

# Procedural Payment Guide

2019 Hospital Inpatient and 2019 Hospital Outpatient, ASC and Physician Reimbursement Information

## Contents

### Introduction

Important—Please Note (print page 2)

Description of Payment Methods (print page 3)

[Rhythm Management Procedures \(print page range: 4-18\)](#)

[Interventional Cardiology Select Coronary Interventions \(print page range: 19-30\)](#)

[Peripheral Interventions \(print page range: 31-46\)](#)

### Appendices

[Appendix A: APC Reference Table \(print page 48\)](#)

[Appendix B: Category Codes \(C-Codes\) Reference Guide 2017 \(print page range: 49-50\)](#)

[Appendix C: ICD-10-PCS Reference Table \(print page range: 51-71\)](#)

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## 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 and request ext. 24114 for reimbursement support if you have any questions about the information in these materials. You can also find reimbursement updates on our website:

[www.bostonscientific.com/reimbursement](http://www.bostonscientific.com/reimbursement)

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### ***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 Terminology<sup>1</sup> (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 OPPIs. This reporting provides claims data used annually to update the OPPIs 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 OPPIs 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\_3\_Z is listed as a potential code for reporting a coronary drug-eluting stent procedure. In this example, the "\_" character could be 0, 1, 2, 3, 4, 5, 6, or 7 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 4<sup>th</sup> 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, 2019 | **APC and ASC** information effective through December 31, 2019 | **Physician fee** information effective through December 31, 2019

*\*National Average Medicare physician payment rates calculated using the 2019 conversion factor of \$36.0391*

+ Signifies Add-on Code CPT® Code¹		*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		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	MS-DRG Payment⁶
Rhythm Management Device Implant Procedures										
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	\$474	NA	7.14 13.15	\$7,940	APC 5223	\$9,879	02H63JZ 0JH604Z or 0JH605Z	Permanent cardiac pacemaker implant MS-DRG 244 without CC/MCC MS-DRG 243 with CC MS-DRG 242 with MCC	\$12,887 \$15,595 \$22,816
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	\$503		7.80 13.97	\$7,920			02HK3JZ 0JH605Z or 0JH604Z		
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	\$546		8.52 15.15	\$8,065			02H63JZ 02HK3JZ 0JH606Z		
33212	Insertion of pacemaker pulse generator only; with existing single lead	\$336		5.01 9.31	\$5,877	APC 5222	\$7,404	0JH604Z	Cardiac pacemaker replacement MS-DRG 259 without MCC MS-DRG 258 with MCC	\$12,803 \$18,248
33213	Insertion of pacemaker pulse generator only; with existing dual leads	\$351		5.28 9.74	\$8,088	APC 5223	\$9,879	0JH606Z		
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	\$376		5.55 10.44	\$12,777	APC 5224	\$17,679	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)	\$501		7.59 13.90	\$7,883	APC 5223	\$9,879	0JH606Z 0JPT0PZ 02H63JZ RA or 02HK3KZ RV	Permanent cardiac pacemaker implant MS-DRG 244 without CC/MCC MS-DRG 243 with CC MS-DRG 242 with MCC	\$12,887 \$15,595 \$22,816
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	\$325		4.92 9.02	\$1,305	APC 5183	\$2,642	02WA3MZ	Cardiac pacemaker revision except device implant MS-DRG 262 without CC/MCC MS-DRG 261 with CC MS-DRG 260 with MCC	\$9,957 \$12,161 \$22,099

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
Rhythm Management Device Implant Procedures <i>continued</i>										
						<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>			
33216	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator	\$388	NA	5.62 10.76	\$5,326	APC 5222	\$7,404	02H63JZ 02H43KZ 02H73JZ 02HK3JZ 02HL3JZ	Cardiac pacemaker revision except device implant MS-DRG 262 without CC/MCC	\$9,957
									MS-DRG 261 with CC	\$12,161
									MS-DRG 260 with MCC	\$22,099
								02HK3KZ 02H73KZ 02HL3KZ 02H63KZ	ICD lead procedures MS-DRG 265	\$19,029
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator	\$382		5.59 10.60	\$5,898	APC 5221	\$3,131	02WA3MZ	Cardiac pacemaker revision except device replacement MS-DRG 262 without CC/MCC	\$9,957
33218	Repair of single transvenous electrode, permanent pacemaker or pacing cardioverter-defibrillator	\$405		5.82 11.25	\$1,612					\$12,161
									MS-DRG 260 with MCC	\$22,099
33220	Repair of 2 transvenous electrodes for permanent pacemaker or pacing cardioverter-defibrillator	\$408		5.90 11.33	\$1,612	APC 5221	\$3,131	02WA3MZ	Cardiac pacemaker revision except device replacement MS-DRG 262 without CC/MCC	\$9,957
									MS-DRG 261 with CC	\$12,161
33222	Relocation of skin pocket for pacemaker	\$354		4.85 9.81	\$798	APC 5054	\$1,549	0JWT0PZ	MS-DRG 260 with MCC	\$22,099
33223	Relocation of skin pocket for implantable-defibrillator	\$428		6.30 11.87						
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)	\$541		9.04 15.02	\$7,919	APC 5223	\$9,879	02H43JZ	ICD lead procedures MS-DRG 265	\$19,029

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CPT <sup>®</sup> Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
Rhythm Management Device Implant Procedures <i>continued</i>										
						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
+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)	\$493	NA	8.33 13.67	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment		02H43JZ	Cardiac defibrillator implant with cardiac catheterization with acute MI/HF/Shock MS-DRG 222 with MCC MS-DRG 223 without MCC	\$49,682 \$38,808
									Cardiac defibrillator implant with cardiac catheterization without acute MI/HF/Shock MS-DRG 224 with MCC MS-DRG 225 without MCC	\$45,331 \$34,920
									Cardiac defibrillator implant without cardiac catheteraization MS-DRG 226 with MCC MS-DRG 227 without MCC	\$41,628 \$32,461
									Permanent cardiac pacemaker implant MS-DRG 242 with MCC MS-DRG 243 with CC MS-DRG 244 without CC/MCC	\$22,816 \$15,595 \$12,887
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	\$521		8.68 14.45	\$1,690	APC 5183	\$2,642	02WA3MZ	Cardiac pacemaker revision except device replacement MS-DRG 262 without CC/MCC MS-DRG 261 with CC	\$9,957 \$12,161
33233	Removal of permanent pacemaker pulse generator only	\$241		3.14 6.68	\$3,701	APC 5222	\$7,404	0JPT0PZ	MS-DRG 260 with MCC	\$22,099
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	\$354		5.25 9.82	\$5,831			0JH604Z or 0JH605Z 0JPT0PZ	Cardiac pacemaker device replacement MS-DRG 258 with MCC MS-DRG 259 without MCC	\$18,248 \$12,803
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	\$370		5.52 10.26	\$7,875	APC 5223	\$9,879	0JPT0PZ 0JH606Z		
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generaor; multiple lead system	\$392		5.79 10.87	\$12,783	APC 5224	\$17,679	0JPT0PZ 0JH607Z		



