

IO Ablation Customers:

This alert addresses CPT® coding and Medicare's proposed payment rates for procedures using Boston Scientific's IO Ablation products, other ablation modalities, and related procedures furnished under the Physician Fee Schedule (PFS), Outpatient Prospective Payment System (OPPS), and Ambulatory Surgery Center (ASC) Payment System, on or after January 1, 2021. Medicare's proposed PFS, OPPS, and ASC payment rates, payment policies, and other provisions are relevant to Medicare beneficiaries treated in the physician office, hospital outpatient, and ASC settings. This information is subject to revision prior to implementation.

CY2021 Proposed Reimbursement: Hospital Outpatient (POS 22) and Ambulatory Surgery Center (POS 24)

On **August 4, 2020**, the Centers for Medicare and Medicaid Services (CMS) released the 2021 proposed policies and payment rates for the Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems. The OPPS/ASC rule contains policy and payment information for Medicare beneficiary services furnished in the hospital outpatient (place of service 22) and ambulatory surgical center (place of service 24) settings.

The facility rates, Ambulatory Payment Classifications (APCs), represent the Medicare national average payment rate for items and services delivered by the hospital in the outpatient setting of care. The APC rates will be adjusted by the Hospital Wage Index (HWI) value assigned to the specific facility or their CBSA (Core-Based Statistical Area). Non-Medicare payers, including Medicare Advantage (Part C) plans, payment rates will vary, for both physician and hospital facility services, though their payment rates may be based on Medicare payment rates.

CPT codes, RVUs, and Medicare payment rates do not guarantee any payer will cover or reimburse procedures. Medicare coverage is limited to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category). National coverage determinations (NCDs) are made through an evidence-based process. In the absence of a national coverage policy, an item or service may be covered at the discretion of the Medicare Administrative Contractor (MAC) based on a local coverage determination (LCD).

The final rules are expected to be released around December 1, 2020, following the public comment period and CMS review. Policies and payment rates will be made effective 30 days later.

Proposed Changes to Hospital Outpatient (POS 22) Reimbursement

The average increase to payment rates for CY 2021 is 2.6%. Notable proposed changes for the Hospital Outpatient setting are:

- Breast cryoablation payment is proposed to increase by 6.0% to \$3,212.
- Lung and liver tumor cryoablation payments are proposed to increase by 6.5% to \$5,148.
- Renal mass cryoablation payment is proposed to increase by 7.5% to \$9,042.
- Truncal nerve plexus cryoablation payment is proposed to increase by 6.6% to \$5,875.

Proposed Changes to ASC (POS 24) Reimbursement

The average increase to payment rates for CY 2021 is 2.6%. Notable proposed changes for ASC's based on the procedures identified as device intensive are:

- Breast cryoablation payment is proposed to increase by 54.2% to \$1,725.
- Lung tumor cryoablation payment is proposed to increase by 53.9% to \$3,377.

Other notable proposed changes for ASC's are:

- Renal mass cryoablation payment is proposed to increase by 16.9% to \$5,749.
- Liver tumor cryoablation payment is proposed to increase by 16.4% to \$3,612.
- Truncal nerve plexus cryoablation payment is proposed to increase by 28.4% to \$4,125.

Comment Period

Upon release of the proposed OPPI/ASC rules, CMS opened a 60-day comment period, ending on **October 5, 2020**. Physicians and other stakeholders can submit their comments on CMS's proposal before the comment period closes.

Interested parties can comment either electronically or by mail:

- **To comment electronically**, visit <https://www.regulations.gov/> and follow the "submit a comment" instructions.
- **To comment by regular mail, send written comments to:**
 - Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1736-P
P.O. Box 8013
Baltimore, MD 21244-8013
- **To comment by express mail, send written comments to:**
 - Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1736-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Proposed 2021 Hospital Outpatient (POS 22) Reimbursement

Renal

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Ablation, renal tumor(s), uni, perc, cryo	50593	5362	\$8,413	\$9,042	\$629	7.5%
Lap, surg, ablation renal mass lesions, incl US	50542	5362	\$8,413	\$9,042	\$629	7.5%
Ablation, 1 or > renal tumor(s), uni, perc, RF	50592	5361	\$4,834	\$5,148	\$315	6.5%
Renal biopsy, perc, trocar or needle	50200	5072	\$1,373	\$1,428	\$56	4.1%

