

EKOS™ ENDOVASCULAR SYSTEM CODING AND REIMBURSEMENT GUIDE

This comprehensive guide provides an overview of the coding, coverage and payment landscape for the EKOS™ EkoSonic® Endovascular System.

HOSPITAL INPATIENT CODING & REIMBURSEMENT

The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)¹ is the system of codes used by facilities to report procedures and services provided in the inpatient setting. ICD-10-PCS alphanumeric codes are composed of seven characters that identify the general procedure type, body system, procedure objective, specific body part, procedure approach and device use.

Effective for dates of service beginning October 1, 2020, the following ICD-10-PCS codes are appropriate for describing therapy of vessels utilizing the EKOS™ EkoSonic® Endovascular System:

ICD-10-PCS (0 = ZERO)	ICD-10-PCS DESCRIPTION	HEART & GREAT VESSELS	
02F_3Z0	Fragmentation of ____, Percutaneous Approach, Ultrasonic	P Pulmonary Trunk Q Right Pulmonary Artery R Left Pulmonary Artery	S Right Pulmonary Vein T Left Pulmonary Artery
		UPPER ARTERIES	
03F_3Z0	Fragmentation of ____, Percutaneous Approach, Ultrasonic	2 Innominate Artery 3 Right Subclavian Artery 4 Left Subclavian Artery 5 Right Axillary Artery 6 Left Axillary Artery 7 Right Brachial Artery	8 Left Brachial Artery 9 Right Ulnar Artery A Left Ulnar Artery B Right Radial Artery C Left Radial Artery Y Upper Artery
		LOWER ARTERIES	
04F_3Z0	Fragmentation of ____, Percutaneous Approach, Ultrasonic	C Right Common Iliac Artery D Left Common Iliac Artery E Right Internal Iliac Artery F Left Internal Iliac Artery H Right External Iliac Artery J Left External Iliac Artery K Right Femoral Artery L Left Femoral Artery M Right Popliteal Artery	N Left Popliteal Artery P Right Anterior Tibial Artery Q Left Anterior Tibial Artery R Right Posterior Tibial Artery S Left Posterior Tibial Artery T Right Peroneal Artery U Left Peroneal Artery Y Lower Artery
		UPPER VEINS	
05F_3Z0	Fragmentation of ____, Percutaneous Approach, Ultrasonic	3 Right Innominate Vein 4 Left Innominate Vein 5 Right Subclavian Vein 6 Left Subclavian Vein 7 Right Axillary Vein 8 Left Axillary Vein	9 Right Brachial Vein A Left Brachial Vein B Right Basilic Vein C Left Basilic Vein D Right Cephalic Vein F Left Cephalic Vein Y Upper Vein
		LOWER VEINS	
06F_3Z0	Fragmentation of ____, Percutaneous Approach, Ultrasonic	C Right Common Iliac Vein D Left Common Iliac Vein F Right External Iliac Vein G Left External Iliac Vein H Right Hypogastric Vein J Left Hypogastric Vein	M Right Femoral Vein N Left Femoral Vein P Right Saphenous Vein Q Left Saphenous Vein Y Lower Vein

ICD-10-PCS (0=ZERO)	ICD-10-PCS DESCRIPTION	VEIN/ARTERY	
3EO_317	Introduction of Other Thrombolytic into _____, Percutaneous Approach	3 Peripheral Vein 4 Central Vein	5 Peripheral Artery 6 Central Artery

Medicare reimburses facilities for inpatient stays based on the Medicare Severity Diagnosis Related Group (MS-DRG). The MS-DRG is a system of classifying patients based on principal diagnosis, complications and comorbidities managed and the procedures performed during an inpatient stay. A single MS-DRG payment is intended to cover all hospital costs associated with treating a patient for a hospital stay. Private payers may use MS-DRG based systems or other payer-specific systems.

The following MS-DRGs are associated with procedures involving the EKOS™ EkoSonic® Endovascular System:

MS-DRG	MS-DRG DESCRIPTION	MS-DRG FY 2021 NATIONAL AVERAGE PAYMENT ²
Pulmonary Embolism		
166	Other Respiratory System O.R. Procedures with MCC	\$24,358
167	Other Respiratory System O.R. Procedures with CC	\$11,961
168	Other Respiratory System O.R. Procedures without CC/MCC	\$8,802
Peripheral Vascular (Venous & Arterial)		
252	Other Vascular Procedures with MCC	\$21,344
253	Other Vascular Procedures with CC	\$17,056
254	Other Vascular Procedures without CC/MCC	\$11,630

HOSPITAL INPATIENT CODING & REIMBURSEMENT

Hospital Outpatient Departments and Ambulatory Surgical Centers (ASCs) report procedures with CPT® codes. Medicare reimburses hospitals for outpatient stays under the Ambulatory Payment Classification (APC) system. Each CPT code is assigned to an APC based on similar clinical characteristics and costs and each APC has an assigned rate on the fee schedule.

Transcatheter thrombolysis therapy codes (37211-37214) are assigned by CMS to Comprehensive APCs (C-APCs). C-APCs are utilized to identify device intensive outpatient procedures and will receive a single C-APC payment. Most services performed for that patient on that date of service are packaged into the primary service on the claim.