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CPT <sup>®</sup> Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
Rhythm Management Device Implant Procedures <i>continued</i>										
						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	\$508	NA	7.66 14.10	\$1,612	APC 5221	\$3,131	02PA3MZ	Cardiac pacemaker revision except device replacement	
									MS-DRG 262 without CC/MCC	\$9,957
33235	Removal of transvenous pacemaker electrode(s); dual lead system	\$667		9.90 18.52					MS-DRG 261 with CC	\$12,161
									MS-DRG 260 with MCC	\$22,099
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	\$382		5.80 10.61	\$19,901	APC 5231	\$21,996	0JH608Z	AICD Generator Procedures	
									MS-DRG 245	\$30,601
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	\$400		6.07 11.09						
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	\$420		6.34 11.65	\$27,062	APC 5232	\$30,656			
33241	Removal of implantable defibrillator pulse generator only	\$225		3.04 6.24	\$1,286	APC 5221	\$3,131	0JPT0PZ	Cardiac pacemaker revision except device replacement	
									MS-DRG 262 without CC/MCC	\$9,957
								MS-DRG 261 with CC	\$12,161	
								MS-DRG 260 with MCC	\$22,099	
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	\$390	5.81 10.82	\$19,280	APC 5231	\$21,996	0JH608Z 0JPT0PZ	AICD Generator Procedures		
								MS-DRG 245 with MCC	\$30,601	
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	\$406	6.08 11.27							
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	\$424	6.35 11.76	\$27,119	APC 5232	\$30,656				
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	\$904	13.74 25.09	Not covered for ASC payment	APC 5221	\$3,131	02PA3MZ	Cardiac pacemaker revision except device replacement		
								MS-DRG 262 without CC/MCC	\$9,957	
								MS-DRG 261 with CC	\$12,161	
								MS-DRG 260 with MCC	\$22,099	

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+ Signifies Add-on Code	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
CPT® Code <sup>1</sup>										
Rhythm Management Device Implant Procedures <i>continued</i>					<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>			
33249	Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber	\$961	NA	14.92 26.67	\$27,056	APC 5232	\$30,656	02H63KZ 02HK3KZ 0JH608Z	Cardiac defibrillator implant with cardiac catheterization with acute MI/HF/Shock MS-DRG 222 with MCC MS-DRG 223 without MCC	\$49,682 \$38,808
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	\$594		9.10 16.47	\$27,006			0JH608Z 0JH60PZ	MS-DRG 224 with MCC MS-DRG 225 without MCC	\$45,331 \$34,920
33271	Insertion of subcutaneous implantable defibrillator electrode	\$478		7.50 13.25	\$6,297	APC 5222	\$7,404	0JH60PZ	Cardiac defibrillator implant without cardiac catheterization MS-DRG 226 with MCC MS-DRG 227 without MCC	\$41,628 \$32,461
33272	Removal of subcutaneous implantable defibrillator electrode	\$363		5.42 10.08	NA	APC 5221	\$3,131	0JPT0PZ	ICD lead procedures MS-DRG 265	\$19,029
33273	Reposition of previously implanted subcutaneous implantable defibrillator electrode	\$421		6.50 11.68	\$1,612			0JWT0PZ		
WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure										
33340	Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement(s) left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	\$829	NA	14.00 23.01	NA	NA Inpatient Only Procedure		02L73DK	Percutaneous Intracardiac Procedures MS-DRG 273 with MCC MS-DRG 274 without MCC	\$22,300 \$18,184

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Rhythm Management Device Evaluation Codes											
<a href="#">go to APC list</a> <a href="#">go to ICD-10-PCS list</a>											
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 or leadless pacemaker system in one cardiac chamber	\$33	\$56	0.65 0.92	Not covered for ASC payment	APC 5741	\$37	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	\$66	0.77 1.09							
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	\$44	\$71	0.85 1.22							
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	\$44	\$68	0.85 1.21				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	\$86	1.15 1.64							

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+ Signifies Add-on Code	CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
Rhythm Management Device Evaluation Codes <i>continued</i>						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>			
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	\$65	\$93	1.25 1.79	Not covered for ASC payment	APC 5741	\$37	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	\$44	\$70	0.85 1.22							
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; subcutaneous cardiac rhythm monitor system	\$27	\$49	0.52 0.75							
93286	Peri-procedural device evaluation (in person) and programming of device device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	\$15	\$36	0.30 0.43		NA		4B02XSZ			
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	\$44	0.45 0.66							4B02XTZ

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**Inpatient** information effective through September 30, 2019 | **APC and ASC** information effective through December 31, 2019 | **Physician fee** information effective through December 31, 2019

*\*National Average Medicare physician payment rates calculated using the 2019 conversion factor of \$36.0391*

+ Signifies Add-on Code CPT® Code¹		*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		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	MS-DRG Payment⁶
Rhythm Management Device Evaluation Codes <i>continued</i>										
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, or leadless pacemaker system	\$22	\$45	0.43 0.61	Not covered for ASC payment	APC 5741	\$37	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	\$38	\$61	0.75 1.06				4B02XTZ		
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	\$38	\$64	0.74 1.06				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	\$43	0.43 0.62				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; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	\$19	\$39	0.37 0.52		APC 5731	\$17			

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+ Signifies Add-on Code CPT® Code¹		*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		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	MS-DRG Payment⁶
Rhythm Management Device Evaluation Codes <i>continued</i>										
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	\$41	0.43 0.61	Not covered for ASC payment	APC 5741	\$37	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	\$15	\$53	0.31 0.43						
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	\$31	\$31	0.60 0.87		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	\$45	\$45	0.74 1.26				4B02XTZ		
93296	Interrogation device evaluation(s) (remote), up to 90 days single, dual, or multiple lead pacemaker system, leadless pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	NA	\$26	0.00 0.72		APC 5741	\$37	4B02XSZ 4B02XTZ		
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic 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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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
Rhythm Management Device Evaluation Codes <i>continued</i>										
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	\$27	\$27	0.52 0.75	Not covered for ASC payment	NA		4A02X9Z	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 subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Contractor Priced	Contractor Priced	0.00 0.00		APC 5741	\$37			
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	\$107	\$107	2.15 2.98	Not covered for ASC payment	APC 5524 \$497		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)	\$220	\$220	3.73 6.11		Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment			
93600	Bundle of His recording	\$124	\$124	2.12 3.45	APC 5212		\$5,097	4A023FZ	ICD-10-PCS procedure code does not impact MS-DRG	
93602	Intra-atrial recording	\$122	\$122	2.12 3.38						
93603	Right ventricular recording	\$122	\$122	2.12 3.39	APC 5211	\$919				
+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)	\$292	\$292	4.99 8.10						Status N, items and services packaged into primary procedure APC rate. No separate payment
93610	Intra-atrial pacing	\$172	\$172	3.02 4.77	APC 5212	\$5,097	4A0234Z	ICD-10-PCS procedure code does not impact MS-DRG		
93612	Intraventricular pacing	\$170	\$170	3.02 4.72						

