ELUVIA™ DRUG-ELUTING STENT CODING AND REIMBURSEMENT GUIDE

The procedure codes listed below are applicable to Femoral/Popliteal cases involving Eluvia.

HOSPITAL OUTPATIENT

<table>
<thead>
<tr>
<th>CPT</th>
<th>Abbreviated Description</th>
<th>APC</th>
<th>Payment</th>
<th>MD-In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>37226</td>
<td>Femoral/Popliteal PTA + Stent</td>
<td>5193</td>
<td>$9,908</td>
<td>$546</td>
</tr>
<tr>
<td>37227</td>
<td>Femoral/Popliteal PTA, Atherectomy + Stent</td>
<td>5194</td>
<td>$15,940</td>
<td>$761</td>
</tr>
</tbody>
</table>

C-Codes are used to report devices used in combination with device-related procedures for hospital outpatient services.

- As Eluvia is a new and novel technology, Boston Scientific believes that currently available C-Codes do not accurately describe it.
- However, the closest applicable C-Code to report the use of Eluvia is C1874, defined as “Stent, coated/covered, with delivery system.”

HOSPITAL INPATIENT

<table>
<thead>
<tr>
<th>CPT</th>
<th>Abbreviated Description</th>
<th>MS DRG</th>
<th>Payment</th>
<th>MD-In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>37226</td>
<td>Femoral/Popliteal PTA + Stent</td>
<td>• 252</td>
<td>$21,344</td>
<td>$546</td>
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<tr>
<td></td>
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<td>• 253</td>
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<td>• 254</td>
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<td>$761</td>
</tr>
<tr>
<td>37227</td>
<td>Femoral/Popliteal PTA, Atherectomy + Stent</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Denotes DRG assigned to patient w/ MCC (Major Complications or Comorbidities)
- Denotes DRG assigned to patient w/ CC (Complications or Comorbidities)
- Denotes DRG assigned to patient w/o MCC or CC

Hospitals will use the ICD-10-PCS codes on the next page to report the use of Eluvia. For dates of service starting October 1, 2020, IPPS-participating acute care hospitals will be eligible to receive a New Technology Add-On Payment (NTAP). See our Eluvia NTAP Guide for additional information.

Learn more about Eluvia: https://www.bostonscientific.com/eluvia

1  CY2020 payment information.
2  FY2021 MS-DRG payment information.
3  Hospitals not reimbursed under the IPPS, including but not limited to critical access hospitals, excluded cancer hospitals, long-term acute care hospitals, Veterans Affairs (VA) hospitals, Department of Defense (DoD) facilities, and hospitals in the state of Maryland, are not eligible to receive add-on payments.

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**ICD-10 PCS** | **Abbreviated Description**
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**Right Femoral Artery:**
X27H385 | Dilation, Right Femoral Artery w/ Sustained Release DES, Perc Approach
X27H395 | Dilation, Right Femoral Artery w/ 2 Sustained Release DESs, Perc Approach
X27H3B5 | Dilation, Right Femoral Artery w/ 3 Sustained Release DESs, Perc Approach
X27H3C5 | Dilation, Right Femoral Artery w/ 4 or > Sustained Release DESs, Perc Approach
**Left Femoral Artery:**
X27J385 | Dilation, Left Femoral Artery w/ Sustained Release DES, Perc Approach
X27J395 | Dilation, Left Femoral Artery w/ 2 Sustained Release DESs, Perc Approach
X27J3B5 | Dilation, Left Femoral Artery w/ 3 Sustained Release DESs, Perc Approach
X27J3C5 | Dilation, Left Femoral Artery w/ 4 or > Sustained Release DESs, Perc Approach
**Proximal Right Popliteal Artery:**
X27K385 | Dilation, Proximal Right Popliteal Artery w/ Sustained Release DES, Perc Approach
X27K395 | Dilation, Proximal Right Popliteal Artery w/ 2 Sustained Release DESs, Perc Approach
X27K3B5 | Dilation, Proximal Right Popliteal Artery w/ 3 Sustained Release DESs, Perc Approach
X27K3C5 | Dilation, Proximal Right Popliteal Artery w/ 4 or > Sustained Release DESs, Perc Approach
**Proximal Left Popliteal Artery:**
X27L385 | Dilation, Proximal Left Popliteal Artery w/ Sustained Release DES, Perc Approach
X27L395 | Dilation, Proximal Left Popliteal Artery w/ 2 Sustained Release DESs, Perc Approach
X27L3B5 | Dilation, Proximal Left Popliteal Artery w/ 3 Sustained Release DESs, Perc Approach
X27L3C5 | Dilation, Proximal Left Popliteal Artery w/ 4 or > Sustained Release DESs, Perc Approach

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**Boston Scientific Reimbursement Support:** PIReimbursement@bsci.com