Medicare reimburses Ambulatory Surgical Centers (ASCs) according to a fee schedule assigned to each CPT code. Not all procedures that Medicare covers in the hospital outpatient setting are eligible for payment in an ASC.

Commercial payers reimburse hospital outpatient departments and ambulatory surgical centers at contracted and/or negotiated amounts.

CPT	DESCRIPTION	CY 2020 HOSPITAL OUTPATIENT ³		CY 2020 ASC NATIONAL AVERAGE PAYMENT ⁴
		NATIONAL AVERAGE PAYMENT	APC	
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	\$4,596	5184	\$2,322
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$2,771	5183	\$1,341
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;	\$1,631	5182	NA
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	\$1,631	5182	NA
+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)	Packaged		Packaged
+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)	Packaged		Packaged

- Report CPT codes 37211-37214 only once per date of treatment; 37211 or 37212 for the initial day, 37213 for subsequent treatment days and 37214 on the final treatment day (only if on a different date than the date reported for 37211 or 37212).
- When initiation and completion occur on the same day, report only 37211 or 37212.
- Hospital Outpatient Department: Bilateral thrombolytic infusions through separate access sites is reported using modifier -50 in conjunction with 37211 or 37212. Medicare requires a single line billing format and a unit of 1 for bilateral procedures. Please consult commercial payer guidelines for their billing format requirements.
- Ambulatory Surgical Center: It is not appropriate to append modifier -50 for bilateral thrombolytic infusions performed in an ASC. Bilateral procedures are reported as two procedures, either as a single unit on two separate billing lines or two units on one billing line.

HCPCS Level II device category codes (C-codes) are required by Medicare when reporting certain procedures in the hospital outpatient setting. While these codes do not generally result in additional payment, HCPCS codes assist in identifying device-related costs used for future rate-setting by Medicare.

HCPCS device category codes appropriate for reporting EKOS™ EkoSonic® Endovascular System therapy procedures include:

HCPCS ⁵	HCPCS DESCRIPTION
C1887	Catheter, guiding (may include infusion/perfusion capability)
C1889	Implantable/insertable device, not otherwise classified

PHYSICIAN CODING & REIMBURSEMENT

CPT Codes are used to report medical services and procedures performed by or under the direction of physicians in the office or facility setting.

The MPFS is based on Relative Value Units (RVUs) assigned to each CPT code. RVUs represent the physician work, practice expenses and malpractice costs associated with each procedure or service. Reimbursement for commercial payers may be based on the Medicare RVUs or by a contractually negotiated rate.

CPT	DESCRIPTION	CY 2020 RVU ⁶ Rates are for work performed in a facility setting (hospital – inpatient or outpatient, or ASC)	CY 2020 NATIONAL AVERAGE PAYMENT ⁶
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	Work 7.75 Total 11.22	\$405
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	Work 6.81 Total 9.81	\$354
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;	Work 4.75 Total 6.76	\$244
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	Work 2.49 Total 3.57	\$129
+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)	Work 1.80 Total 2.63	\$95
+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)	Work 1.44 Total 2.11	\$76

1. FY 2021 ICD-10-PCS, <https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs>
2. CMS-1735-F, FY 2021 IPPS Final Rule, <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ippss-final-rule-home-page>
3. CMS-1717-CN, CY 2020 OPSS Final Rule Correction Notice - Addendum B, <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1717-cn>
4. CMS-1717-CN, CY 2020 ASC Final Rule Correction Notice - Addenda, <https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notices/cms-1717-cn>
5. HCPCS C Code Device Category Codes, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Complete-list-DeviceCats-OPPS.pdf>
6. CMS-1715-F, CY 2020 Medicare Physician Fee Schedule Final Rule, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F>

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CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician. Rx only. Prior to use, please see the complete "Directions for Use" for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions.

INDICATIONS FOR USE: The EkoSonic Endovascular System is indicated for the: • Ultrasound facilitated, controlled and selective infusion of physician-specified fluids, including thrombolytics, into the vasculature for the treatment of pulmonary embolism. • Infusion of solutions into the pulmonary arteries. • Controlled and selective infusion of physician-specified fluids, including thrombolytics, into the peripheral vasculature. All therapeutic agents utilized with the EkoSonic Endovascular System should be fully prepared and used according to the instruction for use of the specific therapeutic agent. **CONTRAINDICATIONS:** • Not designed for peripheral vasculature dilation purposes. • This system is contraindicated when, in the medical judgment of the physician, such a procedure may compromise the patient's condition. **POTENTIAL COMPLICATIONS:** Vessel perforation or rupture • Distal embolization of blood clots • Vessel spasm • Hemorrhage • Hematoma • Pain and tenderness • Sepsis/Infection • Thrombophlebitis • Tricuspid and pulmonic valve damage • Pulmonary infarct due to tip migration and spontaneous wedging, air embolism, and/or thromboembolism • Right bundle branch block and complete heart block • Intimal disruption • Arterial dissection • Vascular thrombosis • Drug reactions • Allergic reaction to contrast medium • Arteriovenous fistula • Thromboembolic episodes • Amputation • Pneumothorax • Perforation of the pulmonary artery. • Cardiac Arrhythmias – most frequently occurring during placement, removal or following displacement into the right ventricle.

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