outpatient or inpatient hospital or Ambulatory Surgical Center (ASC) setting is described as an in-facility fee payment (listed as In-Hospital in document) while payment for procedures performed in the physician office is described as an in-office payment. In-facility payments reflect modifier -26 as applicable.

Hospital Outpatient Billing and Payment: Medicare reimburses hospitals for outpatient stays (typically stays that do not span 2 midnights) under Ambulatory Payment Classification (APC) groups. Medicare assigns an APC to a procedure based on the billed CPT/HCPCS (Healthcare Common Procedural Coding System) code. (Note that private insurers may require other procedure codes for outpatient payment.) While it is possible that separate APC payments may be deemed appropriate where more than one procedure is done during the same outpatient visit, many APCs are subject to reduced payment when multiple procedures are performed on the same day. Comprehensive APCs (J1 status indicator) can impact total payment received for outpatient services.

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

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

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

Note: Effective October 1, 2016 coronary arteries are specified by the number of arteries (formerly sites) treated. (AHA Coding Clinic 4th Qtr 2016)

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

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Inpatient information effective through September 30, 2017 | **APC** and **ASC** information effective through December 31, 2017 | **Physician fee** information effective through December 31, 2017

**National Average Medicare physician payment rates calculated using the 2017 conversion factor of \$35.8887*

+ Signifies Add-on Code CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		Possible ICD-10-PCS Codes⁵	HOSPITAL INPATIENT⁶	
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁷	ASC Payment⁸	APC Category	APC Payment⁴		Possible MS-DRG Assignment	MS-DRG Payment⁶
Rhythm Management Device Implant Procedures										
						go to APC list		go to ICD-10-PCS list		
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	\$469	NA	7.14 13.08	\$7,587	APC 5223	\$9,410	02H63JZ 0JH604Z 0JH605Z	Permanent cardiac pacemaker implant MS-DRG 244 without CC/MCC MS-DRG 243 with CC MS-DRG 242 with MCC	\$12,759 \$15,708 \$22,070
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	\$501		7.80 13.95				02HK3JZ 02HK0JZ 0JH605Z 0JH604Z		
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	\$543		8.52 15.14				02H63JZ 02HK0JZ 02HK3JZ 0JH606Z		
33212	Insertion of pacemaker pulse generator only; with existing single lead	\$333		5.01 9.28	\$5,713	APC 5222	\$6,974	0JH604Z	Cardiac pacemaker replacement MS-DRG 259 without MCC MS-DRG 258 with MCC	\$11,871 \$18,101
33213	Insertion of pacemaker pulse generator only; with existing dual leads	\$348		5.28 9.71	\$7,681	APC 5223	\$9,410	0JH606Z		
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	\$375		5.55 10.46	\$12,999	APC 5224	\$16,760	0JH607Z		
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generation)	\$497		7.59 13.85	\$7,643	APC 5223	\$9,410	0JH636Z 0JPT0PZ 02H63JZ 02HK3KZ	Permanent cardiac pacemaker implant MS-DRG 244 without CC/MCC MS-DRG 243 with CC MS-DRG 242 with MCC	\$12,759 \$15,708 \$22,070
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	\$323		4.92 9.01	\$1,274	APC 5182	\$2,360	02WA3MZ		Cardiac pacemaker revision except device implant MS-DRG 262 without CC/MCC MS-DRG 261 with CC MS-DRG 260 with MCC

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁷	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	MS-DRG Payment ⁶
Rhythm Management Device Implant Procedures <i>continued</i>										
						go to APC list	go to ICD-10-PCS list			
33216	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator	\$385	NA	5.62 10.73	\$5,027	APC 5222	\$6,974	02H63JZ 02H63KZ 02H73JZ 02HK3JZ 02HL3JZ	Cardiac pacemaker revision except device implant MS-DRG 262 without CC/MCC \$9,552 MS-DRG 261 with CC \$11,680 MS-DRG 260 with MCC \$22,445	
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator	\$378		5.59 10.52				02HK3KZ 02H73KZ 02HL3KZ 02H63KZ	ICD lead procedures MS-DRG 265 \$19,151	
33218	Repair of single transvenous electrode, permanent pacemaker or pacing cardioverter-defibrillator	\$405		5.82 11.28	\$1,382	APC 5221	\$2,559	02WA3MZ 02WA0MZ	Cardiac pacemaker revision except device replacement MS-DRG 262 without CC/MCC \$9,552 MS-DRG 261 with CC \$11,680 MS-DRG 260 with MCC \$22,445	
33220	Repair of 2 transvenous electrodes for permanent pacemaker or pacing cardioverter-defibrillator	\$405		5.90 11.29	\$1,382	APC 5221	\$2,559	02WA0MZ 02WA3MZ	Cardiac pacemaker revision except device replacement MS-DRG 262 without CC/MCC \$9,552 MS-DRG 261 with CC \$11,680 MS-DRG 260 with MCC \$22,445	
33222	Relocation of skin pocket for pacemaker	\$350		4.85 9.74	\$771	APC 5054	\$1,427	0JWT0PZ		
33223	Relocation of skin pocket for implantable-defibrillator	\$424		6.30 11.82						
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	\$539		9.04 15.02	\$7,399	APC 5223	\$9,410	02H43JZ 02H43KZ 02HL0JZ 02HLOKZ	ICD lead procedures MS-DRG 265 \$19,151	

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁷	ASC Payment ³	APC Category	APC Payment ⁴		Possible MS-DRG Assignment	MS-DRG Payment ⁶
<p>Rhythm Management Device Implant Procedures <i>continued</i></p> <p style="text-align: center;">go to APC list go to ICD-10-PCS list</p>										
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	\$491	NA	8.33 13.69	\$0	Status N, items and services packaged into primary procedure APC rate. No separate payment		02H43JZ 02H43KZ 02HL0JZ 02HL0KZ	Cardiac defibrillator implant with cardiac catheterization with acute MI/HF/Shock MS-DRG 222 with MCC \$50,148 MS-DRG 223 without MCC \$38,837 Cardiac defibrillator implant with cardiac catheterization without acute MI/HF/Shock MS-DRG 224 with MCC \$45,238 MS-DRG 225 without MCC \$34,119 Cardiac defibrillator implant without cardiac catheterization MS-DRG 226 with MCC \$41,118 MS-DRG 227 without MCC \$32,539 Permanent cardiac pacemaker implant MS-DRG 242 with MCC \$22,070 MS-DRG 243 with CC \$15,708 MS-DRG 244 without CC/MCC \$12,759	
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	\$519		8.68 14.45	\$1,274	APC 5182	\$2,360	02WA3MZ	Cardiac pacemaker revision except device replacement MS-DRG 262 without CC/MCC \$9,552 MS-DRG 261 with CC \$11,680 MS-DRG 260 with MCC \$22,445	
33233	Removal of permanent pacemaker pulse generator only	\$239		3.14 6.65	\$3,668	APC 5222	\$6,974	0JPT0PZ		
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	\$351		5.25 9.79	\$5,693			0JH604Z 0JPT0PZ	Cardiac pacemaker device replacement MS-DRG 258 with MCC \$18,101 MS-DRG 259 without MCC \$11,871	
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	\$368		5.52 10.24	\$7,700	APC 5223	\$9,410	0JPT0PZ 0JH606Z		
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	\$389		5.79 10.85	\$13,119	APC 5224	\$16,760	0JPT09Z 0JH607Z		

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁷	ASC Payment³	APC Category	APC Payment⁴			
Rhythm Management Device Implant Procedures <i>continued</i>										
						go to APC list		go to ICD-10-PCS list		
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	\$505	NA	7.66 14.07	\$1,382	APC 5221	\$2,559	02PA0MZ 02PA3MZ	Cardiac pacemaker revision except device replacement	
33235	Removal of transvenous pacemaker electrode(s); dual lead system	\$664		9.90 18.49					MS-DRG 262 without CC/MCC MS-DRG 261 with CC MS-DRG 260 with MCC	\$9,552 \$11,680 \$22,445
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	\$380		5.80 10.59	\$19,090	APC 5231	\$21,991	0JH608Z	AICD Generator Procedures	
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	\$398		6.07 11.10					MS-DRG 245	\$28,475
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	\$419		6.34 11.67	\$26,686	APC 5232	\$30,514			
33241	Removal of implantable defibrillator pulse generator only	\$224		3.04 6.23	\$1,286	APC 5221	\$2,559	0JPT0PZ	Cardiac pacemaker revision except device replacement	
									MS-DRG 262 without CC/MCC MS-DRG 261 with CC MS-DRG 260 with MCC	\$9,552 \$11,680 \$22,445
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	\$388		5.81 10.81	\$19,274	APC 5231	\$21,991	0JH608Z 0JPT0PZ	AICD Generator Procedures	
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	\$404		6.08 11.26					MS-DRG 245 with MCC	\$28,475
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	\$421		6.35 11.74	\$27,117	APC 5232	\$30,514			
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	\$896		13.74 24.96	Not covered for ASC payment	APC 5221	\$2,559	02PA3MZ	Cardiac pacemaker revision except device replacement	
									MS-DRG 262 without CC/MCC MS-DRG 261 with CC MS-DRG 260 with MCC	\$9,552 \$11,680 \$22,445

