

## Stone Management

### 2021 Coding & Payment Quick Reference

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.

The following codes are thought to be relevant to Stone Management procedures and are referenced throughout this guide.

To determine whether there are relevant C-codes for any Boston Scientific products, please visit our C-code finder at <http://www.bostonscientific.com/en-US/reimbursement/ccode-finder.html>.

C-Codes are tracking codes established by the Centers for Medicare & Medicaid Services (CMS) to assist Medicare in establishing future APC payment rates. C-Codes only apply to Medicare hospital outpatient claims. They do not trigger additional payment to the facility today.

It is very important that hospitals report C-Codes as well as the associated device costs. This will help inform and potentially increase future outpatient hospital payment rates.

CPT <sup>®</sup> Code	Code Description
<b>Ureteroscopic Stone Management and Stent Insertion</b>	
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

## CPT Codes (cont'd)

CPT Code	Code Description
<b>PCNL</b>	
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50605	Ureterotomy for insertion of indwelling stent, all types
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter
74420	Urography, retrograde, with or without KUB
<b>Bladder Stones</b>	
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
<b>Select Bladder Tumor Procedures</b>	
52204	Cystourethroscopy, with biopsy(s)
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)

## Physician Payment – Medicare

All rates shown are 2021 Medicare national averages; actual rates will vary geographically and/or by individual facility. "Allowed Amount" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurances, etc.

CPT® Code	Short Descriptor	MD In-Office Medicare Allowed Amount	MD In-Facility Medicare Allowed Amount	Total Office-Based RVUs	Total Facility-Based RVUs
<b>Ureteroscopic Stone Management and Stent Insertion</b>					
52005	Cystourethroscopy, with ureteral catheterization	\$318	\$134	9.1	3.84
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	\$321	\$153	9.19	4.38
52332	Cystourethroscopy, with insertion of indwelling ureteral stent	\$457	\$157	13.09	4.5
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus	N/A	\$357	N/A	10.24
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy	N/A	\$396	N/A	11.34
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent	N/A	\$420	N/A	12.04
<b>PCNL</b>					
50080	PCNL or pyelostolithotomy; up to 2 cm	N/A	\$883	N/A	25.31
50081	PCNL or pyelostolithotomy; over 2 cm	N/A	\$1,297	N/A	37.18
50430	Injection procedure for antegrade nephrostogram and/or ureterogram; new access	\$648	\$155	18.58	4.45
50431	Injection procedure for antegrade nephrostogram and/or ureterogram; existing access	\$318	\$66	9.12	1.89
50432	Placement of nephrostomy catheter, percutaneous	\$968	\$206	27.73	5.91
50433	Placement of nephroureteral catheter, percutaneous, new access	\$1,228	\$256	35.2	7.35
50434	Convert nephrostomy catheter	\$984	\$193	28.2	5.53
50435	Exchange nephrostomy catheter	\$634	\$100	18.16	2.86
50436	Dilation of existing tract endourologic percutaneous	N/A	\$152	N/A	4.36
50437	Dilation existing tract, new access renal collecting system	N/A	\$252	N/A	7.23
50561	Kidney endoscopy & treatment	\$487	\$398	13.95	11.42
50605	Insert ureteral support	N/A	\$1,024	N/A	29.36
50693	Placement ureteral stent percutaneous	\$1,098	\$205	31.47	5.88
50694	Placement ureteral stent percutaneous	\$1,221	\$268	35.00	7.69
50695	Placement ureteral stent percutaneous	\$1,474	\$346	42.23	9.91
74420-26	Contrast x-ray urinary tract	\$25	\$25	0.72	0.72
<b>Bladder Stones</b>					
52317	Litholapaxy; simple or small (<2.5 cm)	\$941	\$350	26.97	10.04
52318	Litholapaxy; complicated or large (>2.5 cm)	N/A	\$479	N/A	13.72
<b>Select Bladder Tumor Procedures</b>					
52204	Cystourethroscopy, with biopsy(s)	\$408	\$143	11.69	4.09
52214	Cystourethroscopy, with fulguration	\$802	\$179	22.98	5.12
52224	Cystourethroscopy, with fulguration or treatment of minor (<0.5 cm) lesion(s)	\$835	\$206	23.92	5.9
52234	Cystourethroscopy, with fulguration and/or resection of small bladder tumor(s) (0.5 - 2.0 cm)	N/A	\$248	N/A	7.11
52235	Cystourethroscopy, with fulguration and/or resection of medium bladder tumor(s) (2.0 - 5.0 cm)	N/A	\$291	N/A	8.35
52240	Cystourethroscopy, with fulguration and/or resection of large bladder tumor(s)	N/A	\$396	N/A	11.34