Lung

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Ablation, pulm tumor(s), perc, cryo, uni, incl RS&I	32994	5361	\$4,834	\$5,148	\$315	6.5%
Ablation, pulm tumor(s), perc, RF, uni, incl RS&I	32998	5361	\$4,834	\$5,148	\$315	6.5%
Biopsy, lung or mediastinum, perc needle	32405	5072	\$1,373	\$1,428	\$56	4.1%

Nerve

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Ablation, perc, cryo, incl RS&I, upp ext, distal/periph	0440T	5431	\$1,719	\$1,782	\$62	3.6%
Ablation, perc, cryo, incl RS&I, low ext, distal/periph	0441T	5431	\$1,719	\$1,782	\$62	3.6%
Ablation, perc, cryo, incl RS&I, nerve plexus or truncal	0442T	5432	\$5,509	\$5,875	\$366	6.6%
Dest, neurolytic agent, trigeminal, supraorbital, etc.	64600	5443	\$812	\$836	\$24	3.0%
Dest, neurolytic agent, trigeminal, 2 nd , 3 rd branches at foramen ovale.	64605	5431	\$1,719	\$1,782	\$62	3.6%
Dest, neurolytic agent, trigeminal, 2 nd , 3 rd branches at foramen ovale, under radiologic monitoring	64610	5431	\$1,719	\$1,782	\$62	3.6%
Dest, neurolytic agent, intercostal nerve	64620	5443	\$812	\$836	\$24	3.0%
Dest, neurolytic agent, genicular nerve branches	64624	5431	\$1,719	\$1,782	\$62	3.6%
RFA, sacroiliac joint nerves, fluoro or CT guidance	64625	5431	\$1,719	\$1,782	\$62	3.6%
Dest, neurolytic agent, pudendal nerve	64630	5443	\$812	\$836	\$24	3.0%
Dest, neurolytic agent, oth peripheral nerve/branch	64640	5443	\$812	\$836	\$24	3.0%
Dest, neurolytic agent, celiac plexus	64680	5443	\$812	\$836	\$24	3.0%
Dest, neurolytic agent, superior hypogastric plexus	64681	5443	\$812	\$836	\$24	3.0%

Liver

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Ablation, 1 or > liver tumor(s), perc, cryo	47383	5361	\$4,834	\$5,148	\$315	6.5%
Lap, surg, ablation, 1 or > liver tumor(s), RF	47370	5362	\$8,413	\$9,042	\$629	7.5%
Lap, surg, ablation, 1 or > liver tumor(s), cryo	47371	5362	\$8,413	\$9,042	\$629	7.5%
Ablation, 1 or > liver tumor(s), perc, RF	47382	5361	\$4,834	\$5,148	\$315	6.5%
Biopsy, liver, needle, perc	47000	5072	\$1,373	\$1,428	\$56	4.1%

Proposed 2021 Hospital Outpatient (POS 22) Reimbursement (Continued)

Prostate

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Cryo, prostate, incl US	55873	5376	\$8,068	\$8,396	\$328	4.1%
Transurethral dest prostate, MW thermotherapy	53850	5374	\$3,019	\$3,124	\$105	3.5%
Transurethral dest prostate, RF thermotherapy	53852	5374	\$3,019	\$3,124	\$105	3.5%
Transurethral dest prostate, RF water vapor thermotx	53854	5373	\$1,772	\$1,825	\$53	3.0%
Biopsy, prostate, needle, punch, 1 or >, any approach	55700	5373	\$1,772	\$1,825	\$53	3.0%

Breast

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Ablation, cryo, breast fibroadenoma, ea, incl US	19105	5091	\$3,030	\$3,212	\$182	6.0%