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		*PHYSICIAN <sup>2</sup>			ASC <sup>3</sup>	HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>			
+ Signifies Add-on Code	CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
Intracardiac Electrophysiology Procedures/Studies											
<a href="#">go to APC list</a> <a href="#">go to ICD-10-PCS list</a>											
+93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	\$311	NA	5.23	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		02K83ZZ	<b>Percutaneous Intracardiac Procedures</b> MS-DRG 273 with MCC MS-DRG 274 without MCC <div>\$22,300 \$18,184</div>		
				8.63							
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s)	\$39	\$39	0.74 1.09		APC 5211	\$919	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	\$62	\$62	1.24 1.71							
93618	Induction of arrhythmia by electrical pacing	\$232	\$232	4.00 6.43							
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	\$410	\$410	7.06 11.37		APC 5212	\$5,097	4A0234Z	<b>Percutaneous Intracardiac Procedures</b> MS-DRG 273 with MCC MS-DRG 274 without MCC <div>\$22,300 \$18,184</div>		
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	\$659	\$659	11.32 18.28							
+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)	\$122	\$122	2.10 3.39	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment			<b>Percutaneous Intracardiac Procedures</b> MS-DRG 273 with MCC MS-DRG 274 without MCC <div>\$22,300 \$18,184</div>		



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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
Intracardiac Electrophysiology Procedures/Studies <i>continued</i>						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
+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)	\$181	NA	3.10 5.02	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		4A0234Z	<b>Percutaneous Intracardiac Procedures</b> MS-DRG 273 with MCC MS-DRG 274 without MCC	
+93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	\$166	\$166	2.85 4.61				4A023FZ 3E043KZ 3E033KZ		\$22,300 \$18,184
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	\$254	\$254	4.55 7.04			APC 5212	\$5,097		
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	\$187	3.26 5.20		Status N, items and services packaged into primary procedure APC rate. No separate payment		4A02XFZ	<b>ICD-10-PCS procedure code does not impact MS-DRG</b>	
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	\$328	\$328	5.67 9.10				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)	\$269	\$352	4.63 7.46			APC 5211	\$919		

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
Intracardiac Electrophysiology Procedures/Studies <i>continued</i>						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
93644	Electrophysial 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	\$151	\$204	3.04 4.18	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 completer heart block, with or without temporary pacemaker placement	\$620	NA	10.24 17.20		APC 5212	\$5,097	02583ZZ 0JH636Z 0JH634Z	Percutaneous Intracardiac Procedures MS-DRG 273 with MCC MS-DRG 274 without MCC	\$22,300 \$18,184
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	\$878	NA	14.75 24.36		APC 5213	\$19,214	02583ZZ 4A0234Z		
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary) and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	\$1,175	NA	19.75 32.60						

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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	MS-DRG Payment⁶
Intracardiac Electrophysiology Procedures/Studies <i>continued</i>					<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>			
+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)	\$447	NA	7.50 12.40	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	
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	\$1,178	NA	19.77 32.70		APC 5213	\$19,214			
+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)	\$446	NA	7.50 12.38		NA				
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	\$96	\$163	1.89 2.67	APC 5723	\$455	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	\$147	2.80 4.07		NA		B244ZZ3 B245ZZ3 B246ZZ3 B24BZZ3 B24DZZ3	ICD-10-PCS procedure code does not impact MS-DRG	

**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.

<sup>1</sup> Current Procedural Terminology (CPT) CPT® Copyright 2018 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

<sup>2</sup> Source: CMS website. Physician Fee Schedule – 2019 National Physician Fee Schedule Relative Value File: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>

<sup>3</sup> Source: CMS website. ASC Addenda Updates: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/Downloads/CMS-1695-FC-2019-FR-ASC-Addendum-A.zip>

<sup>4</sup> Source: CMS website. 2019 OPPS Addendum B: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html>

<sup>5</sup> Source: CMS ICD-10-CM/PCS MS-DRG v35 Definitions Manual [https://www.cms.gov/ICD10Manual/version35-fullcode-cms/fullcode\\_cms/P0001.html](https://www.cms.gov/ICD10Manual/version35-fullcode-cms/fullcode_cms/P0001.html)

<sup>6</sup> Source: Data tables (FY2019 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/FY2019-IPPS-Final-Rule-Home-Page.html>

<sup>7</sup> 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-Hospital²	Work RVU Total RVU⁹	APC Category	APC Payment³	Possible ICD-10-PCS Codes⁴	Possible MS-DRG Assignment	MS-DRG Payment⁵,⁶
Diagnostic Cardiac Catheterization (Use physician modifier -26 as appropriate)				go to APC list		go to ICD-10-PCS list		
93451 right	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$137	2.47 3.79	APC 5191	\$2,810	4A023N6 4A020N6	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization	
93530 right	Right heart catheterization, for congenital cardiac anomalies	\$215	3.97 5.97				MS-DRG 216 with MCC \$59,961	
							MS-DRG 217 with CC \$38,848	
93452 left	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	\$249	4.50 6.91	Status N, items and services packaged into primary procedure APC	4A023N7 4A020N7	MS-DRG 218 without CC/MCC \$36,055		
						Cardiac defibrillator implant with cardiac catheterization with AMI/HF/Shock		
93462 left	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$220	3.73 6.11			MS-DRG 222 with MCC⁶ \$49,682		
93453 combined	Combined right heart catheterization and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	\$334	5.99 9.28	APC 5191	\$2,810	4A023N8 4A020N8	MS-DRG 223 without MCCᵇ \$38,808	
							Cardiac defibrillator implant with cardiac catheterization without AMI/HF/Shock	
93531 combined	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	\$447	8.34 12.39				MS-DRG 224 with MCCᵇ \$45,331	
93532 combined	Combined right heart catheterization and transseptal left heart catheterization through intact septum, with or without retrograde left heart catheterization, for congenital cardiac anomalies	\$558	9.99 15.47	MS-DRG 225 without MCC⁶ \$34,920				
				Coronary bypass with cardiac catheterization				
93533 combined	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies)	\$372	6.69 10.33	MS-DRG 233 with MCC \$46,632				
				MS-DRG 234 without MCC \$31,426				
				Circulatory disorders except AMI with cardiac catheterization				
				MS-DRG 286 with MCC \$13,315				
				MS-DRG 287 without MCC \$6,954				
				Atherosclerosis				
				MS-DRG 302 with MCC \$6,530				
				MS-DRG 303 without MCC \$4,063				

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**Inpatient** information effective through September 30, 2019 | **APC** and **ASC** information effective through December 31, 2019 | **Physician fee** information effective through December 31, 2019

*\*National Average Medicare physician payment rates calculated using the 2019 conversion factor of \$36.0391*

		*PHYSICIAN <sup>2</sup>		HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital <sup>2</sup>	Work RVU Total RVU <sup>9</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>4</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>5,6</sup>
Diagnostic Cardiac Catheterization (Use physician modifier -26 as appropriate)								
				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	\$253	4.54 7.01	APC 5191	\$2,810	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	\$294	5.29 8.17				MS-DRG 216 with MCC	\$59,961
							MS-DRG 217 with CC	\$38,848
							MS-DRG 218 without CC/MCC	\$36,055
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	\$328	5.90 9.11				Cardiac defibrillator implant with cardiac catheterization with AMI/HF/Shock	
							MS-DRG 222 with MCC <sup>b</sup>	\$49,682
							MS-DRG 223 without MCC <sup>6</sup>	\$38,808
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	\$369	6.64 10.24				Cardiac defibrillator implant with cardiac catheterization without AMI/HF/Shock	
							MS-DRG 224 with MCC <sup>6</sup>	\$45,331
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	\$312	5.60 8.65			MS-DRG 225 without MCC <sup>6</sup>	\$34,920	
				Coronary bypass with cardiac catheterization				
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	\$353	6.35 9.79			MS-DRG 233 with MCC	\$46,632	
						MS-DRG 234 without MCC	\$31,426	
				Circulatory disorders except AMI with cardiac				
						MS-DRG 286 with MCC	\$13,315	
						MS-DRG 287 without MCC	\$6,954	
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	\$395	7.10 10.95			Atherosclerosis		
						MS-DRG 302 with MCC	\$6,530	
						MS-DRG 303 without MCC	\$4,063	
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	\$437	7.85 12.12					