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

## Hospital Outpatient and ASC Payment – Medicare

CPT Code	Short Descriptor	Hospital Outpatient Medicare Allowed Amount	ASC Medicare Allowed Amount
<b>Ureteroscopic Stone Management and Stent Insertion</b>			
52005	Cystourethroscopy, with ureteral catheterization	\$1,793	\$801
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	\$1,793	\$801
52332	Cystourethroscopy, with insertion of indwelling ureteral stent	\$3,076	\$1,402
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus	\$3,076	\$1,402
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy	\$4,414	\$2,074
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent	\$4,414	\$2,074
<b>PCNL</b>			
50080	PCNL or pyelostolithotomy; up to 2 cm	\$8,258	\$4,079
50081	PCNL or pyelostolithotomy; over 2 cm	\$8,258	\$4,079
50430	Injection procedure for antegrade nephrostogram and/or ureterogram; new access	\$575	N/A
50431	Injection procedure for antegrade nephrostogram and/or ureterogram; existing access	\$575	N/A
50432	Placement of nephrostomy catheter, percutaneous	\$1,793	\$801
50433	Placement of nephroureteral catheter, percutaneous, new access	\$3,076	\$1,402
50434	Convert nephrostomy catheter	\$1,793	\$801
50435	Exchange nephrostomy catheter	\$1,793	\$801
50436	Dilation of existing tract endourologic percutaneous	\$3,076	\$1,402
50437	Dilation existing tract, new access renal collecting system	\$3,076	\$1,402
50561	Kidney endoscopy & treatment	\$4,414	\$2,074
50605	Insert ureteral support	N/A	N/A
50693	Placement ureteral stent percutaneous	\$3,076	\$1,402
50694	Placement ureteral stent percutaneous	\$3,076	\$1,402
50695	Placement ureteral stent percutaneous	\$3,076	\$1,402
74420	Contrast x-ray urinary tract	\$368	N/A
<b>Bladder Stones</b>			
52317	Litholapaxy; simple or small (<2.5 cm)	\$3,076	\$1,402
52318	Litholapaxy; complicated or large (>2.5 cm)	\$3,076	\$1,402
<b>Select Bladder Tumor Procedures</b>			
52204	Cystourethroscopy, with biopsy(s)	\$1,793	\$801
52214	Cystourethroscopy, with fulguration	\$3,076	\$1,402
52224	Cystourethroscopy, with fulguration or treatment of minor (<0.5 cm) lesion(s)	\$3,076	\$1,402
52234	Cystourethroscopy, with fulguration and/or resection of small bladder tumor(s) (0.5 - 2.0 cm)	\$3,076	\$1,402
52235	Cystourethroscopy, with fulguration and/or resection of medium bladder tumor(s) (2.0 - 5.0 cm)	\$3,076	\$1,402
52240	Cystourethroscopy, with fulguration and/or resection of large bladder tumor(s)	\$4,414	\$2,074

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

## Hospital Inpatient Payment – Medicare

MS-DRG assignment is based on a combination of diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG.

Possible MS-DRG Assignment	Description	Reimbursement
659	Kidney and ureter procedures for non-neoplasm with major complication or comorbidity (MCC)	\$17,128
660	Kidney and ureter procedures for non-neoplasm with complication or comorbidity (CC)	\$9,277
661	Kidney and ureter procedures for non-neoplasm without CC/MCC	\$6,841
668	Transurethral procedures with MCC	\$17,708
669	Transurethral procedures with CC	\$9,846
670	Transurethral procedures without CC/MCC	\$6,276
698	Other kidney and urinary tract diagnoses with MCC	\$10,327
699	Other kidney and urinary tract diagnoses with CC	\$6,589
700	Other kidney and urinary tract diagnoses without CC/MCC	\$4,787

The patient's medical record must support the existence and treatment of the complication or comorbidity.