Bone

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Ablation, 1 or > bone tumor(s), perc, cryo, RS&I	20983	5114	\$5,982	\$6,369	\$387	6.5%
Ablation, 1 or > bone tumor(s), perc, RF, RS&I	20982	5114	\$5,982	\$6,369	\$387	6.5%
Biopsy, bone, trocar, needle, superficial	20220	5072	\$1,373	\$1,428	\$56	4.1%
Biopsy, bone, trocar, needle, deep	20225	5072	\$1,373	\$1,428	\$56	4.1%

Proposed 2021 ASC (POS 24) Reimbursement

Renal

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Ablation, renal tumor(s), uni, perc, cryo	50593	5362	\$4,917	\$5,749	\$832	16.9%
Ablation, 1 or > renal tumor(s), uni, perc, RF	50592	5361	\$2,194	\$2,312	\$118	5.4%
Renal biopsy, perc, trocar or needle	50200	5072	\$576	\$595	\$18	3.2%

Lung

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Ablation, pulm tumor(s), perc, cryo, uni, incl RS&I	32994	5361	\$2,194	\$3,377	\$1,183	53.9%
Ablation, pulm tumor(s), perc, RF, uni, incl RS&I	32998	5361	\$2,194	\$2,312	\$118	5.4%
Biopsy, lung or mediastinum, perc needle	32405	5072	\$576	\$595	\$18	3.2%

Nerve

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Ablation, perc, cryo, incl RS&I, upp ext, distal/periph	0440T	5431	\$797	\$804	\$8	1.0%
Ablation, perc, cryo, incl RS&I, low ext, distal/periph	0441T	5431	\$797	\$804	\$8	1.0%
Ablation, perc, cryo, incl RS&I, nerve plexus or truncal	0442T	5432	\$3,212	\$4,125	\$913	28.4%
Dest, neurolytic agent, trigeminal, supraorbital, etc.	64600	5443	\$410	\$416	\$5	1.3%
Dest, neurolytic agent, trigeminal, 2 nd , 3 rd branches at foramen ovale.	64605	5431	\$797	\$804	\$8	1.0%
Dest, neurolytic agent, trigeminal, 2 nd , 3 rd branches at foramen ovale, under radiologic monitoring	64610	5431	\$797	\$804	\$8	1.0%
Dest, neurolytic agent, intercostal nerve	64620	5443	\$410	\$416	\$5	1.3%
Dest, neurolytic agent, genicular nerve branches	64624	5431	\$319	\$316	-\$3	-0.8%
RFA, sacroiliac joint nerves, fluoro or CT guidance	64625	5431	\$797	\$804	\$8	1.0%
Dest, neurolytic agent, pudendal nerve	64630	5443	\$410	\$416	\$5	1.3%
Dest, neurolytic agent, oth peripheral nerve/branch	64640	5443	\$176	\$179	\$3	1.6%
Dest, neurolytic agent, celiac plexus	64680	5443	\$410	\$416	\$5	1.3%
Dest, neurolytic agent, superior hypogastric plexus	64681	5443	\$410	\$416	\$5	1.3%

Liver

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Ablation, 1 or > liver tumor(s), perc, cryo	47383	5361	\$3,103	\$3,612	\$510	16.4%
Ablation, 1 or > liver tumor(s), perc, RF	47382	5361	\$2,194	\$2,312	\$118	5.4%
Biopsy, liver, needle, perc	47000	5072	\$576	\$595	\$18	3.2%

Proposed 2021 Hospital Outpatient (POS 22) Reimbursement (Continued)

Prostate

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Cryo, prostate, incl US	55873	5376	\$6,195	\$6,368	\$173	2.8%
Transurethral dest prostate, MW thermotherapy	53850	5374	\$1,377	\$1,377	-\$0	-0.0%
Transurethral dest prostate, RF thermotherapy	53852	5374	\$1,314	\$1,313	-\$1	-0.1%
Transurethral dest prostate, RF water vapor thermotx	53854	5373	\$790	\$803	\$13	1.7%
Biopsy, prostate, needle, punch, 1 or >, any approach	55700	5373	\$790	\$803	\$13	1.7%

Breast

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Ablation, cryo, breast fibroadenoma, ea, incl US	19105	5091	\$1,118	\$1,725	\$606	54.2%