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+ Signifies Add-on Code CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		Possible ICD-10-PCS Codes⁵	HOSPITAL INPATIENT⁶	MS-DRG Payment⁶
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁷	ASC Payment³	APC Category	APC Payment⁴		Possible MS-DRG Assignment	
Rhythm Management Device Implant Procedures <i>continued</i>										
						go to APC list	go to ICD-10-PCS list			
33249	Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber	\$955	NA	14.92 26.61	\$26,772	APC 5232	\$30,514	02H63KZ 02HK3KZ 0JH608Z 02HK0KZ 02HL0KZ 02H43KZ	Cardiac defibrillator implant with cardiac catheterization with acute MI/HF/Shock MS-DRG 222 with MCC MS-DRG 223 without MCC	\$50,148 \$38,837
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode including defibrillation threshold evaluation, induction of arrhythmia evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	\$615		9.10 17.13				0JH608Z 0JH60PZ	MS-DRG 224 with MCC MS-DRG 225 without MCC	\$45,238 \$34,119
33271	Insertion of subcutaneous implantable defibrillator electrode	\$514		7.50 14.33	\$5,860	APC 5222	\$6,974	0JH60PZ	ICD lead procedures MS-DRG 265	\$19,151
33272	Removal of subcutaneous implantable defibrillator electrode	\$363		5.42 10.12	NA	APC 5221	\$2,559	0JPT0PZ		
33273	Reposition of previously implanted subcutaneous implantable defibrillator electrode	\$424		6.50 11.82	\$1,382			0JWT0PZ		
WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure										
33340	Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transeptal puncture, catheter placement(s) left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	\$833	NA	14.00 23.22	NA	NA Inpatient Only Procedure		02L73DK	Percutaneous Intracardiac Procedures MS-DRG 273 with MCC MS-DRG 274 without MCC	\$21,497 \$15,091

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			In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁷	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	MS-DRG Payment ⁶
Rhythm Management Device Evaluation Codes go to APC list go to ICD-10-PCS list 											
	93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	\$33	\$51	0.65 1.42	Not covered for ASC payment	APC 5741	\$35	4B02XSZ	ICD-10-PCS procedure code does not impact MS-DRG	
	93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	\$39	\$59	0.77 1.65						
	93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	\$46	\$70	0.90 1.94						
	93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	\$43	\$64	0.85 1.79				4B02XTZ	ICD-10-PCS procedure code does not impact MS-DRG	
	93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	\$59	\$83	1.15 2.31						

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁷	ASC Payment⁸	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	
Rhythm Management Device Evaluation Codes <i>continued</i>										
						go to APC list		go to ICD-10-PCS list		
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	\$64	\$92	1.25 2.56	Not covered for ASC payment	APC 5741	\$35	4B02XTZ	ICD-10-PCS procedure code does not impact MS-DRG	
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	\$45	\$66	0.85 1.84						
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	\$27	\$43	0.52 1.19				4A12X4Z		
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	\$15	\$28	0.30 0.77		NA		4B02XSZ	ICD-10-PCS procedure code does not impact MS-DRG	
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	\$24	\$37	0.45 1.04				4B02XTZ		

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+ Signifies Add-on Code	CPT® Code ¹	CPT Descriptions	*PHYSICIAN ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ⁶		
			In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁷	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	MS-DRG Payment ⁶
Rhythm Management Device Evaluation Codes <i>continued</i> go to APC list go to ICD-10-PCS list 											
	93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	\$22	\$38	0.43 1.06	Not covered for ASC payment	APC 5741	\$35	4B02XSZ	ICD-10-PCS procedure code does not impact MS-DRG	
	93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	\$47	\$67	0.92 1.86				4B02XTZ	ICD-10-PCS procedure code does not impact MS-DRG	
	93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	\$39	\$61	0.74 1.69				4B02XTZ		
	93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	\$22	\$32	0.43 0.89				4A02XFZ		
	93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	\$22	\$37	0.43 1.04		APC 5732	\$28			

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Inpatient information effective through September 30, 2017 | **APC** and **ASC** information effective through December 31, 2017 | **Physician fee** information effective through December 31, 2017

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+ Signifies Add-on Code CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		MS-DRG Payment⁶
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁷	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	
Rhythm Management Device Evaluation Codes <i>continued</i>										
						go to APC list		go to ICD-10-PCS list		
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	\$22	\$33	0.43 0.92	Not covered for ASC payment	APC 5741	\$35	4B02XTZ	ICD-10-PCS procedure code does not impact MS-DRG	
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	\$16	\$55	0.32 1.52						
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	\$34	\$34	0.65 0.96		NA		4B02XSZ	ICD-10-PCS procedure code does not impact MS-DRG	
93295	Interrogation device evaluation(s) (remote), up to 90 days single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	\$69	\$69	1.29 1.92				4B02XTZ		
93296	Interrogation device evaluation(s) (remote), up to 90 days single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	NA	\$27	0.00 0.74		APC 5741	\$35	4B02XSZ 4B02XTZ		
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	\$27	\$27	0.52 0.75		NA		4A02X9Z		

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁷	ASC Payment⁹	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	
Rhythm Management Device Evaluation Codes <i>continued</i>										
						go to APC list	go to ICD-10-PCS list			
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	\$27	\$27	0.52 0.76	Not covered for ASC payment	NA	4A02X9Z	ICD-10-PCS procedure code does not impact MS-DRG		
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	\$0	Contractor priced	0.00 0.00		APC 5741	\$35			
Intracardiac Electrophysiology Procedures/Studies										
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	NA	NA	2.15 2.99	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	B244ZZ4 B246ZZ4 B24BZZ4 B24CZZ4 B24DZZ4	ICD-10-PCS procedure code does not impact MS-DRG		
+93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$219	NA	3.73 6.09	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	4A023N7	Percutaneous Intracardiac Procedures		
								MS-DRG 273 with MCC	\$21,497	
								MS-DRG 274 without MCC	\$15,091	
93600	Bundle of His recording	\$124		2.12 3.45		APC 5212	\$5,004	4A023FZ	ICD-10-PCS procedure code does not impact MS-DRG	
93602	Intra-atrial recording	\$121		2.12 3.37						
93603	Right ventricular recording	\$121		2.12 3.37		APC 5211	\$866			
+93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (list separately in addition to code for primary procedure)	\$290		4.99 8.08		Status N, items and services packaged into primary procedure APC rate. No separate payment	02K83ZZ	Percutaneous Intracardiac Procedures		
								MS-DRG 273 with MCC	\$21,497	
								MS-DRG 274 without MCC	\$15,091	
93610	Intra-atrial pacing	\$171		3.02 4.77		APC 5212	\$5,004	4A0234Z	ICD-10-PCS procedure code does not impact MS-DRG	
93612	Intraventricular pacing	\$170		3.02 4.73						

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CPT® Code ¹	CPT Descriptions	*PHYSICIAN ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁷	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	MS-DRG Payment ⁶
Intracardiac Electrophysiology Procedures/Studies										
						go to APC list	go to ICD-10-PCS list			
+93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	\$416	NA	6.99 11.58	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	02K83ZZ	Percutaneous Intracardiac Procedures MS-DRG 273 with MCC \$21,497 MS-DRG 274 without MCC \$15,091		
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s)	\$39		0.74 1.10		APC 5211 \$866	4A02X4Z	ICD-10-PCS procedure code does not impact MS-DRG		
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	\$55		1.24 1.52						
93618	Induction of arrhythmia by electrical pacing	\$231		4.00 6.44						
93619	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	\$408		7.06 11.36		APC 5212 \$5,004	4A0234Z	Percutaneous Intracardiac Procedures MS-DRG 273 with MCC \$21,497 MS-DRG 274 without MCC \$15,091		
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	\$656		11.32 18.27						
+93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	\$123		2.10 3.42	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		Percutaneous Intracardiac Procedures MS-DRG 273 with MCC \$21,497 MS-DRG 274 without MCC \$15,091		

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁷	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	
Intracardiac Electrophysiology Procedures/Studies <i>continued</i>										
						go to APC list	go to ICD-10-PCS list			
+93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	\$180	NA	3.10 5.01	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	4A0234Z	Percutaneous Intracardiac Procedures		
								MS-DRG 273 with MCC	\$21,497	
								MS-DRG 274 without MCC	\$15,091	
+93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	\$167		2.85 4.64			4A023FZ 3E043KZ 3E033KZ			
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	\$252		4.55 7.03		APC 5212	\$5,004	4A023FZ		
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement	\$187		3.26 5.21		Status N, items and services packaged into primary procedure APC rate. No separate payment	4A02XFZ	ICD-10-PCS procedure code does not impact MS-DRG		
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter- defibrillator pulse generator	\$326		5.67 9.09			4A02XFZ			
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	\$268		4.63 7.48		APC 5211	\$866	4A02XFZ		

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁷	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	
Intracardiac Electrophysiology Procedures/Studies <i>continued</i>										
						go to APC list		go to ICD-10-PCS list		
93644	Electrophysiological evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	\$163	\$222	3.04 4.54	Not covered for ASC payment	NA		4B02XTZ	ICD-10-PCS procedure code does not impact MS-DRG	
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	\$618	NA	10.24 17.21		APC 5212	\$5,004	02583ZZ 0JH636Z 0JH634Z	Percutaneous Intracardiac Procedures MS-DRG 273 with MCC \$21,497 MS-DRG 274 without MCC \$15,091	
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary) and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	\$874		14.75 24.35		APC 5213	\$16,778	02583ZZ 4A0234Z		
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary) and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	\$1,170		19.75 32.61						

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁷	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	
Intracardiac Electrophysiology Procedures/Studies <i>continued</i>										
						go to APC list	go to ICD-10-PCS list			
+93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	\$445	NA	7.50 12.41	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	02583ZZ 4A0234Z	Percutaneous Intracardiac Procedures MS-DRG 273 with MCC MS-DRG 274 without MCC	\$21,497	
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	\$1,174		19.77 32.72		APC 5213	\$16,778		\$15,091	
+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 (List separately in addition to code for primary procedure)	\$444	NA	7.50 12.38		NA	02563ZZ 02573ZZ			
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	\$96	\$161	1.89 2.68		APC 5723	\$416		3E033KZ 3E043KZ 4A12XFZ	
+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (list separately in addition to code for primary procedure)	\$147	NA	2.80 4.09		NA	B244ZZ3 B245ZZ3 B246ZZ3 B24BZZ3 B24DZZ3		ICD-10-PCS procedure code does not impact MS-DRG	

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

¹ Current Procedural Terminology (CPT) CPT® Copyright 2016 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