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CPT® Code¹	CPT Descriptions	*PHYSICIAN²		HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		MS-DRG Payment⁵,⁶		
		In-Hospital²	Work RVU Total RVU⁹	APC Category	APC Payment³	Possible ICD-10-PCS Codes⁴	Possible MS-DRG Assignment			
Injection Diagnostic Cardiac Catheterization (Each site may be injected multiple times, only report each code once)										
				<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>				
+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	Status N, items and services packaged into primary procedure APC rate. No separate payment		3E053KZ	NA⁷			
			1.69			3E063KZ				
+93564	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	\$65	1.13			3E053KZ				
			1.79			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			3E073KZ				
			1.31			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)	\$49	0.86			3E053KZ 3E063KZ				
			1.35							
+93567	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)	\$55	0.97							
+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)	\$102	2.00	Status N, items and services packaged into primary procedure APC rate. No separate payment		3E073KZ	NA⁸			
			2.82			3E083KZ				
+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)	\$90	1.80			4A1335C				
			2.50							

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CPT® Code¹	CPT Descriptions	*PHYSICIAN²		HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		
		In-Hospital²	Work RVU Total RVU⁹	APC Category	APC Payment³	Possible ICD-10-PCS Codes⁴	Possible MS-DRG Assignment	MS-DRG Payment⁵,⁶
Coronary Angioplasty (PTCA), without stent								
<a href="#">go to APC list</a> <a href="#">go to ICD-10-PCS list</a>								
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	\$558	9.85 15.49	APC 5192	\$4,679	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	\$15,794 \$10,244
Coronary Atherectomy, without stent								
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	\$666	11.74 18.48	APC 5193	\$9,669	02C_3ZZ 02C_3Z6	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	\$15,794 \$10,244
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	\$621	10.96 17.24	APC 5193	\$9,669	027_3_Z 027_3_6	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	\$19,370 \$12,151
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	\$9,669	027_3_Z 027_3_6	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	\$19,774 \$12,682

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		In-Hospital²	Work RVU Total RVU⁹	APC Category	APC Payment³	Possible ICD-10-PCS Codes⁴	Possible MS-DRG Assignment	MS-DRG Payment⁵,⁶
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	\$697	12.29 19.34	APC 5194	\$15,355	027_3_Z 027_3_6 02C_3Z_	Percutaneous cardiovascular procedures with non-drug-eluting stent	
+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			MS-DRG 248 with MCC MS-DRG 249 without MCC	\$19,370 \$12,151
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	\$15,355	027_3_Z 027_3_6 02C_3Z_	Percutaneous cardiovascular procedures with drug-eluting stent	
+C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery			NA			MS-DRG 246 with MCC MS-DRG 247 without MCC	\$19,774 \$12,682
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	\$621	10.95 17.23	APC 5193	\$9,669	027_3_Z 027_3_6 02C_3Z_	Percutaneous cardiovascular procedures with non-drug-eluting stent	
+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			MS-DRG 248 with MCC MS-DRG 249 without MCC	\$19,370 \$12,151
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	\$9,669	027_3_Z 027_3_6 02C_3Z_	Percutaneous cardiovascular procedures with drug-eluting stent	
+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			MS-DRG 246 with MCC MS-DRG 247 without MCC	\$19,774 \$12,682

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		In-Hospital²	Work RVU Total RVU⁹	APC Category	APC Payment³	Possible ICD-10-PCS Codes⁴	Possible MS-DRG Assignment	MS-DRG Payment⁵,⁶
Bare Metal Stent - Chronic Total Occlusion Revascularization								
				<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
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	\$698	12.31 19.38	APC 5193	\$9,669	027_3_Z 027_3_6 02C_3Z_	Percutaneous cardiovascular procedures with non-drug-eluting stent MS-DRG 248 with MCC MS-DRG 249 without MCC	
+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				\$19,370 \$12,151
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	\$15,355	027_3_Z 027_3_6 02C_3Z_	Percutaneous cardiovascular procedures with drug-eluting stent MS-DRG 246 with MCC MS-DRG 247 without MCC	
+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				\$19,774 \$12,682

BSC currently has no stents FDA-approved for CTOs

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital <sup>2</sup>	Work RVU Total RVU <sup>9</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>4</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>5,6</sup>
Intravascular Ultrasound (Use physician modifier -26 as appropriate)								
				<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
+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)	\$101	1.80	Status N, items and services packaged into primary procedure APC rate. No separate payment		B240ZZ3 B241ZZ3	Coronary bypass with PTCA	
			2.79				MS-DRG 231 with MCC	\$51,279
+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				MS-DRG 232 without MCC	\$37,612
			2.22					
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)	\$81	1.38	Status N, items and services packaged into primary procedure APC rate. No separate payment		4A033BC	Percutaneous cardiovascular procedure with drug-eluting stent	
			2.24				MS-DRG 246 with MCC or 4+ vessels/stents	\$19,774
+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)	\$65	1.00				MS-DRG 247 without MCC	\$12,682
			1.81					
							Percutaneous cardiovascular procedure with non-drug-eluting stent	
							MS-DRG 248 with MCC or 4+ vessels/stents	\$19,370
							MS-DRG 249 without MCC	\$12,151
							Percutaneous cardiovascular procedure without coronary artery stent	
							MS-DRG 250 with MCC	\$15,794
							MS-DRG 251 without MCC	\$10,244
							Circulatory disorders except AMI, with cardiac catheterization	
							MS-DRG 286 with MCC	\$13,315
							MS-DRG 287 without MCC	\$6,954

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		In-Hospital²	Work RVU Total RVU⁹	APC Category	APC Payment³	Possible ICD-10-PCS Codes⁴	Possible MS-DRG Assignment
	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)	\$186	3.28 5.15	NA	02C_3Z_	Percutaneous cardiovascular procedure with drug-eluting stent MS-DRG 246 with MCC or 4+ vessels/stents \$19,774 MS-DRG 247 without MCC \$12,682  Percutaneous cardiovascular procedure with non-drug-eluting stent MS-DRG 248 with MCC or 4+ vessels/stents \$19,370 MS-DRG 249 without MCC \$12,151  Percutaneous cardiovascular procedure without coronary artery stent MS-DRG 250 with MCC \$15,794 MS-DRG 251 without MCC \$10,244	
	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 sedition 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	\$26	0.5	NA		NA⁷	
			0.72				
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	NA		NA⁷	
			0.35				
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		NA⁷	
			NA				



