

ICEfx™ Cryoablation System, Visual-ICE™ Cryoablation System, Visual-ICE™ MRI Cryoablation System, and Needles (IceSeed™, IceSphere™, IceRod™, IceEDGE™, IceFORCE™, IcePearl™, i-Thaw™, and FastThaw™)

CODING GUIDES WITH MEDICARE ALLOWABLE REIMBURSEMENT

These products can only be used by licensed healthcare professionals. Caution: Federal law restricts this device to sale by or on the order of a physician. Additional important safety information about the above products is available at <https://btgplc.com/en-US/Cryoablation/Resources/IFUs>. Please review if you intend to use these products.

IMPORTANT INFORMATION: Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. **It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered.** It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD) and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters.

ABOUT CRYOABLATION

Treatment Indications include:

- Kidney - <https://btgplc.com/en-US/Cryoablation/Treatment/Kidney/Indication-Overview>
- Lung - <https://btgplc.com/en-US/Cryoablation/Treatment/Lung/Indication-Overview>
- Prostate - <https://btgplc.com/en-US/Cryoablation/Treatment/Prostate/Indication-Overview>
- Nerve - <https://btgplc.com/en-US/Cryoablation/Treatment/Pain/Indication-Overview>
- Liver – overview not available
- Breast – overview not available

Other resources are available at <https://btgplc.com/en-US/Cryoablation/Home>.

Each cryoablation needle is coded as HCPCS C2618 – Probe/needle, cryoablation.

The Revenue Code suggested by Medicare is 0278 – Other Implants.

Department of Health and Human Services, Center for Medicare & Medicaid Services
42 CFR Parts 410, 416, and 419 [CMS-1414-FC] RIN 0938-AP41

Coding for the procedure is specific to the anatomical region or organ.

Procedures performed laparoscopically or as an open surgical procedure are coded as ablation without reference as to type.

Reimbursement for the cryoablation needle is included in the specific procedural reimbursement.



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SOURCES

PHYSICIAN SERVICES

CMS website. 2020 Physician Fee Schedule. CMS-1715-F. 2020 conversion factor of \$36.0896. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F.html>

OPPS PROCEDURAL SERVICES

CMS website. 2020 OPPS Payment. CMS-1717-CN. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1717-cn>

ASC PROCEDURAL SERVICES

CMS website. 2020 ASC Payment. CMS-1717-CN ASC. <https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notices/cms-1717-cn>

INPATIENT DIAGNOSIS RELATED GROUPS

CMS website. FY 2020 (10/1/19-09/30/20) IPPS Final Rule [CMS-1716-F], Correction Notice [CMS-1716-CN2] and Addenda. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page.html>

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

DIAGNOSIS & INPATIENT PROCEDURAL CODES

CMS ICD-10-CM/PCS MS-DRG v37 Definitions Manual. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY2020-CMS-1716-FR-MS-DRG-Definitions-Manual.zip>. FY 2020 (10/1/19-09/30/20)

Current Procedural Terminology (CPT) Professional Edition 2020. Copyright 2019. American Medical Association. All rights reserved.

2020# REIMBURSEMENT GUIDE IO ABLATION - PROSTATE



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Physician & Facility

PROSTATE Cryosurgical Ablation

PHYSICIAN SERVICES

| CPT | DESCRIPTION | PHYSICIAN RATE (Facility) | PHYSICIAN RATE (Non-Facility) |
|-------|---|---------------------------|-------------------------------|
| 55873 | Cryosurgical ablation of the prostate, incl US monitoring | \$796.14 | \$6,334.81 |
| 55700 | Biopsy, prostate; needle or punch; 1 or > | \$136.06 | \$255.88 |
| 76942 | Ultrasonic guidance for needle placement, IS&I | \$32.48 | \$58.47 |
| 77012 | CT guidance for needle placement, IS&I | \$75.79 | \$153.74 |
| 77021 | MR guidance for needle placement, IS&I | \$74.71 | \$472.77 |

OPPS/ASC PROCEDURAL SERVICES

| APC | DESCRIPTION | HOSPITAL OUTPATIENT RATE | ASC RATE |
|------|---|--------------------------|------------|
| 5376 | Cryosurgical ablation of the prostate, incl US monitoring (CPT 55873) | \$8,067.93 | \$6,194.61 |
| 5373 | Biopsy, prostate; needle or punch; 1 or > (CPT 55700) | \$1,771.55 | \$789.71 |

HCPCS SUPPLY ITEM REPORTING

| C-CODE | DESCRIPTION | HOSPITAL OUTPATIENT RATE | ASC RATE |
|--------|----------------------------|--------------------------|----------|
| C2618* | Probe/needle, cryoablation | Packaged | Packaged |

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY2019 (10/01/2019-09/30/2020)

| MS-DRG | DESCRIPTION | HOSPITAL INPATIENT BASE RATE |
|--------|---|------------------------------|
| 707 | Major male pelvic procedures w/ CC/MCC | \$11,703.63 |
| 708 | Major male pelvic procedures w/o CC/MCC | \$9,088.01 |

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Sources

Current Procedural Terminology (CPT®) Professional Edition 2020. Copyright 2019. American Medical Association. All rights reserved.
 CMS-1715-F; Medicare Physician Fee Schedule Final Rule CY2020. Effective through December 31, 2020. Conversion factor \$36.0896.
 CMS-1717-CN & CMS-1717-FC; Medicare Hospital Outpatient & ASC Prospective Payment System Final Rule CY2020. Effective through December 31, 2020.
 CMS-1716-CN & CMS-1716-F; Medicare Inpatient Prospective Payment System Final Rule FY2020. Effective through September 30, 2020.



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ICD-10 Codes

| ICD-10-CM* | ICD-10-CM DESCRIPTOR | ICD-10-PCS | ICD-10-PCS DESCRIPTOR |
|------------|---|------------|--|
| C61 | Malignant neoplasm of prostate | 0V507ZZ | Destruction of Prostate, Via Natural or Artificial Opening |
| C79.82 | Secondary malignant neoplasm of genital organs | | |
| D07.5 | Carcinoma in situ of prostate | | |
| D29.1 | Benign neoplasm of prostate | | |
| D40.0 | Neoplasm of uncertain behavior of prostate | | |
| D49.59 | Neoplasm of unspecified behavior of other genitourinary organ | | |

* - indicates more specified coding may be required

_ indicates a value is needed to complete code