## ICD-10 CM Diagnosis Codes

ICD-10 CM Diagnosis Code	Description
<b>Bladder Tumors</b>	
C67.0	Malignant neoplasm of trigone of bladder
C67.5	Malignant neoplasm of bladder neck
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
D09.0	Carcinoma in situ of bladder
D30.3	Benign neoplasm of bladder
D41.4	Neoplasm of uncertain behavior of bladder
D49.4	Neoplasm of unspecified behavior of bladder
<b>Bladder and Kidney Stones</b>	
N20.0	Calculus of kidney
N20.1	Calculus of ureter
N20.9	Urinary calculus, unspecified
N21.0	Calculus in bladder

## ICD-10 PCS Procedure Codes

ICD-10 CM Procedure Code	Description
<b>Bladder Tumors</b>	
OT5C8ZZ	Destruction of Bladder Neck, via Natural or Artificial Opening Endoscopic
OT5B8ZZ	Destruction of Bladder, via Natural or Artificial Opening Endoscopic
OTBB8ZX	Excision of Bladder, via Natural or Artificial Opening Endoscopic, Diagnostic
<b>PCNL</b>	
OT9030Z	Drainage of Right Kidney with Drainage Device, Percutaneous Approach
OT9040Z	Drainage of Right Kidney with Drainage Device, Percutaneous Endoscopic Approach
OT9130Z	Drainage of Left Kidney with Drainage Device, Percutaneous Approach
OT9140Z	Drainage of Left Kidney with Drainage Device, Percutaneous Endoscopic Approach
OTC03ZZ	Extirpation of Matter from Right Kidney, Percutaneous Approach
OTC04ZZ	Extirpation of Matter from Right Kidney, Percutaneous Endoscopic Approach
OTC13ZZ	Extirpation of Matter from Left Kidney, Percutaneous Approach
OTC14ZZ	Extirpation of Matter from Left Kidney, Percutaneous Endoscopic Approach
OTC43ZZ	Extirpation of Matter from Left Kidney Pelvis, Percutaneous Approach
OTC44ZZ	Extirpation of Matter from Left Kidney Pelvis, Percutaneous Endoscopic Approach
OTF33ZZ	Fragmentation in Right Kidney Pelvis, Percutaneous Approach
OTF43ZZ	Fragmentation in Left Kidney Pelvis, Percutaneous Approach
OTF44ZZ	Fragmentation in Left Kidney Pelvis, Percutaneous Endoscopic Approach
OTF34ZZ	Fragmentation in Right Kidney Pelvis, Percutaneous Endoscopic Approach
OT9300Z	Drainage of Right Kidney Pelvis with Drainage Device, Open Approach
OT9340Z	Drainage of Right Kidney Pelvis with Drainage Device, Percutaneous Endoscopic Approach
OT9430Z	Drainage of Left Kidney Pelvis with Drainage Device, Percutaneous Approach
OT9440Z	Drainage of Left Kidney Pelvis with Drainage Device, Percutaneous Endoscopic Approach
OTC33ZZ	Extirpation of Matter from Right Kidney Pelvis, Percutaneous Approach
OTC34ZZ	Extirpation of Matter from Right Kidney Pelvis, Percutaneous Endoscopic Approach
OT733DZ	Dilation of Right Kidney Pelvis with Intraluminal Device, Percutaneous Approach
OT734DZ	Dilation of Right Kidney Pelvis with Intraluminal Device, Percutaneous Endoscopic Approach
OT743DZ	Dilation of Left Kidney Pelvis with Intraluminal Device, Percutaneous Approach
OT744DZ	Dilation of Left Kidney Pelvis with Intraluminal Device, Percutaneous Endoscopic Approach