² Source: CMS website. Physician Fee Schedule – 2017 National Physician Fee Schedule Relative Value File: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>

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

⁴ Source: CMS website. 2017 OPPS Addendum B: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices.html>

⁵ Source: CMS ICD-10-CM/PCS MS-DRG v34 Definitions Manual https://www.cms.gov/ICD10Manual/version34-fullcode-cms/fullcode_cms/P0001.html

⁶ Source: Data tables (FY2017 IPPS Final Rule). CMS Website. National average (wage index greater than one) MS- DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients). <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2016-IPPS-Final-Rule-Home-Page.html>

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

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		In-Hospital ²	Work RVU Total RVU ⁹	APC Category	APC Payment ³	Possible ICD-10-PCS Codes ⁴	Possible MS-DRG Assignment	MS-DRG Payment ^{5,6}
Diagnostic Cardiac Catheterization <i>(Use physician modifier -26 as appropriate)</i>								
				go to APC list		go to ICD-10-PCS list		
93451 <i>right</i>	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$136	2.47 3.80	APC 5191	\$2,832	4A023N6 4A020N6	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization MS-DRG 216 with MCC MS-DRG 217 with CC MS-DRG 218 without CC/MCC	\$57,516 \$37,691 \$33,803
93530 <i>right</i>	Right heart catheterization, for congenital cardiac anomalies	\$216	3.97 6.01					
93452 <i>left</i>	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	\$248	4.50 6.92			4A023N7 4A020N7	Cardiac defibrillator implant with cardiac catheterization with AMI/HF/Shock MS-DRG 222 with MCC ⁶ MS-DRG 223 without MCC ⁶	\$50,148 \$38,837
93462 <i>left</i>	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture <i>(List separately in addition to code for primary procedure)</i>	\$219	3.73 6.09	Status N, items and services packaged into primary procedure APC				
93453 <i>combined</i>	Combined right heart catheterization and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	\$332	5.99 9.26			4A023N8 4A020N8	Cardiac defibrillator implant with cardiac catheterization without AMI/HF/Shock MS-DRG 224 with MCC ⁶ MS-DRG 225 without MCC ⁶	\$45,238 \$34,119
93531 <i>combined</i>	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	\$446	8.34 12.43					
93532 <i>combined</i>	Combined right heart catheterization and transseptal left heart catheterization through intact septum, with or without retrograde left heart catheterization, for congenital cardiac anomalies	\$556	9.99 15.48				Coronary bypass with cardiac catheterization MS-DRG 233 with MCC MS-DRG 234 without MCC	\$44,656 \$29,535
93533 <i>combined</i>	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	\$371	6.69 10.34					
							Circulatory disorders except AMI with cardiac catheterization MS-DRG 286 with MCC MS-DRG 287 without MCC	\$13,137 \$6,974
							Atherosclerosis MS-DRG 302 with MCC MS-DRG 303 without MCC	\$6,207 \$3,834

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		In-Hospital ²	Work RVU Total RVU ⁹	APC Category	APC Payment ³	Possible ICD-10-PCS Codes ⁴	Possible MS-DRG Assignment	MS-DRG Payment ^{5,6}
Diagnostic Cardiac Catheterization <i>(Use physician modifier -26 as appropriate)</i>								
				go to APC list		go to ICD-10-PCS list		
93454 <i>placement</i>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging S&I	\$252	4.54 7.01	APC 5191	\$2,832	B21 __ ZZ	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization	
93455 <i>placement</i>	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	\$293	5.29 8.16				MS-DRG 216 with MCC MS-DRG 217 with CC MS-DRG 218 without CC/MCC	\$57,516 \$37,691 \$33,803
93456 <i>placement</i>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	\$327	5.90 9.11				Cardiac defibrillator implant with cardiac catheterization with AMI/HF/Shock	
93457 <i>placement</i>	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	\$368	6.64 10.26				MS-DRG 222 with MCC ⁶ MS-DRG 223 without MCC ⁶	\$50,148 \$38,837
93458 <i>placement</i>	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	\$310	5.60 8.65				Cardiac defibrillator implant with cardiac catheterization without AMI/HF/Shock	
93459 <i>placement</i>	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	\$352	6.35 9.80				MS-DRG 224 with MCC ⁶ MS-DRG 225 without MCC ⁶	\$45,238 \$34,119
93460 <i>placement</i>	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	\$394	7.10 10.97				Coronary bypass with cardiac catheterization	
93461 <i>placement</i>	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	\$435	7.85 12.13				MS-DRG 233 with MCC MS-DRG 234 without MCC	\$44,656 \$29,535
							Circulatory disorders except AMI with cardiac	
							MS-DRG 286 with MCC MS-DRG 287 without MCC	\$13,137 \$6,974
							Atherosclerosis	
							MS-DRG 302 with MCC MS-DRG 303 without MCC	\$6,207 \$3,834

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CPT® Code ¹	CPT Descriptions	*PHYSICIAN ²		HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		MS-DRG Payment ^{5,6}
		In-Hospital ²	Work RVU Total RVU ⁹	APC Category	APC Payment ³	Possible ICD-10-PCS Codes ⁴	Possible MS-DRG Assignment	
Injection Diagnostic Cardiac Catheterization								
(Each site may be injected multiple times, only report each code once)								
				go to APC list		go to ICD-10-PCS list		
+93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	\$61	1.11 1.7	Status N, items and services packaged into primary procedure APC rate. No separate payment		3E053KZ 3E063KZ	NA ⁷	
+93564	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	\$64	1.13 1.79			3E053KZ 3E063KZ		
+93565	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective left ventricular or left arterial angiography (List separately in addition to code for primary procedure)	\$47	0.86 1.32			3E073KZ 3E083KZ		
+93566	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	\$48	0.86 1.35			3E053KZ 3E063KZ		
+93567	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for supraaortic angiography (List separately in addition to code for primary procedure)	\$55	0.97 1.53					
+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	0.88 1.38					
Miscellaneous								
+93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	\$101	2.00 2.82	Status N, items and services packaged into primary procedure APC rate. No separate payment		3E073KZ 3E083KZ	NA ⁸	
+93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	\$89	1.80 2.49			4A1335C		

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Coronary Angioplasty (PTCA), without stent								
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	\$556	9.85 15.49	APC 5192	\$4,823	027_3ZZ 027_3Z6	Percutaneous cardiovascular procedures without coronary artery stent	
+92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	0.00 0.00	NA				MS-DRG 250 with MCC MS-DRG 251 without MCC
Coronary Atherectomy, without stent								
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	\$664	11.74 18.49	APC 5193	\$9,748	02C_3ZZ	Percutaneous cardiovascular procedures without coronary artery stent	
+92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	0.00 0.00	NA				MS-DRG 250 with MCC MS-DRG 251 without MCC
Bare Metal Coronary Stent with Angioplasty								
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	\$619	10.96 17.24	APC 5193	\$9,748	027_3DZ 027_3D6	Percutaneous cardiovascular procedures with non-drug-eluting stent	
+92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	0.00 0.00	NA				MS-DRG 248 with MCC MS-DRG 249 without MCC
Drug-Eluting Coronary Stent with Angioplasty								
C9600	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	NA Physicians use codes 92928/+92929		APC 5193	\$9,748	027_34Z 027_346	Percutaneous cardiovascular procedures with drug-eluting stent	
+C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of major coronary artery			NA				MS-DRG 246 with MCC MS-DRG 247 without MCC

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Bare Metal Coronary Stent with Atherectomy								
				go to APC list		go to ICD-10-PCS list		
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	\$694	12.29 19.34	APC 5194	\$14,776	027_3DZ 027_3D6 02C_3ZZ	Percutaneous cardiovascular procedures with non-drug-eluting stent MS-DRG 248 with MCC MS-DRG 249 without MCC	\$18,157 \$11,545
+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	0.00 0.00	NA				
Drug-Eluting Coronary Stent with Atherectomy								
C9602	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	NA Physicians use codes 92933/+92934		APC 5194	\$14,776	027_34Z 027_346 02C_3ZZ	Percutaneous cardiovascular procedures with drug-eluting stent MS-DRG 246 with MCC MS-DRG 247 without MCC	\$19,398 \$12,659
+C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery			NA				
Bare Metal Stent - Bypass Graft Revascularization								
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	\$618	10.95 17.23	APC 5193	\$9,748	027_3DZ 027_3D6 02C_3ZZ	Percutaneous cardiovascular procedures with non-drug-eluting stent MS-DRG 248 with MCC MS-DRG 249 without MCC	\$18,157 \$11,545
+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	0.00 0.00	NA				
Drug-Eluting Stent - Bypass Graft Revascularization								
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	NA Physicians use codes 92937/+92938		APC 5193	\$9,748	027_34Z 027_346 02C_3ZZ	Percutaneous cardiovascular procedures with drug-eluting stent MS-DRG 246 with MCC MS-DRG 247 without MCC	\$19,398 \$12,659
+C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft			NA				

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Bare Metal Stent - Acute Myocardial Infarction Revascularization								
				go to APC list		go to ICD-10-PCS list		
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	\$696	12.31 19.38	APC 5193	\$9,748	027_3DZ 027_3D6 02C_3ZZ	Percutaneous cardiovascular procedures with non-drug-eluting stent MS-DRG 248 with MCC MC-DRG 249 without MCC	\$18,157 \$11,545
Drug-Eluting Stent - Acute Myocardial Infarction Revascularization								
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	NA Physicians use codes 92941		APC 5194	\$14,776	027_34Z 027_346 02C_3ZZ	Percutaneous cardiovascular procedures with drug-eluting stent MS-DRG 246 with MCC MS-DRG 247 without MCC	\$19,398 \$12,659
Bare Metal Stent - Chronic Total Occlusion Revascularization								
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	\$695	12.31 19.36	APC 5193	\$9,748	027_3DZ 027_3D6 02C_3ZZ	Percutaneous cardiovascular procedures with non-drug-eluting stent MS-DRG 248 with MCC MS-DRG 249 without MCC	\$18,157 \$11,545
+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	0.00 0.00	NA				
Drug-Eluting Stent - Chronic Total Occlusion Revascularization								
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	NA Physicians use codes 92943/+92944		APC 5194	\$14,776	027_34Z 02C_3ZZ 027_346	Percutaneous cardiovascular procedures with drug-eluting stent MS-DRG 246 with MCC MS-DRG 247 without MCC	\$19,398 \$12,659
+C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft			NA				