Bone

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Ablation, 1 or > bone tumor(s), perc, cryo, RS&I	20983	5114	\$3,796	\$3,967	\$171	4.5%
Ablation, 1 or > bone tumor(s), perc, RF, RS&I	20982	5114	\$2,803	\$2,929	\$125	4.5%
Biopsy, bone, trocar, needle, superficial	20220	5072	\$576	\$595	\$18	3.2%
Biopsy, bone, trocar, needle, deep	20225	5072	\$576	\$595	\$18	3.2%

CY2020 Proposed Reimbursement: Physician Office (POS 11)

On **August 3, 2020**, the Centers for Medicare and Medicaid Services (CMS) released the 2021 proposed policies and payment rates for the Physician Fee Schedule (PFS). The PFS rule contains policy and payment information for Medicare beneficiary services furnished by physicians in all sites of service, including physician offices (place of service 11).

The rates represent the Medicare national average payment rate for items and services. The rates will be adjusted for each Medicare payment locality for each of the three components of a procedure's RVUs (Relative Value Units) for work, practice expense, and malpractice by the Medicare Geographic Practice Cost Index (GPCI). Non-Medicare payers, including Medicare Advantage (Part C) plans, payment rates will vary, though their payment rates may be based on Medicare payment rates or RVUs.

CPT Codes and RVUs/Rates do not guarantee any payer will cover or reimburse procedures. Medicare coverage is limited to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category). National coverage determinations (NCDs) are made through an evidence-based process. In the absence of a national coverage policy, an item or service may be covered at the discretion of the Medicare Administrative Contractor (MAC) based on a local coverage determination (LCD).

The final rules are expected to be released around December 1, 2020, following the public comment period and CMS review. Policies and payment rates will be made effective 30 days later.

Proposed Changes to Physician Reimbursement

CMS is proposing to decrease reimbursement overall by 10.6% through a reduction in the Conversion Factor (CF) to \$32.2605 from the current rate of \$36.0896. Individual procedures will vary based on RVU changes. A table with a more comprehensive summary of proposed changes is included at the end of this communication.

Peripheral Intervention (PI) IO Ablation services most impacted by this proposed change are:

- Percutaneous lung biopsy payment is proposed to increase by 122.5% to \$909.
- Prostate cryoablation payment is proposed to increase by 0.8% to \$6,388.
- Tissue ablation guidance payment rates are proposed to decrease by 12.0%.

Changes in the RVU values will offset the CF decrease in the following procedures:

- Breast cryoablation payment is proposed to decrease by 5.8% to \$2,639.
- Lung cryoablation payment is proposed to decrease by 4.8% to \$5,349.

Physician reimbursement rates for procedures in a Hospital or ASC setting were not positively impacted by PE RVU updates. The decrease will range from 8-12% for most IO Ablation related procedures. The exception is percutaneous lung biopsy which is being assigned a new CPT code and is proposed to increase 53.2% in the hospital or ASC setting.

The proposed changes in physician office reimbursement are stemming from the revaluation of Practice Expense RVUs, which are devised from inputs that reflect the cost of labor, equipment and supplies for any given procedure. Last year, in the CY2020 PFS, CMS completed a Market-Based Supply and Equipment Update. This update caused changes in the supply and equipment costs associated with many procedures, thus changing the Practice Expense RVUs and resulting reimbursement rates. These changes are being phased in over a 4-year period, with CY2021 being the third year.

Comment Period

Upon release of the proposed PFS rules, CMS opened a 60-day comment period, ending on **October 5, 2020**. Physicians and other stakeholders can submit their comments on CMS's proposal before the comment period closes.