## ICD-10 PCS Procedure Codes (cont'd)

ICD-10 CM Procedure Code	Description
<b>Bladder Stones</b>	
OTCB7ZZ	Extirpation of Matter from Bladder, Via Natural or Artificial Opening
OTCB8ZZ	Extirpation of Matter from Bladder, Via Natural or Artificial Opening Endoscopic
OTFB0ZZ	Fragmentation in Bladder, Open Approach
OTFB3ZZ	Fragmentation in Bladder, Percutaneous Approach
OTFB4ZZ	Fragmentation in Bladder, Percutaneous Endoscopic Approach
OTFB7ZZ	Fragmentation in Bladder, Via Natural or Artificial Opening
OTFB8ZZ	Fragmentation in Bladder, Via Natural or Artificial Opening Endoscopic
OTFC0ZZ	Fragmentation in Bladder Neck, Open Approach
OTFC3ZZ	Fragmentation in Bladder Neck, Percutaneous Approach
OTFC4ZZ	Fragmentation in Bladder Neck, Percutaneous Endoscopic Approach
OTFC7ZZ	Fragmentation in Bladder Neck, Via Natural or Artificial Opening
OTFC8ZZ	Fragmentation in Bladder Neck, Via Natural or Artificial Opening Endoscopic
OT9B7ZZ	Drainage of Bladder, Via Natural or Artificial Opening
OT9B8ZZ	Drainage of Bladder, Via Natural or Artificial Opening Endoscopic
OT9C7ZZ	Drainage of Bladder Neck, Via Natural or Artificial Opening
OT9C8ZZ	Drainage of Bladder Neck, Via Natural or Artificial Opening Endoscopic
OTCC7ZZ	Extirpation of Matter from Bladder Neck, Via Natural or Artificial Opening
OTCC8ZZ	Extirpation of Matter from Bladder Neck, Via Natural or Artificial Opening Endoscopic
<b>Ureteroscopy</b>	
OTC37ZZ	Extirpation of Matter from Right Kidney Pelvis, Via Natural or Artificial Opening
OTC38ZZ	Extirpation of Matter from Right Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
OTC47ZZ	Extirpation of Matter from Left Kidney Pelvis, Via Natural or Artificial Opening
OTC48ZZ	Extirpation of Matter from Left Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
OTC67ZZ	Extirpation of Matter from Right Ureter, Via Natural or Artificial Opening
OTC68ZZ	Extirpation of Matter from Right Ureter, Via Natural or Artificial Opening Endoscopic
OTC77ZZ	Extirpation of Matter from Left Ureter, Via Natural or Artificial Opening
OTC78ZZ	Extirpation of Matter from Left Ureter, Via Natural or Artificial Opening Endoscopic
OTC68ZZ	Extirpation of Matter from Right Ureter, Via Natural or Artificial Opening Endoscopic
OTC77ZZ	Extirpation of Matter from Left Ureter, Via Natural or Artificial Opening
OTC78ZZ	Extirpation of Matter from Left Ureter, Via Natural or Artificial Opening Endoscopic
OT768DZ	Dilation of Right Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
OT778DZ	Dilation of Left Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
OT788DZ	Dilation of Bilateral Ureters with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
OTF38ZZ	Fragmentation in Right Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
OTF48ZZ	Fragmentation in Left Kidney Pelvis, Via Natural or Artificial Opening Endoscopic
OTF68ZZ	Fragmentation in Right Ureter, Via Natural or Artificial Opening Endoscopic
OTF78ZZ	Fragmentation in Left Ureter, Via Natural or Artificial Opening Endoscopic

Physician payment rates are 2021 Medicare national averages. Source: Centers for Medicare and Medicaid Services. CMS Physician Fee Schedule – November 2020 release, CMS-1734-F file. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f>

The 2021 National Average Medicare physician payment rates have been calculated using the latest updated 2021 conversion factor of \$34.89. Rates subject to change.

Hospital outpatient payment rates are 2021 Medicare OPPS Addendum B national averages. Source: Centers for Medicare and Medicaid Services. CMS OPPS – November 2020 release, CMS-1736-FC file. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc>

ASC payment rates are 2021 Medicare ASC Addendum AA national averages. ASC rates are from the 2021 Ambulatory Surgical Center Covered Procedures List. Source: Centers for Medicare and Medicaid Services. CMS ASC – November 2020 release, CMS-1736-FC file. <https://www.cms.gov/medicare/medicare-fee-service-payments-cpayers-asc-regulations-and-notices/cms-1736-fc>

National average (wage index greater than one and hospital submitted quality data and is a meaningful HER user) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor, and capital amounts (\$6,427.41). Source: September 2020 Federal Register, CMS-1735-FR. FY 2021 rates.

ICD-10 MS-DRG definitions from the CMS ICD-10-CM/PCS MS-DRG v37.0 Definitions Manual. Source: [https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode\\_cms/P0001.html](https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode_cms/P0001.html)

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. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

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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.

#### Sequestration Disclaimer

Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2021.

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