BSC currently has no stents FDA-approved for CTOs

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		In-Hospital ²	Work RVU Total RVU ⁹	APC Category	APC Payment ³	Possible ICD-10-PCS Codes ⁴	Possible MS-DRG Assignment
Intravascular Ultrasound (Use physician modifier -26 as appropriate)				go to APC list		go to ICD-10-PCS list	
+92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	\$100	1.80 2.78	Status N, items and services packaged into primary procedure APC rate. No separate payment	B240ZZ3 B241ZZ3	Coronary bypass with PTCA	
						MS-DRG 231 with MCC	\$48,106
						MS-DRG 232 without MCC	\$35,112
+92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) 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	1.44 2.23			Percutaneous cardiovascular procedure with drug-eluting stent	
						MS-DRG 246 with MCC or 4+ vessels/stents	\$19,398
						MS-DRG 247 without MCC	\$12,659
Fractional Flow Reserve (FFR) (Use physician modifier -26 as appropriate)							
+93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	\$100	1.80 2.78	Status N, items and services packaged into primary procedure APC rate. No separate payment	4A033BC	Percutaneous cardiovascular procedure with non-drug-eluting stent	
						MS-DRG 248 with MCC or 4+ vessels/stents	\$18,157
						MS-DRG 249 without MCC	\$11,545
+93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	\$80	1.44 2.23			Percutaneous cardiovascular procedure without coronary artery stent	
						MS-DRG 250 with MCC	\$15,685
						MS-DRG 251 without MCC	\$10,060
						Circulatory disorders except AMI, with cardiac catheterization	
						MS-DRG 286 with MCC	\$13,137
						MS-DRG 287 without MCC	\$6,974

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Thrombectomy				go to APC list		go to ICD-10-PCS list	
+92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	\$185	3.28 5.15	NA		02C_3ZZ	Percutaneous cardiovascular procedure with drug-eluting stent MS-DRG 246 with MCC or 4+ vessels/stents \$19,398 MS-DRG 247 without MCC \$12,659 Percutaneous cardiovascular procedure with non-drug-eluting stent MS-DRG 248 with MCC or 4+ vessels/stents \$18,157 MS-DRG 249 without MCC \$11,545 Percutaneous cardiovascular procedure without coronary artery stent MS-DRG 250 with MCC \$15,685 MS-DRG 251 without MCC \$10,060
Moderate (Conscious) Sedation				go to APC list		go to ICD-10-PCS list	
99151	Moderate sedation service performed by the same Physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	\$24	0.5 0.67	NA			NA ⁷
99152	Moderate sedation service performed by the same Physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient 5 years or older	\$13	0.25 0.35	NA			NA ⁷
99153	Moderate sedation service performed by the same Physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes of intraservice time (List separately in addition to code for primary service)	NA	0 NA	NA			NA ⁷

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		In-Hospital ²	Work RVU Total RVU ⁹	APC Category	APC Payment ³	Possible ICD-10-PCS Codes ⁴	Possible MS-DRG Assignment	MS-DRG Payment ^{5,6}	
99155	Moderate sedation service provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	\$94	1.9	NA			NA ⁷		
			2.63						
99156	Moderate sedation service provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	\$77	1.65	NA			NA ⁷		
			2.15						
99157	Moderate sedation service provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes of intraservice time (List separately in addition to code for primary service)	\$58	1.25	NA			NA ⁷		
			1.63						
Percutaneous Balloon Valvuloplasty; Aortic Valve				go to APC list	go to ICD-10-PCS list				
92986	Percutaneous balloon valvuloplasty; aortic valve	\$1,377	22.6	5192	\$4,823	027F3ZZ	Percutaneous Intracardiac Procedures	MS-DRG 273 with MCC	\$21,497
			38.38			027F4ZZ			
92987	Percutaneous balloon valvuloplasty; mitral valve	\$1,422	23.38	5193	\$9,748	027G3ZZ	MS-DRG 274 without MCC	\$15,091	
			39.61			027G4ZZ			
92990	Percutaneous balloon valvuloplasty; pulmonary valve	\$1,134	18.27			027H3ZZ			
			31.59			027H4ZZ			

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Endovascular or Transthoracic Valves								
				go to APC list		go to ICD-10-PCS list		
33361 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	\$1,421	25.13 39.59	NA Inpatient Only Procedure		02RF37Z 02RF38Z 02RF3JZ 02RF3KZ	Endovascular Cardiac Valve Replacement MS-DRG 266 with MCC MS-DRG 267 without MCC	
33362 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	\$1,550	27.52 43.20					\$50,057 \$38,599
33363 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	\$1,632	28.50 45.48					
33364 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	\$1,693	30.00 47.16					
33365 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	\$1,862	33.12 51.88					
33366 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	\$2,014	35.88 56.11			02RF3JH		
+33367 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (e.g., femoral vessels) (list separately in addition to code for primary procedure)	\$653	11.88 18.20			02RF3_Z 5A1221Z		
+33368 <i>Aortic</i>	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)	\$780	14.39 21.73			02RF0_Z 5A1221Z		
+33369 <i>Aortic</i>	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)	\$1,031	19.00 28.74			02RF3JZ 5A1221Z		

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CPT® Code ¹	CPT Descriptions	*PHYSICIAN ²		HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		MS-DRG Payment ^{5,6}
		In-Hospital ²	Work RVU Total RVU ⁹	APC Category	APC Payment ³	Possible ICD-10-PCS Codes ⁴	Possible MS-DRG Assignment	
Endovascular or Transthoracic Valves <i>continued</i>								
				go to APC list		go to ICD-10-PCS list		
33477 <i>Pulmonary</i>	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	<i>Carrier priced</i>	0.00	NA Inpatient Only Procedure		02RH3_Z	Endovascular Cardiac Valve Replacement	
33999	Unlisted procedure, cardiac surgery		0.00			02RH3_H	MS-DRG 266 with MCC	\$50,057
			0.00				MS-DRG 267 without MCC	\$38,599
33418	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis	\$1,881	32.25 52.42			02UG3JZ	Percutaneous Intracardiac Procedures	
+33419	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	\$445	7.93 12.39				MS-DRG 228 with MCC	\$42,266
							MS-DRG 229 without MCC	\$28,304
Paravalvular Leak Repair								
				go to APC list		go to ICD-10-PCS list		
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	\$1,245	21.70 34.70	5194	\$14,776	02WG4_Z	MS-DRG 228 with MCC	\$42,266
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	\$1,034	17.97 28.80	5194	\$14,776	02WF4Z	MS-DRG 229 without MCC	\$28,304
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	\$455	8.00 12.69			02WF4Z 02WG4_Z		
WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure								
				go to APC list				
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	\$833	14.00 23.22	NA Inpatient Only Procedure		02L73DK	Percutaneous Intracardiac Procedures	
							MS-DRG 273 with MCC	\$21,497
							MS-DRG 274 without MCC	\$15,091

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¹ Current Procedural Terminology (CPT) © 2016 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

² Source: CMS website. Physician Fee Schedule – 2017 National Physician Fee Schedule Relative Value File: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>

³ Source: CMS website. 2017 OPPS Addendum B: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1656-FC.html>

⁴ Source: CMS ICD-10-CM/PCS MS-DRG v34 Definitions Manual https://www.cms.gov/ICD10Manual/version34-fullcode-cms/fullcode_cms/P0001.html

⁵ Source: Data tables (FY2017 IPPS Final Rule). CMS Website. National average (wage index greater than one) MS- DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients). <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2017-IPPS-Final-Rule-Home-Page.html>

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

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

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

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

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CPT® Code ¹	CPT Descriptions	*PHYSICIAN ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ⁶		MS-DRG Payment ⁶⁷
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	
Transluminal Balloon Angioplasty										
						go to APC list		go to ICD-10-PCS list		
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) 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	\$369	\$2,175	7.00 10.29	\$3,119	APC 5192	\$4,823	027_3ZZ 037_3ZZ 037_3Z6 047_3ZZ 047_3Z6	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756 \$15,769 \$10,594
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) 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)	\$183	\$880	3.50 5.10	Status N1 No separate payment	Status N No separate payment				
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	\$318	\$1,507	6.00 8.85	\$3,119	APC 5192	\$4,823	067_3ZZ		
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)	\$156	\$646	2.97 4.34	Status N1 No separate payment	Status N No separate payment				

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	
Iliac Artery Revascularization										
						go to APC list	go to ICD-10-PCS list			
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$423	\$3,114	7.90 11.78	\$2,209	APC 5192	\$4,823	047_3ZZ 047_3Z6	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$523	\$4,617	9.75 14.56	\$6,048	APC 5193	\$9,748	047_3DZ 0473D6		\$15,769
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	\$874	3.73 5.48	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	047_3ZZ 047_3Z6			\$10,594
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$225	\$2,590	4.25 6.28			047_3DZ 047_3D6			
Femoral/Popliteal Artery Revascularization										
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$467	\$3,777	8.75 13.02	\$3,473	APC 5192	\$4,823	047_3ZZ 047_3Z6 047_3Z1	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	\$638	\$11,063	11.75 17.78	\$7,449	APC 5193	\$9,748	047_3ZZ 047_3Z6 047_3Z1		\$15,769
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$551	\$9,065	10.24 15.35	\$6,569	APC 5193	\$9,748	047_3_1 047_3_6 047_3_Z		\$10,594
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	\$769	\$14,987	14.25 21.43	\$10,869	APC 5194	\$14,776	047_3_1 047_3_6 047_3_Z 04C_3ZZ		