Interested parties can comment either electronically or by mail:

- **To comment electronically**, visit <https://www.regulations.gov/> and follow the "submit a comment" instructions.
- **To comment by regular mail, send written comments to:**
 - o Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1734-P
P.O. Box 8016
Baltimore, MD 21244-8016
- **To comment by express mail, send written comments to:**
 - o Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1734-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Proposed 2021 Physician Reimbursement: Hospital Outpatient (POS 22) or ASC (POS 24)

Renal

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Ablation, renal tumor(s), uni, perc, cryo	50593	\$480	\$426	-\$54	-11.2%	13.31	13.22	-0.7%
Lap, surg, ablation renal mass lesions, incl US	50542	\$1,215	\$1,119	-\$95	-7.8%	33.66	34.70	3.1%
Ablation, open, 1 or > renal mass lesions, cryo, US	50250	\$1,268	\$1,166	-\$102	-8.0%	35.14	36.15	2.9%
Ablation, 1 or > renal tumor(s), uni, perc, RF	50592	\$358	\$320	-\$38	-10.7%	9.92	9.91	-0.1%
Renal biopsy, perc, trocar or needle	50200	\$134	\$119	-\$14	-10.6%	3.70	3.70	0.0%

Lung

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Ablation, pulm tumor(s), perc, cryo, uni, incl RS&I	32994	\$462	\$408	-\$54	-11.6%	12.80	12.66	-1.1%
Ablation, pulm tumor(s), perc, RF, uni, incl RS&I	32998	\$461	\$408	-\$53	-11.4%	12.77	12.65	-0.9%
Biopsy, lung or mediastinum, perc needle	32405	\$93	\$143	\$50	53.2%	2.59	4.44	71.4%

Nerve

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Dest, neurolytic agent, trigeminal, supraorbital, +	64600	\$238	\$220	-\$18	-7.5%	6.59	6.82	3.5%
Dest, neurolytic agent, trigeminal, 2 nd , 3 rd branches at foramen ovale.	64605	\$368	\$337	-\$30	-8.2%	10.19	10.46	2.6%
Dest, neurolytic agent, trigeminal, 2 nd , 3 rd branches at foramen ovale, under radiologic monitoring	64610	\$505	\$462	-\$43	-8.4%	13.99	14.33	2.4%
Dest, neurolytic agent, intercostal nerve	64620	\$182	\$169	-\$12	-6.9%	5.03	5.24	4.2%
Dest, neurolytic agent, genicular nerve branches	64624	\$153	\$140	-\$13	-8.5%	4.23	4.33	2.4%
RFA, sacroiliac joint nerves, fluoro or CT guidance	64625	\$202	\$184	-\$18	-8.7%	5.59	5.71	2.1%
Dest, neurolytic agent, pudendal nerve	64630	\$196	\$183	-\$13	-6.8%	5.44	5.67	4.2%
Dest, neurolytic agent, oth periph nerve/branch	64640	\$122	\$113	-\$9	-7.4%	3.38	3.50	3.6%
Dest, neurolytic agent, celiac plexus	64680	\$168	\$154	-\$14	-8.5%	4.66	4.77	2.4%
Dest, neurolytic agent, superior hypogastric plexus	64681	\$271	\$215	-\$55	-20.5%	7.50	6.67	-11.1%

Liver

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Ablation, 1 or > liver tumor(s), perc, cryo	47383	\$476	\$416	-\$60	-12.5%	13.18	12.90	-2.1%
Lap, surg, ablation, 1 or > liver tumor(s), RF	47370	\$1,314	\$1,197	-\$117	-8.9%	36.41	37.10	1.9%
Lap, surg, ablation, 1 or > liver tumor(s), cryo	47371	\$1,323	\$1,207	-\$117	-8.8%	36.67	37.41	2.0%
Ablation, open, 1 or > liver tumor(s), RF	47380	\$1,520	\$1,380	-\$139	-9.2%	42.11	42.79	1.6%
Ablation, open, 1 or > liver tumor(s), cryo	47381	\$1,559	\$1,419	-\$140	-9.0%	43.21	43.99	1.8%
Ablation, 1 or > liver tumor(s), perc, RF	47382	\$775	\$687	-\$88	-11.4%	21.48	21.30	-0.8%
Biopsy, liver, needle, perc	47000	\$92	\$82	-\$10	-11.3%	2.56	2.54	-0.8%

Proposed 2021 Physician Reimbursement: Hospital Outpatient (POS 22) or ASC (POS 24) (Continued)
Prostate