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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital <sup>2</sup>	Work RVU Total RVU <sup>9</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>4</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>5,6</sup>		
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	\$92	1.9	NA			NA <sup>7</sup>			
			2.54							
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	\$81	1.65	NA			NA <sup>7</sup>			
			2.24							
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)	\$66	1.25	NA			NA <sup>7</sup>			
			1.82							
Percutaneous Balloon Valvuloplasty; Aortic Valve										
				go to APC list		go to ICD-10-PCS list				
92986	Percutaneous balloon valvuloplasty; aortic valve	\$1,383	22.6	5192	\$5,085	027F3ZZ	Percutaneous Intracardiac Procedures			
			38.38			027F4ZZ				
92987	Percutaneous balloon valvuloplasty; mitral valve	\$1,427	23.38	5193	\$9,669	027G3ZZ			MS-DRG 273 with MCC	\$22,300
			39.59			027G4ZZ			MS-DRG 274 without MCC	\$18,184
92990	Percutaneous balloon valvuloplasty; pulmonary valve	\$1,140	18.27					027H3ZZ		
			31.62			027H4ZZ				

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		*PHYSICIAN <sup>2</sup>		HOSPITAL OUTPATIENT		HOSPITAL INPATIENT			
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital <sup>2</sup>	Work RVU Total RVU <sup>9</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>4</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>5,6</sup>	
Endovascular or Transthoracic Valves				<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>			
33361 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	\$1,423	25.13 39.48	NA Inpatient Only Procedure		02RF37Z	Endovascular Cardiac Valve Replacement	MS-DRG 266 with MCC MS-DRG 267 without MCC	\$43,908 \$35,706
33362 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	\$1,553	27.52 43.10			02RF38Z			
33363 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	\$1,609	28.50 44.64			02RF3JZ			
33364 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	\$1,663	30.00 46.14			02RF3KZ			
33365 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	\$1,868	33.12 51.83						
33366 <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	\$2,019	35.88 56.03			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)	\$659	11.88 18.29			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)	\$783	14.39 21.72			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)	\$1,033	19.00 28.67			02RF3JZ 5A1221Z			

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*\*National Average Medicare physician payment rates calculated using the 2019 conversion factor of \$36.0391*

CPT® Code¹	CPT Descriptions	*PHYSICIAN²		HOSPITAL OUTPATIENT		HOSPITAL INPATIENT				
		In-Hospital²	Work RVU Total RVU⁹	APC Category	APC Payment³	Possible ICD-10-PCS Codes⁴	Possible MS-DRG Assignment	MS-DRG Payment⁵,⁶		
	<b>Endovascular or Transthoracic Valves</b> <i>continued</i>			<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>				
<b>33477</b> <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	<b>Endovascular Cardiac Valve Replacement</b>				
<b>33999</b>	Unlisted procedure, cardiac surgery		0.00					02RH3_H	MS-DRG 266 with MCC MS-DRG 267 without MCC	<b>\$43,908</b> <b>\$35,706</b>
<b>33418</b>	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis		\$1,888			32.25 52.39	02UG3JZ	<b>Percutaneous Intracardiac Procedures</b> MS-DRG 228 with MCC MS-DRG 229 without MCC		<b>\$40,151</b> <b>\$28,381</b>
<b>+33419</b>	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)		\$446			7.93 12.37				
	<b>Paravalvular Leak Repair</b>			<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>					
<b>93590</b>	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	\$1,124	21.70 31.20	5194	\$15,355	02WG4_Z	MS-DRG 228 with MCC MS-DRG 229 without MCC	<b>\$40,151</b> <b>\$28,381</b>		
<b>93591</b>	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	\$926	17.97 25.70			02WF4Z				
<b>93592</b>	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	\$410	8.00 11.39			02WF4Z 02WG4_Z				
	<b>WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure</b>			<a href="#">go to APC list</a>						
<b>33340</b>	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s),left atrial angiography, left atrial appendage angiography,when performed, and radiological supervision and interpretation	\$829	14.00 23.01	NA Inpatient Only Procedure	02L73DK	<b>Percutaneous Intracardiac Procedures</b> MS-DRG 273 with MCC MS-DRG 274 without MCC		<b>\$22,300</b> <b>\$18,184</b>		

**WATCHMAN** is a registered or unregistered trademark of Boston Scientific Corporation.  
All other trademarks are the property of their respective owners.

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<sup>2</sup> Source: CMS website. Physician Fee Schedule – 2019 National Physician Fee Schedule Relative Value File: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>

<sup>3</sup> Source: CMS website. 2019 OPPS Addendum B: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html>

<sup>4</sup> Source: CMS ICD-10-CM/PCS MS-DRG v35 Definitions Manual [https://www.cms.gov/ICD10Manual/version35-fullcode-cms/fullcode\\_cms/P0001.html](https://www.cms.gov/ICD10Manual/version35-fullcode-cms/fullcode_cms/P0001.html)

<sup>5</sup> Source: Data tables (FY2019 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/FY2019-IPPS-Final-Rule-Home-Page.html>

<sup>6</sup> Not intended as an all inclusive list of MS-DRGs.

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

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

<sup>9</sup> 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

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CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁸	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	MS-DRG Payment⁶⁷
		<div>Transluminal Balloon Angioplasty</div> <div><a href="#">go to APC list</a><a href="#">go to ICD-10-PCS list</a></div>								
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	\$365	\$2,136	7.00	\$2,002	APC 5192	\$4,679	027_3ZZ	Other vascular procedures MS-DRG 252 with MCC \$19,903 MS-DRG 253 with CC \$15,839 MS-DRG 254 without CC/MCC \$11,051	
				10.12				037_3ZZ		
								037_3Z6		
								047_3ZZ		
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)	\$179	\$814	3.50	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	047_3Z6			
				4.97						
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	\$312	\$1,527	6.00	\$2,002	APC 5192	\$4,679	067_3ZZ		
				8.66						
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)	\$152	\$604	2.97	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment				
				4.22						

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>67</sup>
Iliac Artery Revascularization						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$421	\$3,019	7.90 11.68	\$2,002	APC 5192	\$4,679	047_3ZZ 047_3Z6	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,903
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$520	\$4,284	9.75 14.43	\$5,834	APC 5193	\$9,669	047_3DZ 0473D6		\$15,839
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)	\$195	\$816	3.73 5.42	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	047_3ZZ 047_3Z6	047_3DZ 047_3D6		\$11,051
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)	\$223	\$2,256	4.25 6.20						
Femoral/Popliteal Artery Revascularization										
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$466	\$3,628	8.75 12.94	\$2,887	APC 5192	\$4,679	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	\$19,903
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	\$635	\$12,444	11.75 17.61	\$6,411	APC 5193	\$9,669	047_3ZZ 047_3Z6 047_3Z1		\$15,839
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$547	\$10,793	10.24 15.18	\$6,223	APC 5193	\$9,669	047_3_1 047_3_6 047_3_Z		\$11,051
37227	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$763	\$16,033	14.25 21.17	\$10,354	APC 5194	\$15,355	047_3_1 047_3_6 047_3_Z 04C_3ZZ		