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CPT® Code ¹	CPT Descriptions	*PHYSICIAN ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ⁶		MS-DRG Payment ⁶⁷
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	
Tibial/Peroneal Artery Revascularization										
						go to APC list	go to ICD-10-PCS list			
37228	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$573	\$5,409	10.75 15.96	\$4,187	APC 5193	\$9,748	047_3ZZ 047_3Z6 047_3Z1	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756 \$15,769 \$10,594
37229	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$746	\$10,906	13.80 20.79	\$10,065	APC 5194	\$14,776	04C_3ZZ 047_3Z6 047_3Z1		
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	\$737	\$8,333	13.55 20.53	\$10,088	APC 5194	\$14,776	047_3_1 047_3_6 047_3_Z		
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	\$800	\$13,493	14.75 22.28	\$9,935	APC 5194	\$14,776	047_3_1 047_3_6 047_3_Z 04C_3Z6		
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty. (List separately in addition to code for primary procedure)	\$213	\$1,207	4.00 5.94	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		047_3ZZ 047_3Z6 047_3Z1 047_3Z6	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756 \$15,769 \$10,594
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed. (List separately in addition to code for primary procedure)	\$346	\$1,459	6.50 9.65				047_3ZZ 047_3Z6 047_3Z1 047_3Z6 047_3ZZ		
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed. (List separately in addition to code for primary procedure)	\$300	\$3,948	5.50 8.36				047_3_1 047_3_6 047_3_Z		
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)	\$416	\$4,242	7.80 11.59				047_3_1 047_3_6 047_3_Z 04C_3Z6 04C_3ZZ		

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	
Transcatheter Placement of Intravascular Stents										
<i>(Peripheral stenting is covered at local Medicare contractor discretion. Payment amounts assume procedure is covered)</i>										
						go to APC list	go to ICD-10-PCS list			
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	\$464	\$4,017	8.75 12.92	\$4,187	APC 5193	\$9,748	027_3_Z 027_3_6 037_3_Z 037_3_6 047_3_Z	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756 \$15,769 \$10,594
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	\$2,454	4.25 6.25	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	027_3_Z 027_3_6 037_3_Z 037_3_6 047_3_Z 047_3_6			
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	\$314	\$4,190	6.04 8.76	\$6,334	APC 5193	\$9,748	057_3DZ 067_3DZ		
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	\$159	\$2,035	2.97 4.42	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	057_3DZ 067_3DZ			

BSC currently has no stent approved for use in the veins of the lower extremities

Transcatheter Placement of Carotid Stents with embolic protection

(Boston Scientific's carotid WALLSTENT® Monorail® Endoprosthesis device is indicated for carotid artery stenting with embolic protection only.

Medicare will not consider payment for the procedure when performed without embolic protection.)

CPT® Code ¹	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ⁶		MS-DRG Payment ⁶⁷
						APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	
						go to APC list	go to ICD-10-PCS list			
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection.	\$1,044	NA	17.75 29.09	NA	NA Inpatient only procedure	037_3_Z 037_3_6	Carotid artery stent procedure MS-DRG 034 with MCC MS-DRG 035 with CC MS-DRG 036 without CC/MCC	\$22,963 \$13,935 \$10,429	
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	\$0	NA	0.00 0.00		NA Not paid by Medicare	037_3_Z 037_3_6			

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	MS-DRG Payment ⁶⁷
Embolization										
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	\$464	\$4,818	8.75 12.93	\$4,187	APC 5193	\$9,748	05L_3DZ 06L_3DZ	Other major cardiovascular procedures MS-DRG 270 with MCC MS-DRG 271 with CC MS-DRG 272 without CC/MCC	\$28,382 \$18,650 \$13,789
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	\$504	\$7,554	9.80 14.05				03L_3DZ 04L_3DZ	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756 \$15,769 \$10,594
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	\$595	\$9,817	11.74 16.58				03L_3DZ 04L_3DZ 04LE3DT 04LF3DU	MS-DRG 987 MS-DRG 988 MS-DRG 989	\$19,843 \$10,241 \$6,300
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	\$701	\$6,846	13.75 19.52	NA			03L_3DZ 04L_3DZ	Other female reproductive system MS-DRG 749 MS-DRG 750	\$16,431 \$7,749
Catheter Access										
36140	Introduction of needle or intracatheter; extremity artery	\$94	\$430	1.76 2.63	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate	NA		NA ⁸	
36160	Introduction of needle or intracatheter, aortic, translumbar	\$129	\$500	2.52 3.60						
36200	Introduction of catheter, aorta	\$147	\$572	2.77 4.09						

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment		
Catheter Placement											
						go to APC list		go to ICD-10-PCS list			
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$244	\$1,143	4.67 6.81	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	03H233Z	03H333Z	03H733Z	03H333Z	NA ⁸
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$284	\$1,181	5.27 7.90							
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$337	\$1,934	6.29 9.40							
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	\$189	1.01 1.51							
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$251	\$1,324	4.65 6.98			04H_33Z	NA ⁸			
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$268	\$838	5.02 7.46							
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$318	\$1,523	6.04 8.87							
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	\$51	\$155	1.01 1.43							
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed and flush aortogram when performed; unilateral	\$278	\$1,397	5.10 7.74	APC 5182	\$2,360	B41__ZZ	NA ⁸			

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	
Catheter Placement <i>continued</i>										
						go to APC list	go to ICD-10-PCS list			
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed and flush aortogram when performed; bilateral	\$379	\$1,513	6.74 10.55	Status N1 No separate payment	APC 5182	\$2,360	B41__ZZ		NA ⁸
36253	Superselective catheter placement (one or more second order or higher renal artery branches), renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed and flush aortogram when performed; unilateral	\$379	\$2,241	7.30 10.55		APC 5183	\$3,923	B41__ZZ		NA ⁸
36254	Superselective catheter placement (one or more second order or higher renal artery branches), renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed and flush aortogram when performed; bilateral	\$442	\$2,177	7.90 12.32		APC 5182	\$2,360	B41__ZZ		
Angiography (Use physician modifier -26 as appropriate)										
						go to APC list	go to ICD-10-PCS list			
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	\$57	\$164	1.14 1.60	NA	APC 5182	\$2,360	B31__ZZ B41__ZZ		NA ⁸
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	\$65	\$189	1.31 1.82						
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	\$57	\$151	1.14 1.58		APC 5183	\$3,923	B31__ZZ B41__ZZ		
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$58	\$174	1.14 1.63		APC 5181	\$684	B41__ZZ		
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	\$65	\$188	1.31 1.81		APC 5182	\$2,360	B41__ZZ		
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	\$56	\$162	1.14 1.57		APC 5183	\$3,923	B41__ZZ		
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	\$18	\$88	0.36 0.50		NA		B31__ZZ B41__ZZ		

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**National Average Medicare physician payment rates calculated using the 2017 conversion factor of \$35.8887*

CPT® Code ¹	CPT Descriptions	*PHYSICIAN ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	MS-DRG Payment ⁶⁷
Transhepatic Shunts (TIPS)										
						go to APC list		go to ICD-10-PCS list		
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	\$865	NA	16.97 24.09	NA	NA		06H43DZ 06H83DZ 06183DY	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756 \$15,769 \$10,594
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	\$395	\$5,908	7.74 11.01		APC 5192	\$4,823	06H43DZ 06H83DZ 06PY3DZ 06WY3DZ 06183DY	Pancreas, Liver and Shunt Procedures MS-DRG 405 with MCC MS-DRG 406 with CC MS-DRG 407 without CC/MCC	\$32,482 \$16,595 \$11,998
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	\$151	\$581	2.82 4.21	\$369	APC 5181	\$684	B30__ZZ B31__ZZ	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756 \$15,769 \$10,594
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	\$225	\$1,235	4.24 6.27	\$3,119	APC 5192	\$4,823	037_3ZZ 067_3ZZ	Other Kidney and Urinary Tract MS-DRG 673 with MCC MS-DRG 674 with CC MS-DRG 675 without MCC/CC	\$19,936 \$13,447 \$9,230

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	MS-DRG Payment ⁶⁷
Dialysis Circuit <i>continued</i>										
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	\$308	\$5,663	5.85 8.58	\$6,026	APC 5193	\$9,748	037_3_Z 067_3DZ	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756 \$15,769 \$10,594
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)	\$355	\$1,801	6.73 9.88	\$3,119	APC 5192	\$4,823	3E0_317 03C_3ZZ		
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	\$445	\$2,304	8.46 12.4	\$6,026	APC 5193	\$9,748	3E0_317 03C_3ZZ	Other Kidney and Urinary Tract MS-DRG 673 with MCC MS-DRG 674 with CC MS-DRG 675 without MCC/CC	\$19,936 \$13,447 \$9,230
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	\$519	\$6,867	9.88 14.47	\$9,342	APC 5194	\$14,776	3E0_317 03C_3ZZ		

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CPT® Code ¹	CPT Descriptions	*PHYSICIAN ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ⁶		MS-DRG Payment ⁶⁷
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	
Dialysis Circuit <i>continued</i>										
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)	\$130	\$739	2.48	Status N1 No separate payment	NA		037_3ZZ	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756
				3.61				067_3ZZ		
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)	\$194	\$2,722	3.73				037_3_Z	Other Kidney and Urinary Tract Procedures MS-DRG 673 with MCC MS-DRG 674 with CC MS-DRG 675 without MCC/CC	\$19,936
				5.41				067_3DZ		
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)	\$184	\$1,985	3.48				05L_3DZ		
				5.14				06L_3DZ		