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Cryo, prostate, incl US	55873	\$796	\$734	-\$62	-7.8%	22.06	22.75	3.1%
Transurethral dest prostate, MW thermotherapy	53850	\$365	\$341	-\$23	-6.4%	10.10	10.58	4.8%
Transurethral dest prostate, RF thermotherapy	53852	\$390	\$365	-\$25	-6.5%	10.82	11.32	4.6%
Transurethral dest prostate, RF water vapor therm	53854	\$390	\$366	-\$25	-6.3%	10.81	11.33	4.8%
Biopsy, prostate, needle, punch, 1 or >, any appr	55700	\$136	\$124	-\$12	-8.7%	3.77	3.85	2.1%

Breast

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Ablation, cryo, breast fibroadenoma, ea, incl US	19105	\$222	\$201	-\$20	-9.2%	6.14	6.24	1.6%

Bone

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Ablation, 1 or > bone tumor(s), perc, cryo, RS&I	20983	\$361	\$320	-\$41	-11.4%	10.01	9.92	-0.9%
Ablation, 1 or > bone tumor(s), perc, RF, RS&I	20982	\$381	\$344	-\$38	-9.8%	10.56	10.65	0.9%
Biopsy, bone, trocar, needle, superficial	20220	\$92	\$82	-\$10	-11.3%	2.55	2.53	-0.8%
Biopsy, bone, trocar, needle, deep	20225	\$137	\$122	-\$15	-11.1%	3.80	3.78	-0.5%

Ablation Guidance & Monitoring

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
US guidance, monitor parenchymal tissue ablation	76940	\$106	\$94	-\$12	-10.9%	2.93	2.92	-0.3%
CT guidance, monitor parenchymal tissue ablation	77013	\$196	\$172	-\$23	-11.9%	5.42	5.34	-1.5%
MR guidance, monitor parenchymal tissue ablation	77022	\$221	\$194	-\$27	-12.1%	6.12	6.02	-1.6%

Biopsy Guidance

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
US guidance, needle placement, RS&I	76942	\$32	\$29	-\$4	-11.6%	0.90	0.89	-1.1%
CT guidance, needle placement, RS&I	77012	\$76	\$66	-\$9	-12.3%	2.10	2.06	-1.9%
MR guidance, needle placement, RS&I	77021	\$75	\$66	-\$9	-11.5%	2.07	2.05	-1.0%

Proposed 2021 Physician Office/OBL (POS 11) Reimbursement

Renal

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Ablation, renal tumor(s), uni, perc, cryo	50593	\$4,450	\$4,177	-\$273	-6.1%	123.31	129.47	5.0%
Ablation, 1 or > renal tumor(s), uni, perc, RF	50592	\$3,291	\$3,111	-\$180	-5.5%	91.19	96.44	5.8%
Renal biopsy, perc, trocar or needle	50200	\$558	\$537	-\$21	-3.7%	15.47	16.66	7.7%

Lung

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Ablation, pulm tumor(s), perc, cryo, uni, incl RS&I	32994	\$5,622	\$5,349	-\$273	-4.8%	155.77	165.81	6.4%
Ablation, pulm tumor(s), perc, RF, uni, incl RS&I	32998	\$3,593	\$3,383	-\$211	-5.9%	99.57	104.85	5.3%
Biopsy, lung or mediastinum, perc needle	32405	\$409	\$909	\$501	122.5%	11.32	28.18	148.9%