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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>67</sup>
Tibial/Peroneal Artery Revascularization						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
37228	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$570	\$5,260	10.75 15.81	\$5,484	APC 5193	\$9,669	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	\$19,903 \$15,839 \$11,051
37229	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$741	\$12,451	13.80 20.56	\$9,787	APC 5194	\$15,355	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	\$735	\$10,600	13.55 20.39	\$9,604	APC 5194	\$15,355	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	\$799	\$15,230	14.75 22.16	\$9,851	APC 5194	\$15,355	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)	\$211	\$1,122	4.00 5.85	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	\$19,903 \$15,839 \$11,051
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)	\$343	\$1,367	6.50 9.53				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	\$3,955	5.50 8.32				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)	\$421	\$4,291	7.80 11.68				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 RVU⁸	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	MS-DRG Payment⁶⁷	
Transcatheter Placement of Intravascular Stents											
(Peripheral stenting is covered at local Medicare contractor discretion. Payment amounts assume procedure is covered)											
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	\$466	\$3,662	8.75	\$5,741	APC 5193	\$9,669	027_3_Z	Other vascular procedures		
				12.94				027_3_6		MS-DRG 252 with MCC	\$19,903
								037_3_Z		MS-DRG 253 with CC	\$15,839
								037_3_6		MS-DRG 254 without CC/MCC	\$11,051
								047_3_Z			
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	\$223	\$2,175	4.25	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				
				6.19							
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	\$318	\$3,699	6.04	\$5,873	APC 5193	\$9,669	057_3DZ			
				8.82							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	\$1,765	2.97	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		057_3DZ			
				4.42							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 Scientifics’ carotid WALLSTENT® Monorail® Endoprosthesis device is indicated for carotid artery stenting with embolic protection only. Medicare will not consider payment for the procedure when performed without embolic protection.,										
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.	\$1,053	NA	17.75 29.21	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		\$21,979 \$13,556
		\$0	NA	0.00 0.00		NA Not paid by Medicare	037_3_Z 037_3_6			\$10,538

Select Peripheral Interventions

2019 Procedural Payment Guide

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CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁸	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	MS-DRG Payment⁶⁷
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)	\$463	\$4,950	8.75 12.86	\$4,056	APC 5193	\$9,669	05L_3DZ 06L_3DZ	Other major cardiovascular procedures	
										MS-DRG 270 with MCC
									MS-DRG 271 with CC	\$21,331
									MS-DRG 272 without CC/MCC	\$15,985
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)	\$500	\$7,622	9.80 13.86				03L_3DZ 04L_3DZ	Other vascular procedures	
									MS-DRG 252 with MCC	\$19,903
									MS-DRG 253 with CC	\$15,839
									MS-DRG 254 without CC/MCC	\$11,051
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	\$589	\$9,861	11.74 16.33				03L_3DZ 04L_3DZ 04LE3DT 04LF3DU	MS-DRG 987	\$7,143
									MS-DRG 988	\$26,684
									MS-DRG 989	\$14,976
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	\$696	\$7,052	13.75 19.31	NA			03L_3DZ 04L_3DZ	Other female reproductive system	
									MS-DRG 749	\$7,473
									MS-DRG 750	\$11,243
Catheter Access										
					<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>			
36140	Introduction of needle or intracatheter; extremity artery	\$94	\$459	1.76 2.62	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate	NA	NA	NA <sup>8</sup>	
36160	Introduction of needle or intracatheter, aortic, translumbar	\$129	\$527	2.52 3.59						
36200	Introduction of catheter, aorta	\$146	\$585	2.77 4.05						

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		*PHYSICIAN <sup>2</sup>			ASC <sup>3</sup>	HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>		
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>67</sup>
	Catheter Placement				<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>			
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$222	\$1,060	4.17 6.16	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		03H233Z	NA <sup>8</sup>	
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$286	\$1,142	5.27 7.93				03H333Z		
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$343	\$1,914	6.29 9.51				03H733Z		
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	\$54	\$248	1.01 1.51				03H333Z		
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$248	\$1,349	4.65 6.89				04H_33Z	NA <sup>8</sup>	
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$266	\$858	5.02 7.39						
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$316	\$1,535	6.04 8.78						
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	\$148	1.01 1.42						
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	\$272	\$1,413	5.10 7.55	APC 5183	\$2,642	B41__ZZ	NA <sup>8</sup>		

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Inpatient information effective through September 30, 2019 | APC and ASC information effective through December 31, 2019| Physician fee information effective through December 31, 2019

\*National Average Medicare physician payment rates calculated using the 2019 conversion factor of \$36.0391

CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁸	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	MS-DRG Payment⁶⁷
Catheter Placement <i>continued</i>										
						<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>			
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	\$378	\$1,529	6.74 10.49	Status N1 No separate payment	APC 5183	\$2,642	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	\$374	\$2,256	7.30 10.37		APC 5184	\$4,377	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	\$437	\$2,192	7.90 12.13		APC 5183	\$2,642	B41__ZZ		
Angiography (Use physician modifier -26 as appropriate)										
						<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>			
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	\$88	\$170	1.75 2.45	NA	APC 5183	\$2,642	B31__ZZ B41__ZZ	NA ⁸	
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	\$98	\$182	1.97 2.73						
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	\$56	\$147	1.14 1.56		APC 5184	\$4,377	B31__ZZ B41__ZZ		
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$59	\$170	1.14 1.63		APC 5182	\$1,094	B41__ZZ		
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	\$65	\$183	1.31 1.81		APC 5183	\$2,642	B41__ZZ		
75736	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation	\$56	\$158	1.14 1.56		APC 5184	\$4,377	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	\$84	0.36 0.49		NA		B31__ZZ B41__ZZ		

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Inpatient information effective through September 30, 2019 | APC and ASC information effective through December 31, 2019| Physician fee information effective through December 31, 2019

\*National Average Medicare physician payment rates calculated using the 2019 conversion factor of \$36.0391

		*PHYSICIAN <sup>2</sup>			ASC <sup>3</sup>	HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>		
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>
Transhepatic Shunts (TIPS)										
						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
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)	\$857	NA	16.97 23.79	NA	NA		06H43DZ 06H83DZ 06183DY	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,903 \$15,839 \$11,051
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)	\$392	\$6,140	7.74 10.88		APC 5192	\$4,679	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	\$32,842 \$17,294 \$12,252
Dialysis Circuit										
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report	\$176	\$661	3.36 4.88	\$523	APC 5182	\$1,094	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	\$252	\$1,301	4.83 6.98	\$2,002	APC 5192	\$4,679	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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CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁸	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	MS-DRG Payment⁶⁷
	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	\$333	\$5,485	6.39	\$6,002	APC 5193	\$9,669	037_3_Z	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	
				9.23				067_3DZ		\$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)	\$388	\$1,914	7.5	\$2,663	APC 5192	\$4,679	3E0_317		
				10.77				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	\$465	\$2,407	9	\$4,056	APC 5193	\$9,669	3E0_317	Other Kidney and Urinary Tract MS-DRG 673 with MCC MS-DRG 674 with CC MS-DRG 675 without MCC/CC	
				12.91				03C_3ZZ		\$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	\$537	\$6,723	10.42	\$9,724	APC 5194	\$15,355	3E0_317		
				14.9				03C_3ZZ		

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**Inpatient** information effective through September 30, 2019 | **APC** and **ASC** information effective through December 31, 2019| **Physician fee** information effective through December 31, 2019