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CPT® Code ¹	CPT Descriptions	*PHYSICIAN ²			ASC ³	HOSPITAL OUTPATIENT ⁴		HOSPITAL INPATIENT ⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	MS-DRG Payment ⁶⁷
Arterial Mechanical Thrombectomy										
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$472	\$2,260	8.41 13.15	\$2,964	APC 5183	\$3,923	3E0_317 03C_3ZZ 03C_3Z6 04C_3ZZ 04C_3Z6 05C_3ZZ	Other major cardiovascular procedures MS-DRG 270 with MCC MS-DRG 271 with CC MS-DRG 272 without CC/MCC	\$28,382 \$18,650 \$13,789
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	\$177	\$718	3.28 4.92	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment			Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756 \$15,769 \$10,594
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	\$259	\$1,359	4.92 7.22						
Venous Mechanical Thrombectomy										
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$412	\$2,004	7.78 11.47	\$2,119	APC 5183	\$3,923	05C_3ZZ	Other major cardiovascular procedures MS-DRG 270 with MCC MS-DRG 271 with CC MS-DRG 272 without MCC/CC	\$28,382 \$18,650 \$13,789
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	\$292	\$1,710	5.46 8.14	\$1,274	APC 5182	\$2,360		Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756 \$15,769 \$10,594

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		In-Hospital (-26)	In-Office (Global)			APC Category	APC Payment ⁴			
Thrombolysis										
						go to APC list		go to ICD-10-PCS list		
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	\$404	NA	7.75 11.26	\$2,119	APC 5183	\$3,923	3E05317 3E06317	Peripheral vascular disorders MS-DRG 299 with MCC MS-DRG 300 with CC MS-DRG 301 without MCC/CC	\$8,446 \$6,010 \$4,316
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$352	NA	6.81 9.82	\$1,274	APC 5182	\$2,360	3E03317 3E04317		
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed	\$245	NA	4.75 6.83	NA	APC 5181	\$684	3E03317 3E04317 3E05317 3E06317		
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	\$129	NA	2.49 3.59	NA	APC 5181	\$684			
Vena Cava Filters										
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	\$236	\$2,609	4.46 6.58	NA	APC 5183	\$3,923	06H03DZ	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756 \$15,769 \$10,594
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	\$379	\$1,628	7.10 10.57	NA	APC 5182	\$2,360	06WY3DZ		
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	\$368	\$1,555	7.10 10.26	NA			06PY3DZ		

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	
Intravascular Ultrasound										
						go to APC list		go to ICD-10-PCS list		
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	\$97	\$1,401	1.80 2.69	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	\$2,862	B34__ZZ B44__ZZ B54__ZZ	Other vascular procedures MS-DRG 252 with MCC	\$19,756
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	\$78	\$211	1.44 2.17			\$2,862		MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$15,769 \$10,594
Biliary Procedures										
<i>Diagnostic</i>										
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	\$319	1.30 2.06	Status N1 No separate payment	APC 5341	\$2,862	BF0__ZZ BF1__ZZ	Disorders of the biliary tract MS-DRG 444 with MCC	\$9,527
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)	\$224	\$817	4.25 6.23		APC 5341	\$2,862	BF0__ZZ BF1__ZZ	MS-DRG 445 with CC MS-DRG 446 without CC/MCC	\$6,157 \$4,557
Drainage (Internal Stent/External Catheter)										
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	\$281	\$1,260	5.38 7.82	\$1,453	APC 5341	\$2,862	0F9_30Z		
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	\$1,501	7.60 10.89	\$1,453			0F9_30Z		
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	\$208	\$1,035	3.95 5.80	\$1,453			0F2BX0Z		

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		In-Hospital (-26)	In-Office (Global)			APC Category	APC Payment ⁴			
Biliary Procedures										
Drainage (Internal Stent/External Catheter) continued										
						go to APC list		go to ICD-10-PCS list		
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	\$139	\$703	2.61 3.88	\$1,453	APC 5341	\$2,862	0F2BX0Z	Disorders of the biliary tract MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC/MCC	\$9,527 \$6,157 \$4,557
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	\$373	1.84 2.82	\$378	APC 5301	\$699	0FP_30Z		
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; existing access	\$248	\$4,392	4.75 6.90	\$2,037	APC 5361	\$4,197	0F7_3DZ		
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; new access, without placement of separate biliary drainage catheter	\$449	\$4,860	8.75 12.51	\$2,037			0F7_3DZ		
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; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	\$465	\$4,982	9.03 12.96	\$2,037			0F7_3DZ 0F9_30Z		
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	\$350	\$1,195	6.75 9.75	\$1,453	APC 5341	\$2,862	NA		

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	MS-DRG Payment ⁶⁷
Biliary Procedures										
Drainage (Internal Stent/External Catheter) continued										
						go to APC list	go to ICD-10-PCS list			
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	\$470	2.85 3.97	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	OF7_3DZ	Disorders of the biliary tract MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC/MCC	\$9,527	
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)	\$167	\$587	3.00 4.65			OFB_3ZX		\$6,157	
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)	\$169	\$1,108	3.28 4.71			OFC_3ZZ		\$4,557	
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	\$239	NA	4.21 6.67	\$1,453	APC 5341	\$2,862	0WHG03Z		
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	\$75	\$557	1.46 2.08	\$608	APC 5302	\$1,334	OD2_X0Z OW2_X0Z		
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	\$36	\$36	0.72 0.99		Status N, items and services packaged into primary procedure APC rate. No separate payment		BF1__ZZ	N/A ⁸	

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU ⁸	ASC Payment ³	APC Category	APC Payment ⁴	Possible ICD-10-PCS Codes ⁵	Possible MS-DRG Assignment	MS-DRG Payment ⁶⁷	
Biliary Stenting											
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$434	NA	8.55 12.09	\$3,002	APC 5361	\$4,197	OF7_4DZ	Disorders of the biliary tract MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC/MCC	\$9,527 \$6,157 \$4,557	
<i>Radiological S&I Codes – Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)</i>											
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	\$44	\$44	0.88 1.22	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment		BF00_ZZ BF10_ZZ BF12_ZZ		N/A ⁸	
Radiofrequency Ablation											
						go to APC list	go to ICD-10-PCS list				
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	\$1,297	NA	20.80 36.15	NA	APC 5362	\$6,967	OF5_4ZZ	Pancreas, Liver and Shunt Procedures MS-DRG 405 with MCC MS-DRG 406 with CC MS-DRG 407 without CC/MCC	\$32,482 \$16,595 \$11,998	
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	\$783	\$4,922	14.97 21.82	\$2,037	APC 5361	\$4,197	OF5_3ZZ			
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	\$1,497	NA	24.56 41.72	NA	NA		OF5_0ZZ			
<i>Radiological S&I Codes – Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)</i>											
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	\$106	\$106	2.00 2.95	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment		BF4_ZZZ		N/A ⁸	

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2 Source: CMS website. Physician Fee Schedule – 2017 National Physician Fee Schedule Relative Value File: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>

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

4 Source: CMS website. 2017 OPPS Addendum B: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices.html>

5 Source: CMS ICD-10-CM/PCS MS-DRG v34 Definitions Manual https://www.cms.gov/ICD10Manual/version34-fullcode-cms/fullcode_cms/P0001.html

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

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

8 Total RVU is the relative value unit total for In-Facility calculation

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

APPENDIX A

APC Reference Table

APC Category	APC Payment	APC Description
5054	\$1,427	Level 4 Skin Procedures
5181	\$684	Level 1 Vascular Procedures
5182	\$2,360	Level 2 Vascular Procedures
5182	\$2,360	Level 2 Vascular Procedures
5183	\$3,923	Level 3 Vascular Procedures
5191	\$2,832	Level 1 Endovascular Procedures
5192	\$4,823	Level 2 Endovascular Procedures
5193	\$9,748	Level 3 Endovascular Procedures
5194	\$14,776	Level 4 Endovascular Procedures
5211	\$866	Level 1 Electrophysiologic Procedures
5212	\$5,004	Level 2 Electrophysiologic Procedures
5213	\$16,778	Level 3 Electrophysiologic Procedures
5221	\$2,559	Level 1 Pacemaker and Similar Procedures
5222	\$6,974	Level 2 Pacemaker and Similar Procedures
5223	\$9,410	Level 3 Pacemaker and Similar Procedures
5224	\$16,760	Level 4 Pacemaker and Similar Procedures
5231	\$21,991	Level 1 ICD and Similar Procedures
5232	\$30,514	Level 2 ICD and Similar Procedures
5301	\$699	Level 1 Upper GI Procedures
5302	\$1,334	Level 2 Upper GI Procedures
5341	\$2,862	Abdominal/Peritoneal/Biliary and Related Procedures
5341	\$2,862	Abdominal/Peritoneal/Biliary and Related Procedures
5361	\$4,197	Level 1 Laparoscopy and Related Services
5362	\$6,967	Level 2 Laparoscopy and Related Services
5723	\$416	Level 3 Diagnostic Tests and Related Services
5732	\$28	Level 2 Minor Procedures
5741	\$35	Level 1 Electronic Analysis of Devices

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APPENDIX B

Category Code (C-Code) Reference Guide 2017

[BSC C-Code Finder Website](#)

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

Rhythm Management

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

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

Interventional Cardiology

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

Peripheral

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

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

APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Rhythm Management	
Pacemaker Procedures	
0JH604Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH636Z	Insertion of Pacemaker, Dual Chamber into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH604Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH605Z	Insertion of Pacemaker, Single Chamber - Rate Responsive into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH606Z	Insertion of Pacemaker, Dual Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63JZ	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Approach
02H73JZ	Insertion of Pacemaker Lead into Left Atrium, Percutaneous Approach
02HK3JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach
02HK0JZ	Insertion of Pacemaker Lead into Right Ventricle, Open Approach
02HL3JZ	Insertion of Pacemaker Lead into Left Ventricle, Percutaneous Approach
02HL0JZ	Insertion of Pacemaker Lead into Left Ventricle, Open Approach
02H43JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Approach
0JPT0PZ	Removal of permanent pacemaker pulse generator only
4B02XSZ	Measurement of Cardiac Pacemaker, External Approach
CRT-P	
0JH607Z	Insertion of Cardiac Resynchronization Pacemaker Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63JZ	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Approach
02HK3JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach
02HK0JZ	Insertion of Pacemaker Lead into Right Ventricle, Open Approach
02H43JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Approach