Nerve

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Dest, neurolytic agent, trigeminal, supraorbital, +	64600	\$460	\$464	\$4	0.8%	12.74	14.37	12.8%
Dest, neurolytic agent, trigeminal, 2 nd , 3 rd branches at foramen ovale.	64605	\$643	\$643	\$0	0.0%	17.82	19.94	11.9%
Dest, neurolytic agent, trigeminal, 2 nd , 3 rd branches at foramen ovale, under radiologic monitoring	64610	\$805	\$776	-\$29	-3.6%	22.30	24.04	7.8%
Dest, neurolytic agent, intercostal nerve	64620	\$215	\$204	-\$12	-5.4%	5.96	6.31	5.9%
Dest, neurolytic agent, genicular nerve branches	64624	\$418	\$405	-\$13	-3.0%	11.57	12.55	8.5%
RFA, sacroiliac joint nerves, fluoro or CT guidance	64625	\$510	\$494	-\$17	-3.3%	14.14	15.30	8.2%
Dest, neurolytic agent, pudendal nerve	64630	\$250	\$246	-\$5	-1.9%	6.94	7.62	9.8%
Dest, neurolytic agent, oth periph nerve/branch	64640	\$254	\$249	-\$5	-2.0%	7.05	7.73	9.6%
Dest, neurolytic agent, celiac plexus	64680	\$345	\$346	\$1	0.3%	9.55	10.72	12.3%
Dest, neurolytic agent, superior hypogastric plexus	64681	\$582	\$472	-\$110	-18.9%	16.12	14.62	-9.3%

Liver

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Ablation, 1 or > liver tumor(s), perc, cryo	47383	\$7,041	\$6,508	-\$533	-7.6%	195.10	201.73	3.4%
Ablation, 1 or > liver tumor(s), perc, RF	47382	\$4,522	\$4,101	-\$421	-9.3%	125.30	127.12	1.5%
Biopsy, liver, needle, perc	47000	\$319	\$306	-\$14	-4.3%	8.85	9.47	7.0%

Proposed 2021 Physician Office/OBL (POS 11) Reimbursement (Continued)

Prostate

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Cryo, prostate, incl US	55873	\$6,335	\$6,388	\$53	0.8%	175.53	182.77	12.8%
Transurethral dest prostate, MW thermotherapy	53850	\$1,600	\$1,573	-\$28	-1.7%	44.34	48.75	9.9%
Transurethral dest prostate, RF thermotherapy	53852	\$1,552	\$1,527	-\$25	-1.6%	43.00	47.32	10.0%
Transurethral dest prostate, RF water vapor therm	53854	\$1,847	\$1,842	-\$5	-0.3%	51.18	57.11	11.6%
Biopsy, prostate, needle, punch, 1 or >, any appr	55700	\$256	\$247	-\$9	-3.4%	7.09	7.66	8.0%

Breast

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Ablation, cryo, breast fibroadenoma, ea, incl US	19105	\$2,802	\$2,639	-\$163	-5.8%	77.64	81.81	5.4%

Bone

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Ablation, 1 or > bone tumor(s), perc, cryo, RS&I	20983	\$5,868	\$5,597	-\$271	-4.6%	162.60	173.50	6.7%
Ablation, 1 or > bone tumor(s), perc, RF, RS&I	20982	\$3,938	\$3,803	-\$135	-3.4%	109.12	117.89	8.0%
Biopsy, bone, trocar, needle, superficial	20220	\$254	\$239	-\$15	-5.8%	7.04	7.42	5.4%
Biopsy, bone, trocar, needle, deep	20225	\$430	\$397	-\$33	-7.7%	11.92	12.31	3.3%

Ablation Guidance & Monitoring

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
US guidance, monitor parenchymal tissue ablation	76940	\$106	\$94	-\$12	-10.9%	2.93	2.92	-0.3%
CT guidance, monitor parenchymal tissue ablation	77013	\$196	\$172	-\$23	-11.9%	5.42	5.34	-1.5%
MR guidance, monitor parenchymal tissue ablation	77022	\$221	\$194	-\$27	-12.1%	6.12	6.02	-1.6%

Biopsy Guidance

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
US guidance, needle placement, RS&I	76942	\$58	\$55	-\$3	-5.1%	1.62	1.72	6.2%
CT guidance, needle placement, RS&I	77012	\$154	\$141	-\$13	-8.3%	4.26	4.37	2.6%
MR guidance, needle placement, RS&I	77021	\$473	\$449	-\$23	-4.9%	13.10	13.93	6.3%

Please contact your IO Ablation sales representative who will connect you with one of our Regional Market Access Managers to address any questions.

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¹ [CMS-1734-P Physician Fee Schedule CY 2021 Proposed Rule Link](#)

² [CMS-1736-P Hospital OPPS CY 2021 Proposed Rule Link](#)