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CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁸	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	MS-DRG Payment⁶⁷
	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)	\$154	\$736	3	Status N1 No separate payment	NA		037_3ZZ	<b>Other vascular procedures</b> MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,756
				4.26				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)	\$217	\$2,451	4.25				037_3_Z		<b>Other Kidney and Urinary Tract Procedures</b> MS-DRG 673 with MCC MS-DRG 674 with CC MS-DRG 675 without MCC/CC
				6.03				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)	\$210	\$1,981	4.12				05L_3DZ		\$19,936
				5.84				06L_3DZ		\$9,230

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Inpatient information effective through September 30, 2019 | APC and ASC information effective through December 31, 2019| Physician fee information effective through December 31, 2019

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		*PHYSICIAN <sup>2</sup>			ASC <sup>3</sup>	HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>		
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>
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	\$467	\$2,171	8.41 12.97	\$2,912	APC 5192	\$4,679	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	\$30,904 \$21,331 \$15,985
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)	\$175	\$669	3.28 4.85	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment				
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)	\$256	\$1,350	4.92 7.10						
Venous Mechanical Thrombectomy										
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$411	\$2,002	7.78 11.4	\$2,721	APC 5192	\$4,679	05C_3ZZ	Other major cardiovascular procedures MS-DRG 270 with MCC MS-DRG 271 with CC	\$30,904 \$21,331 \$15,985
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	\$289	\$1,684	5.46 8.03	\$1,305	APC 5183	\$2,642			
									MS-DRG 272 without MCC/CC	
									Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,903 \$15,839 \$11,051

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		*PHYSICIAN <sup>2</sup>			ASC <sup>3</sup>	HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>		
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>67</sup>
Thrombolysis										
						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
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 11.21	\$3,046	APC 5184	\$4,377	3E05317 3E06317	Peripheral vascular disorders MS-DRG 299 with MCC MS-DRG 300 with CC MS-DRG 301 without MCC/CC	\$8,855
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$354	NA	6.81 9.81	\$1,721	APC 5183	\$2,642	3E03317 3E04317		\$6,250
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed	\$244	NA	4.75 6.76	NA	APC 5182	\$1,094	3E03317 3E04317 3E05317 3E06317		\$4,434
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 3.57	NA	APC 5182	\$1,094			
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	\$234	\$2,521	4.46 6.49	NA	APC 5184	\$4,377	06H03DZ	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$19,903
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	\$360	\$1,351	7.10 9.98	NA	APC 5183	\$2,642	06WY3DZ		\$15,839
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	\$366	\$1,588	7.10 10.15	NA			06PY3DZ		\$11,051

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Inpatient information effective through September 30, 2019 | APC and ASC information effective through December 31, 2019| Physician fee information effective through December 31, 2019

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		*PHYSICIAN <sup>2</sup>			ASC <sup>3</sup>	HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>		
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>8</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>67</sup>
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)	\$96	\$1,289	1.80 2.65	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		B34_ZZ3 B44_ZZ3 B54_ZZ3	Other vascular procedures MS-DRG 252 with MCC	\$19,903
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)	\$77	\$202	1.44 2.13				MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$15,839 \$11,051	
Biliary Procedures										
Diagnostic										
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	\$356	1.30 2.06	Status N1 No separate payment	APC 5341	\$2,947	BF0_ _ZZ BF1_ _ZZ	Disorders of the biliary tract MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC/MCC	\$9,835 \$6,518 \$4,854
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	\$223	\$837	4.25 6.18		APC 5341	\$2,947	BF0_ _ZZ BF1_ _ZZ		
Drainage (Internal Stent/External Cathether)										
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	\$279	\$1,270	5.38 7.74	\$1,343	APC 5341	\$2,947	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	\$390	\$1,480	7.60 10.81	\$1,343			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	\$207	\$1,025	3.95 5.75	\$1,343			0F2BX0Z		

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Inpatient information effective through September 30, 2019 | APC and ASC information effective through December 31, 2019| Physician fee information effective through December 31, 2019

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CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁸	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	MS-DRG Payment⁶⁷
Biliary Procedures										
Drainage (Internal Stent/External Cathether) continued										
						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	\$138	\$706	2.61 3.84	\$1,343	APC 5341	\$2,947	0F2BX0Z	Disorders of the biliary tract  MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC/MCC	\$9,835
										\$6,518
										\$4,854
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	\$415	1.84 2.79	\$392	APC 5301	\$762	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	\$4,390	4.75 6.88	\$3,137	APC 5361	\$4,596	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	\$448	\$4,869	8.75 12.43	\$3,050			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)	\$462	\$4,952	9.03 12.83	\$3,182			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	\$347	\$1,218	6.75 9.64	\$1,343	APC 5341	\$2,947	NA		



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CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁸	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	MS-DRG Payment⁶⁷
	<b>Biliary Procedures</b>									
	<b>Drainage (Internal Stent/External Cathether) continued</b>									
						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
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	\$502	2.85 3.94	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	0F7_3DZ	Disorders of the biliary tract	MS-DRG 444 with MCC	\$9,835
				MS-DRG 445 with CC					\$6,518	
				MS-DRG 446 without CC/MCC					\$4,854	
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	\$151	\$482	3.00 4.20			0FB_3ZX			
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)	\$166	\$1,055	3.28 4.61			0FC_3ZZ			
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	\$239	NA	4.21 6.64	\$1,343	APC 5341	\$2,947	0WHG03Z		
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	\$75	\$582	1.46 2.07	\$642	APC 5302	\$1,483	0D2_X0Z 0W2_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	

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.

Inpatient information effective through September 30, 2019 | APC and ASC information effective through December 31, 2019| Physician fee information effective through December 31, 2019

\*National Average Medicare physician payment rates calculated using the 2019 conversion factor of \$36.0391

CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁸	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	MS-DRG Payment⁶⁷
Biliary Stenting										
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$386	NA	8.55 10.72	\$3,048	APC 5361	\$4,596	0F7_4DZ	Disorders of the biliary tract	
									MS-DRG 444 with MCC	\$9,835
									MS-DRG 445 with CC	\$6,518
									MS-DRG 446 without CC/MCC	\$4,854
Radiological S&I Codes – Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)										
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	\$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	\$1,308	NA	20.80 36.29	NA	APC 5362	\$7,742	0F5_4ZZ	Pancreas, Liver and Shunt Procedures	
									MS-DRG 405 with MCC	\$32,842
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	\$776	\$4,709	14.97 21.54	\$2,128	APC 5361	\$4,596	0F5_3ZZ	MS-DRG 406 with CC	\$17,294
									MS-DRG 407 without CC/MCC	\$12,252
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	\$1,508	NA	24.56 41.84	NA	NA		0F5_0ZZ		
Radiological S&I Codes – Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)										
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	\$106	\$106	2.00 2.93	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment		BF4_ZZZ	N/A ⁸	

<sup>1</sup> Current Procedural Terminology (CPT) © 2017 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association

<sup>2</sup> Source: CMS website. Physician Fee Schedule – 2019 National Physician Fee Schedule Relative Value File: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>

<sup>3</sup> Source: CMS website. ASC Addenda Updates:<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/Downloads/CMS-1695-FC-2019-FR-ASC-Addendum-A.zip>

<sup>4</sup> Source: CMS website. 2019 OPPS Addendum B: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html>

<sup>5</sup> Source: CMS ICD-10-CM/PCS MS-DRG v35 Definitions Manual [https://www.cms.gov/ICD10Manual/version35-fullcode-cms/fullcode\\_cms/P0001.html](https://www.cms.gov/ICD10Manual/version35-fullcode-cms/fullcode_cms/P0001.html)

<sup>6</sup> Not intended as an all inclusive list of MS-DRGs.