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APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Defibrillator Procedures	
0JH608Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
02H73KZ	Insertion of Defibrillator Lead into Left Atrium, Percutaneous Approach
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02HK0KZ	Insertion of Defibrillator Lead into Right Ventricle, Open Approach
02HL3KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Approach
02HL0KZ	Insertion of Defibrillator Lead into Left Ventricle, Open Approach
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach
4B02XTZ	Measurement of Cardiac Defibrillator, External Approach
CRT-D	
0JH609Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02HK0KZ	Insertion of Defibrillator Lead into Right Ventricle, Open Approach
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach
Insertion of Cardiac Rhythm Related Device	
0JH60PZ	Insertion of Cardiac Rhythm Related Device into Chest Subcutaneous Tissue and Fascia, Open Approach
Removal of Cardiac Lead	
02PA0MZ	Removal of Cardiac Lead from Heart, Open Approach
02PA3MZ	Removal of Cardiac Lead from Heart, Percutaneous Approach
Revision of Cardiac Lead	
02WA0MZ	Revision of Cardiac Lead in Heart, Open Approach
02WA3MZ	Revision of Cardiac Lead in Heart, Percutaneous Approach

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APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Removal of Cardiac Rhythm Related Device	
0JPT0PZ	Removal of Cardiac Rhythm Related Device from Trunk Subcutaneous Tissue and Fascia, Open Approach
Revision of Cardiac Rhythm Related Device in Trunk	
0JWTPZ	Revision of Cardiac Rhythm Related Device in Trunk Subcutaneous Tissue and Fascia, Open Approach
WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure	
02L73DK	Occlusion of Left Atrial Appendage with Intraluminal Device, Percutaneous Approach
Programming ILR and Remote Interrogation of ICM and ILR (Professional and Technical Components)	
4A02X4Z	Measurement of Cardiac Electrical Activity, External Approach
In Person Interrogation of transvenous ICD, ICM and ILR	
4A12X4Z	Monitoring of Cardiac Electrical Activity, External Approach
4A02X9Z	Measurement of Cardiac Electrical Activity, External Approach
Electrophysiology Studies	
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
4A02X4Z	Measurement of Cardiac Electrical Activity, External Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
3E043GC	Introduction of Other Therapeutic Substance into Central Vein, Percutaneous Approach
3E033GC	Introduction of Other Therapeutic Substance into Peripheral Vein, Percutaneous Approach
3E043GC	Introduction of Other Therapeutic Substance into Central Vein, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
02583ZZ	Destruction of Conduction Mechanism, Percutaneous Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach

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APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
02583ZZ	Destruction of Conduction Mechanism, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
3E033KZ	Introduction of Other Diagnostic Substance into Peripheral Vein, Percutaneous Approach
3E043KZ	Introduction of Other Diagnostic Substance into Central Vein, Percutaneous Approach
4A12X9Z	Monitoring of Cardiac Output, External Approach
B244ZZ3	Ultrasonography of Right Heart, Intravascular
B245ZZ3	Ultrasonography of Left Heart, Intravascular
B246ZZ3	Ultrasonography of Right and Left Heart, Intravascular
B24BZZ3	Ultrasonography of Heart with Aorta, Intravascular
B24DZZ3	Ultrasonography of Pediatric Heart, Intravascular
B244ZZ4	Ultrasonography of Right Heart, Transesophageal
B245ZZ4	Ultrasonography of Left Heart, Transesophageal
B246ZZ4	Ultrasonography of Right and Left Heart, Transesophageal
B24BZZ4	Ultrasonography of Heart with Aorta, Transesophageal
B24CZZ4	Ultrasonography of Pericardium, Transesophageal
B24DZZ4	Ultrasonography of Pediatric Heart, Transesophageal
02563ZZ	Destruction of Right Atrium, Percutaneous Approach
02573ZZ	Destruction of Left Atrium, Percutaneous Approach

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APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Interventional Cardiology	
Diagnostic Cardiac Catheterization	
4A020N6	Measurement of Cardiac Sampling and Pressure, Right Heart, Open Approach
4A020N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Open Approach
4A020N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Open Approach
4A023N6	Measurement of Cardiac Sampling and Pressure, Right Heart, Percutaneous Approach
4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach
4A023N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Percutaneous Approach
Angiography	
B2100ZZ	Coronary Artery, Single, High Osmolar, None, None
B2101ZZ	Coronary Artery, Single, low Osmolar, None, None
B210YZZ	Coronary Artery, Single, Other Contrast, None, None
B2110ZZ	Coronary Artery, Multiple, High Osmolar, None, None
B2111ZZ	Coronary Artery, Multiple, low Osmolar, None, None
B211YZZ	Coronary Artery, Multiple, Other Contrast, None, None
B2120ZZ	Coronary Artery Bypass Graft, Single, High Osmolar, None, None
B2121ZZ	Coronary Artery Bypass Graft, Single, Low Osmolar, None, None
B212YZZ	Coronary Artery Bypass Graft, Single, Other Contrast, None, None
B2130ZZ	Coronary Artery Bypass Graft, Multiple, High Osmolar, None, None
B2131ZZ	Coronary Artery Bypass Graft, Multiple, Low Osmolar, None, None
B213YZZ	Coronary Artery Bypass Graft, Multiple, Other Contrast, None, None
B2140ZZ	Heart, Right, High Osmolar, None, None
B2141ZZ	Heart, Right, High Low Osmolar, None, None
B214YZZ	Heart, Right, Other Contrast, None, None
B2150ZZ	Heart, Left, High Osmolar, None, None

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APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
B2151ZZ	Heart, Left, Low Osmolar, None, None
B215YZZ	Heart, Left, Other Contrast, None, None
B2160ZZ	Heart, Right and Left, High Osmolar, None, None
B2161ZZ	Heart, Right and Left, Low Osmolar, None, None
B216YZZ	Heart, Right and Left, Other Contrast, None, None
B2170ZZ	Internal Mammary Bypass Graft, Right, High Osmolar, None, None
B2171ZZ	Internal Mammary Bypass Graft, Right, Low Osmolar, None, None
B217YZZ	Internal Mammary Bypass Graft, Right, Other Contrast, None, None
B2180ZZ	Internal Mammary Bypass Graft, Left, High Osmolar, None, None
B2181ZZ	Internal Mammary Bypass Graft, Left, Low Osmolar, None, None
B218YZZ	Internal Mammary Bypass Graft, Left, Other Contrast, None, None
B21F0ZZ	Bypass Graft, Other, High Osmolar, None, None
B21F1ZZ	Bypass Graft, Other, Low Osmolar, None, None
B21FYZZ	Bypass Graft, Other, Other Contrast Osmolar, None, None
Injection Diagnostic Cardiac Catheterization	
4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach
3E073KZ	Introduction of Other Diagnostic Substance into Coronary Artery, Percutaneous Approach
3E083KZ	Introduction of Other Diagnostic Substance into Heart, Percutaneous Approach
3E053KZ	Introduction of Other Diagnostic Substance into Peripheral Artery, Percutaneous Approach
3E063KZ	Introduction of Other Diagnostic Substance into Central Artery, Percutaneous Approach
3E073KZ	Introduction of Other Diagnostic Substance into Coronary Artery, Percutaneous Approach
3E083KZ	Introduction of Other Diagnostic Substance into Heart, Percutaneous Approach
3E053KZ	Introduction of Other Diagnostic Substance into Peripheral Artery, Percutaneous Approach
3E063KZ	Introduction of Other Diagnostic Substance into Central Artery, Percutaneous Approach

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APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Coronary Angioplasty (PTCA), without stent	
02703ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Approach
02713ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Approach
02723ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Approach
02733ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Approach
02703Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Approach
02713Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach
02723Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach
02733Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach
Coronary Atherectomy, without stent	
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
Bare Metal Coronary Stent with Angioplasty	
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
02713DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach
02723DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach
02733DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach

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APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

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

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APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

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

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APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

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

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ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

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

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ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

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

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ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Percutaneous Balloon Valvuloplasty	
027F3ZZ	Dilation of Aortic Valve, Percutaneous Approach
027G3ZZ	Dilation of Mitral Valve, Percutaneous Approach
027H3ZZ	Dilation of Pulmonary Valve, Percutaneous Approach
02RF37Z	Replacement of Aortic Valve with Autologous Tissue Substitute, Percutaneous Approach
02RF38Z	Replacement of Aortic Valve with Zooplasic Tissue, Percutaneous Approach
02RF3JH	Replacement of Aortic Valve with Synthetic Substitute, Transapical, Percutaneous Approach
02RF3JZ	Replacement of Aortic Valve with Synthetic Substitute, Percutaneous Approach
02RF3KZ	Replacement of Aortic Valve with Nonautologous Tissue Substitute, Percutaneous Approach
02RF0JZ	Replacement of Aortic Valve with Synthetic Substitute, Open Approach
02RH37H	Replacement of Pulmonary Valve with Autologous Tissue Substitute, Transapical, Percutaneous Approach
02UG3JZ	Supplement Mitral Valve with Synthetic Substitute, Percutaneous Approach
5A1221Z	Performance of Cardiac Output, Continuous
5A1221Z	Performance of Cardiac Output, Continuous
Paravalvular Leak Repair	
02WF47Z	Revision of Autologous Tissue Substitute in Aortic
02WF48Z	Revision of Zooplasic Tissue in Aortic Valve
02WF4JZ	Revision of Synthetic Substitute in Aortic Valve
02WF4KZ	Revision of Nonautologous Tissue Substitute in Aortic
02WG47Z	Revision of Autologous Tissue Substitute in Mitral
02WG48Z	Revision of Zooplasic Tissue in Mitral Valve
02WG4JZ	Revision of Synthetic Substitute in Mitral Valve
02WG4KZ	Revision of Nonautologous Tissue Substitute in Mitral

