



EKOS™ ENDOVASCULAR SYSTEM

2023 CODING & PAYMENT GUIDE

The procedure codes listed below are applicable to EkoSonic (EKOS) 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.

Claims must contain the appropriate CPT/HCPCS/ICD-10-PCS code(s) for the specific site of service to indicate the items and services that are furnished. The tables below contain a list of possible CPT/HCPCS/ICD-10-PCS codes that may be used to bill for the EKOS™ Endovascular System. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered.

Effective for dates of service beginning October 1, 2020, the following ICD-10-PCS codes are appropriate for describing ultrasonic fragmentation procedures utilizing the EKOS™ Endovascular System:

ICD-10-PCS (0 =Zero)	ICD-10-PCS Description <small>*The underline is for the fourth character that identifies the body part</small>	Heart and Great Vessels			
02F_3Z0*	Fragmentation of <u> </u> , Percutaneous Approach, Ultrasonic	P	Pulmonary Trunk	S	Right Pulmonary Vein
		Q	Right Pulmonary Artery	T	Left Pulmonary Vein
		R	Left Pulmonary Artery		
		Upper Arteries			
03F_3Z0*	Fragmentation of <u> </u> , Percutaneous Approach, Ultrasonic	2	Innominate Artery	8	Left Brachial Artery
		3	Right Subclavian Artery	9	Right Ulnar Artery
		4	Left Subclavian Artery	A	Left Ulnar Artery
		5	Right Axillary Artery	B	Right Radial Artery
		6	Left Axillary Artery	C	Left Radial Artery
		7	Right Brachial Artery	Y	Upper Artery
		Lower Arteries			
04F_3Z0*	Fragmentation of <u> </u> , Percutaneous Approach, Ultrasonic	C	Right Common Iliac Artery	N	Left Popliteal Artery
		D	Left Common Iliac Artery	P	Right Anterior Tibial Artery
		E	Right Internal Iliac Artery	Q	Left Anterior Tibial Artery
		F	Left Internal Iliac Artery	R	Right Posterior Tibial Artery
		H	Right External Iliac Artery	S	Left Posterior Tibial Artery
		J	Left External Iliac Artery	T	Right Peroneal Artery
		K	Right Femoral Artery	U	Left Peroneal Artery
		L	Left Femoral Artery	Y	Lower Artery
		M	Right Popliteal Artery		

		Upper Veins			
05F_3Z0*	Fragmentation of ____, Percutaneous Approach, Ultrasonic	3	Right Innominate Vein	9	Right Brachial Vein
		4	Left Innominate Vein	A	Left Brachial Vein
		5	Right Subclavian Vein	B	Right Basilic Vein
		6	Left Subclavian Vein	C	Left Basilic Vein
		7	Right Axillary Vein	D	Right Cephalic Vein
		8	Left Axillary Vein	F	Left Cephalic Vein
				Y	Upper Vein
		Lower Veins			
06F_3Z0*	Fragmentation of ____, Percutaneous Approach, Ultrasonic	C	Right Common Iliac Vein	M	Right Femoral Vein
		D	Left Common Iliac Vein	N	Left Femoral Vein
		F	Right External Iliac Vein	P	Right Saphenous Vein
		G	Left External Iliac Vein	Q	Left Saphenous Vein
		H	Right Hypogastric Vein	Y	Lower Vein
		J	Left Hypogastric Vein		
		Vein/Artery			
3E0_317	Introduction of Other Thrombolytic into ____, Percutaneous Approach	3	Peripheral Vein	5	Peripheral Artery
		4	Central Vein	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™ ® Endovascular System:

Service Provided		Hospital Inpatient
MS-DRG	MS-DRG Description	Payment ¹
Pulmonary Embolism		
166	Other Respiratory System O.R. Procedures with MCC	\$25,146
167	Other Respiratory System O.R. Procedures with CC	\$13,041
168	Other Respiratory System O.R. Procedures without CC/MCC	\$9,724
Peripheral Vascular (Venous & Arterial)		
252	Other Vascular Procedures with MCC	\$22,933
253	Other Vascular Procedures with CC	\$18,342
254	Other Vascular Procedures without CC/MCC	\$12,543
Deep Vein Thrombosis DVT		
252	Other Vascular Procedures with MCC	\$22,933
253	Other Vascular Procedures with CC	\$18,342
254	Other Vascular Procedures without CC/MCC	\$12,543

C CODE

The C Code for EKOS is **C1887** - Catheter, guiding (may include infusion/perfusion capability).

PHYSICIAN CODING & REIMBURSEMENT

Service Provided		Physician Fee Schedule	
CPT	CPT Description	wRVUs	Non-Facility
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 11.24	\$372
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	Work 6.81 Total 9.83	\$325
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 6.72	\$222
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 3.56	\$118

See the CPT® 2023 Professional Edition Codebook for important instructions regarding the use of the codes shown above and below.

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.

CONTRAINDICATIONS:

- Not designed for peripheral vasculature dilation purposes.
- This system is contraindicated when, in the physician’s medical judgment, 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.

EKOS is a registered or unregistered trademark of Boston Scientific Corporation or its affiliates. All other trademarks are property of their respective owners.

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.

SOURCES:

1. FY 2023 (10/1/2022-09/30/2023) IPPS Payment. CMS-1752-F. <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-ippss-final-rule-home-page>
2. 2023 Physician Fee Schedule. CMS-1770-F. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1770-f> 2023 Conversion Factor of \$33.8872.
3. CMS 2023 ICD-10 Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/medicare/icd-10/2023-icd-10-pcs>
4. CMS ICD-10-CM/PCS MS-DRG V40.0 Definitions Manual. <https://www.cms.gov/files/zip/icd10-ms-drg-definitions-manual-text-files-v40.zip> Not intended as an all-inclusive list of MS-DRGs

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 sole responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services 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.

Boston Scientific does not promote the use of its products outside its FDA-approved label. Payer policies will vary and should be verified before treatment for limitations on diagnosis, coding, or site of service requirements. All trademarks are the property of their respective owners.

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 judgment of the HCP.

CPT ® Copyright 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. All trademarks are the property of their respective owners.

**Boston
Scientific**

Advancing science for life™

Peripheral Interventions

One Scimed Place

Maple Grove, MN 55311-1566

<https://www.bostonscientific.com/reimbursement>

Medical Professionals:

PI.Reimbursement@bsci.com

© 2023 Boston Scientific Corporation or its affiliates. All rights reserved.

PI-1474811-AC | JAN 2023