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

<sup>8</sup> Total RVU is the relative value unit total for In-Facility calculation

APPENDIX A

APC Reference Table

APC Category	APC Payment	APC Description
5054	\$1,549	Level 4 Skin Procedures
5181	\$620	Level 1 Vascular Procedures
5182	\$1,094	Level 2 Vascular Procedures
5183	\$2,642	Level 3 Vascular Procedures
5191	\$2,810	Level 1 Endovascular Procedures
5192	\$4,679	Level 2 Endovascular Procedures
5193	\$9,669	Level 3 Endovascular Procedures
5194	\$15,355	Level 4 Endovascular Procedures
5211	\$919	Level 1 Electrophysiologic Procedures
5212	\$5,097	Level 2 Electrophysiologic Procedures
5213	\$19,214	Level 3 Electrophysiologic Procedures
5221	\$3,131	Level1 Pacemaker and Similar Procedures
5222	\$7,404	Level 2 Pacemaker and Similar Procedures
5223	\$9,879	Level 3 Pacemaker and Similar Procedures
5224	\$17,679	Level 4 Pacemaker and Similar Procedures
5231	\$21,996	Level 1 ICD and Similar Procedures
5232	\$30,656	Level 2 ICD and Similar Procedures
5301	\$699	Level 1 Upper GI Procedures
5302	\$1,334	Level 2 Upper GI Procedures
5341	\$2,947	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	\$7,742	Level 2 Laparoscopy and Related Services
5723	\$416	Level 3 Diagnostic Tests and Related Services
5732	\$32	Level 2 Minor Procedures
5741	\$37	Level 1 Electronic Analysis of Devices

APPENDIX B

Category Code (C-Code) Reference Guide 2019

[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)
C1779	Lead, pacemaker, transvenous VDD Single pass
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 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



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
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
02HL3JZ	Insertion of Pacemaker Lead into Left Ventricle, Percutaneous 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

APPENDIX C

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

ICD-10-PCS	Description
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
02H43JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Approach
Defibrillator Procedures	
0JH608Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
02H73KZ	Insertion of Defibrillator Lead into Left Atrium, Percutaneous Approach
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02HL3KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous 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
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach

APPENDIX C

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

ICD-10-PCS	Description
Insertion of Cardiac Rhythm Related Device	
0JH60PZ	Insertion of Cardiac Rhythm Related Device into Chest Subcutaneous Tissue and Fascia, Open Approach
Removal of Cardiac Lead	
02PA0MZ	Removal of Cardiac Lead from Heart, Open Approach
02PA3MZ	Removal of Cardiac Lead from Heart, Percutaneous Approach
Revision of Cardiac Lead	
02WA0MZ	Revision of Cardiac Lead in Heart, Open Approach
02WA3MZ	Revision of Cardiac Lead in Heart, Percutaneous Approach
Removal of Cardiac Rhythm Related Device	
0JPT0PZ	Removal of Cardiac Rhythm Related Device from Trunk Subcutaneous Tissue and Fascia, Open Approach
Revision of Cardiac Rhythm Related Device in Trunk	
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	
4A12X42	Monitoring of Cardiac Electrical Activity, External Approach
4A02X9Z	Measurement of Cardiac Electrical Activity, External Approach

APPENDIX C

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

ICD-10-PCS	Description
<b>Electrophysiology Studies</b>	
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
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

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

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



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
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach
Bare Metal Coronary Stent with Angioplasty	
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
02713EZ	Dilation of Coronary Artery, Two Areteries with Intraluminal Device, Percutaneous Approach
02723FZ	Dilation of Coronary Artery, Three Areteries with Intraluminal Device, Percutaneous Approach
02733GZ	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
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach

APPENDIX C

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

ICD-10-PCS	Description
<b>Drug-Eluting Coronary Stent with Angioplasty</b>	
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
027135Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027236Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027337Z	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
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273376	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
<b>Bare Metal Coronary Stent with Atherectomy (Code dilation and extirpation as appropriate)</b>	
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
02713EZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach
02723FZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach
02733GZ	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
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733G6	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
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach

APPENDIX C

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

ICD-10-PCS	Description
<b>Drug-Eluting Coronary Stent with Atherectomy (Code dilation and extirpation as appropriate)</b>	
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
027135Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027236Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027337Z	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
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273376	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
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach
<b>Bare Metal Stent - Bypass Graft Revascularization (Code dilation and extirpation as appropriate)</b>	
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
02713EZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach
02723FZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach
02733GZ	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

APPENDIX C

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

ICD-10-PCS	Description
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733G6	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
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach
<b>Drug-Eluting Stent - Bypass Graft Revascularization (Code dilation and extirpation as appropriate)</b>	
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
027135Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027236Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027337Z	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
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273376	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
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach

APPENDIX C

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

ICD-10-PCS	Description
Bare Metal Stent - Acute Myocardial Infarction Revascularization (Code dilation and extirpation as appropriate)	
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
02713EZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach
02723FZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach
02733GZ	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
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733G6	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
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach

APPENDIX C

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

ICD-10-PCS	Description
<b>Drug-Eluting Stent - Acute Myocardial Infarction Revascularization (Code dilation and extirpation as appropriate)</b>	
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
027135Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027236Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027337Z	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
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273376	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
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach

APPENDIX C

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

ICD-10-PCS	Description
<b>Bare Metal Stent - Chronic Total Occlusion Revascularization    (BSC currently has no stents FDA-approved for CTOs)</b>	
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
02713EZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach
02723FZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach
02733GZ	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
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733G6	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
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach



APPENDIX C

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

ICD-10-PCS	Description
<b>Drug-Eluting Stent - Chronic Total Occlusion Revascularization (BSC currently has no stents FDA-approved for CTOs)</b>	
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
027135Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027236Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027337Z	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
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273376	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
02C03Z6	Extirpation of Matter from Coronary Artery, Bifurcation, One Artery, Percutaneous Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Two Arteries, Percutaneous Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Three Arteries, Percutaneous Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Bifurcation, Four or More Arteries, Percutaneous Approach
<b>Intravascular Ultrasound</b>	
B240ZZ3	Ultrasonography of Single Coronary Artery, Intravascular
B241ZZ3	Ultrasonography of Multiple Coronary Arteries, Intravascular
<b>Fractional Flow Reserve</b>	
4A033BC	Measurement of Arterial Pressure, Coronary, Percutaneous Approach

APPENDIX C

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

ICD-10-PCS	Description
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
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

APPENDIX C

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

APPENDIX C

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

APPENDIX C

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

APPENDIX C

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

ICD-10-PCS	Description
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
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
OWHG03Z	Insertion of Infusion Device into Peritoneal Cavity, Open Approach

APPENDIX C

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

ICD-10-PCS	Description
<b>Drainage (Internal stent/External Catheter)</b>	
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
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



APPENDIX C

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

ICD-10-PCS	Description
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

**Disclaimer**

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