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ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Peripheral Interventions	
Percutaneous Transluminal Balloon Angioplasty	
04793ZZ	Dilation of Right Renal Artery, Percutaneous Approach
047A3ZZ	Dilation of Left Renal Artery, Percutaneous Approach
027W3ZZ	Dilation of Thoracic Aorta, Percutaneous Approach
04703ZZ	Dilation of Abdominal Aorta, Percutaneous Approach
03773ZZ	Dilation of Right Brachial Artery, Percutaneous Approach
03783ZZ	Dilation of Left Brachial Artery, Percutaneous Approach
03Q73ZZ	Repair Right Brachial Artery, Percutaneous Approach
03Q83ZZ	Repair Left Brachial Artery, Percutaneous Approach
B3110ZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using High Osmolar Contrast
B3111ZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using Low Osmolar Contrast
B311YZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using Other Contrast
B4120ZZ	Fluoroscopy of Hepatic Artery using High Osmolar Contrast
B4121ZZ	Fluoroscopy of Hepatic Artery using Low Osmolar Contrast
B412YZZ	Fluoroscopy of Hepatic Artery using Other Contrast
B51B0ZA	Fluoroscopy of Right Lower Extremity Veins using High Osmolar Contrast, Guidance
B51B1ZA	Fluoroscopy of Right Lower Extremity Veins using Low Osmolar Contrast, Guidance
B51BYZA	Fluoroscopy of Right Lower Extremity Veins using Other Contrast, Guidance
Iliac Artery Revascularization	
047C3ZZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
Femoral/Popliteal Artery Revascularization	
04CK3ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Approach
04CL3ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Approach
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach
047M3DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach
047K3Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Approach
047L341	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach

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ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Tibial/Peroneal Artery Revascularization	
047P3ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Approach
047T3ZZ	Dilation of Right Peroneal Artery, Percutaneous Approach
04CP3ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Approach
04CS3ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Approach
Transcatheter Placement of Carotid Stents with Embolic Protection	
037H3DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Approach
037L3DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Approach
Embolization	
06L43DZ	Occlusion of Hepatic Vein with Intraluminal Device, Percutaneous Approach
03L43DZ	Occlusion of Left Subclavian Artery with Intraluminal Device, Percutaneous Approach
04L43DZ	Occlusion of Splenic Artery with Intraluminal Device, Percutaneous Approach
Catheter Placement	
03H233Z	Insertion of Infusion Device into Innominate Artery, Percutaneous Approach
03H333Z	Insertion of Infusion Device into Right Subclavian Artery, Percutaneous Approach
03H733Z	Insertion of Infusion Device into Right Brachial Artery, Percutaneous Approach
04HC33Z	Insertion of Infusion Device into Right Common Iliac Artery, Percutaneous Approach
04HD33Z	Insertion of Infusion Device into Left Common Iliac Artery, Percutaneous Approach
04H933Z	Insertion of Infusion Device into Right Renal Artery, Percutaneous Approach
04HA33Z	Insertion of Infusion Device into Left Renal Artery, Percutaneous Approach
Angiography	
B31H0ZZ	Fluoroscopy of Right Upper Extremity Arteries using High Osmolar Contrast
B41FYZZ	Fluoroscopy of Right Lower Extremity Arteries using Other Contrast

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ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Transhepatic Shunts (TIPS)	
06H43DZ	Insertion of Intraluminal Device into Hepatic Vein, Percutaneous Approach
06H83DZ	Insertion of Intraluminal Device into Portal Vein, Percutaneous Approach
06PY3DZ	Removal of Intraluminal Device from Lower Vein, Percutaneous Approach
06WY3DZ	Revision of Intraluminal Device in Lower Vein, Percutaneous Approach
Thrombectomy	
03CY3ZZ	Extirpation of Matter from Upper Artery, Percutaneous Approach
05CY3ZZ	Extirpation of Matter from Upper Vein, Percutaneous Approach
04CM3ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Approach
04CT3ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Approach
Thrombolysis	
3E05317	Introduction of Other Thrombolytic into Peripheral Artery, Percutaneous Approach
3E06317	Introduction of Other Thrombolytic into Central Artery, Percutaneous Approach
3E03317	Introduction of Other Thrombolytic into Peripheral Vein, Percutaneous Approach
3E04317	Introduction of Other Thrombolytic into Central Vein, Percutaneous Approach
Vena Cava Filters	
06H03DZ	Insertion of Intraluminal Device into Inferior Vena Cava, Percutaneous Approach
06WY3DZ	Revision of Intraluminal Device in Lower Vein, Percutaneous Approach
06PY3DZ	Removal of Intraluminal Device from Lower Vein, Percutaneous Approach
Intravascular Ultrasound	
B44LZZ3	Ultrasonography of Femoral Artery, Intravascular
B54CZZ3	Ultrasonography of Left Lower Extremity Veins, Intravascular
Biliary Procedures - Diagnostic	
BF001ZZ	Plain Radiography of Bile Ducts using Low Osmolar Contrast
BF00YZZ	Plain Radiography of Bile Ducts using Other Contrast
BF030ZZ	Plain Radiography of Gallbladder and Bile Ducts using High Osmolar Contrast
BF031ZZ	Plain Radiography of Gallbladder and Bile Ducts using Low Osmolar Contrast
BF03YZZ	Plain Radiography of Gallbladder and Bile Ducts using Other Contrast
BF0C0ZZ	Plain Radiography of Hepatobiliary System, All using High Osmolar Contrast
BF0C1ZZ	Plain Radiography of Hepatobiliary System, All using Low Osmolar Contrast

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ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
BF0CYZZ	Plain Radiography of Hepatobiliary System, All using Other Contrast
BF100ZZ	Fluoroscopy of Bile Ducts using High Osmolar Contrast
BF101ZZ	Fluoroscopy of Bile Ducts using Low Osmolar Contrast
BF10YZZ	Fluoroscopy of Bile Ducts using Other Contrast
BF110ZZ	Fluoroscopy of Biliary and Pancreatic Ducts using High Osmolar Contrast
BF111ZZ	Fluoroscopy of Biliary and Pancreatic Ducts using Low Osmolar Contrast
BF11YZZ	Fluoroscopy of Biliary and Pancreatic Ducts using Other Contrast
BF120ZZ	Fluoroscopy of Gallbladder using High Osmolar Contrast
BF121ZZ	Fluoroscopy of Gallbladder using Low Osmolar Contrast
BF12YZZ	Fluoroscopy of Gallbladder using Other Contrast
BF130ZZ	Fluoroscopy of Gallbladder and Bile Ducts using High Osmolar Contrast
BF131ZZ	Fluoroscopy of Gallbladder and Bile Ducts using Low Osmolar Contrast
BF13YZZ	Fluoroscopy of Gallbladder and Bile Ducts using Other Contrast
BF140ZZ	Fluoroscopy of Gallbladder, Bile Ducts and Pancreatic Ducts using High Osmolar Contrast
BF141ZZ	Fluoroscopy of Gallbladder, Bile Ducts and Pancreatic Ducts using Low Osmolar Contrast
BF14YZZ	Fluoroscopy of Gallbladder, Bile Ducts and Pancreatic Ducts using Other Contrast
0WHG03Z	Insertion of Infusion Device into Peritoneal Cavity, Open Approach
Drainage (Internal stent/External Catheter)	
0F24X0Z	Change Drainage Device in Gallbladder, External Approach
0F24XYZ	Change Other Device in Gallbladder, External Approach
0F2BX0Z	Change Drainage Device in Hepatobiliary Duct, External Approach
0F2BXYZ	Change Other Device in Hepatobiliary Duct, External Approach
0F753DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Percutaneous Approach
0F753ZZ	Dilation of Right Hepatic Duct, Percutaneous Approach
0F754DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F763DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Percutaneous Approach
0F763ZZ	Dilation of Left Hepatic Duct, Percutaneous Approach

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ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
0F764DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F783DZ	Dilation of Cystic Duct with Intraluminal Device, Percutaneous Approach
0F783ZZ	Dilation of Cystic Duct, Percutaneous Approach
0F784DZ	Dilation of Cystic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F793DZ	Dilation of Common Bile Duct with Intraluminal Device, Percutaneous Approach
0F793ZZ	Dilation of Common Bile Duct, Percutaneous Approach
0F9430Z	Drainage of Gallbladder with Drainage Device, Percutaneous Approach
0F943ZX	Drainage of Gallbladder, Percutaneous Approach, Diagnostic
0F943ZZ	Drainage of Gallbladder, Percutaneous Approach
0F794DZ	Dilation of Common Bile Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F9530Z	Drainage of Right Hepatic Duct with Drainage Device, Percutaneous Approach
0F953ZX	Drainage of Right Hepatic Duct, Percutaneous Approach, Diagnostic
0F953ZZ	Drainage of Right Hepatic Duct, Percutaneous Approach
0F9630Z	Drainage of Left Hepatic Duct with Drainage Device, Percutaneous Approach
0F963ZX	Drainage of Left Hepatic Duct, Percutaneous Approach, Diagnostic
0F963ZZ	Drainage of Left Hepatic Duct, Percutaneous Approach
0F9830Z	Drainage of Cystic Duct with Drainage Device, Percutaneous Approach
0F983ZX	Drainage of Cystic Duct, Percutaneous Approach, Diagnostic
0F983ZZ	Drainage of Cystic Duct, Percutaneous Approach
0F9930Z	Drainage of Common Bile Duct with Drainage Device, Percutaneous Approach
0F993ZX	Drainage of Common Bile Duct, Percutaneous Approach, Diagnostic
0F993ZZ	Drainage of Common Bile Duct, Percutaneous Approach
0F993ZZ	Drainage of Common Bile Duct, Percutaneous Approach

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