

IO ABLATION 2020 REIMBURSEMENT GUIDE

**Boston
Scientific**

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ICEfx™ Cryoablation System, Visual-ICE™ Cryoablation System, Visual-ICE™ MRI Cryoablation System, and Needles (IceSeed™, IceSphere™, IceRod™, IceEDGE™, IceFORCE™, IcePearl™, i-Thaw™, and FastThaw™)

CODING GUIDES WITH MEDICARE ALLOWABLE REIMBURSEMENT

These products can only be used by licensed healthcare professionals. Caution: Federal law restricts this device to sale by or on the order of a physician.

Additional important safety information about the above products is available at <https://www.bostonscientific.com/content/gwc/en-US/products/cryoablation.html>. Please review if you intend to use these products.

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

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ABOUT CRYOABLATION

The Galil Medical ICEfx, Visual ICE, and Visual ICE MRI Cryoablation Systems are intended for cryoablative destruction of tissue during minimally invasive procedures; various Galil Medical accessory products are required to perform these procedures. These cryoablation systems are indicated for use as a cryosurgical tool in the fields of general surgery, dermatology, neurology (including cryoanalgesia), thoracic surgery (with the exception of cardiac tissue), ENT, gynecology, oncology, proctology, and urology. These systems are designed to destroy tissue (including prostate and kidney tissue, liver metastases, tumors, and skin lesions) by the application of extremely cold temperatures. The ICEfx, Visual ICE, and Visual ICE MRI Cryoablation Systems have the following specific indications:

- Urology Ablation of prostate tissue in cases of prostate cancer and Benign Prostate Hyperplasia (BPH)
- Oncology Ablation of cancerous or malignant tissue and benign tumors, and palliative intervention
- Dermatology Ablation or freezing of skin cancers and other cutaneous disorders Destruction of warts or lesions, angiomas, sebaceous hyperplasia, basal cell tumors of the eyelid or canthus area, ulcerated basal cell tumors, dermatofibromas, small hemangiomas, mucocele cysts, multiple warts, plantar warts, actinic and seborrheic keratosis, cavernous hemangiomas, perianal condylomata, and palliation of tumors of the skin
- Gynecology Ablation of malignant neoplasia or benign dysplasia of the female genitalia
- General surgery Palliation of tumors of the rectum, anal fissures, pilonidal cysts, and recurrent cancerous lesions, ablation of breast fibroadenomas
- ENT Palliation of tumors of the oral cavity and ablation of leukoplakia of the mouth
- Thoracic surgery (with the exception of cardiac tissue)
- Proctology Ablation of benign or malignant growths of the anus or rectum

CONTRAINDICATIONS

There are no known contraindications specific to the use of the Galil Medical ICEfx, Visual ICE, and Visual ICE MRI Cryoablation Systems.

Each cryoablation needle is coded as HCPCS C2618 – Probe/needle, cryoablation. Reimbursement for the cryoablation needle is included in the procedural payment.

The Revenue Code suggested by Medicare is 0278 – Other Implants.
Department of Health and Human Services, Center for Medicare & Medicaid Services
42 CFR Parts 410, 416, and 419 [CMS-1414-FC] RIN 0938-AP41

Coding for the procedure is specific to the anatomical region or organ. Procedures performed laparoscopically or as an open surgical procedure are coded as ablation without reference as to type.



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IO ABLATION REIMBURSEMENT SUPPORT

We have contracted with The Pinnacle Health Group to provide assistance regarding coverage and payment activities related to IO Ablation treatment, including:

General Reimbursement Support

- Support providers with coding options and tools to reference coding for IO Ablation and related procedures.
- Provide current coverage policy information for IO Ablation procedures.
- Review inadequate reimbursement or denials.
- Support patient information requests.

Benefit Verification and Prior Authorization Support

- Support providers with prior authorization for IO Ablation procedures.
- Support prior authorization requests and appeals.
- Provide appropriate documentation for benefit verification, prior authorization and predetermination.

Prior Authorization and Claim Appeals

- Support physicians and patients with the appeal process.
- Assist with appeal letters and documentation necessary to approach payers with appropriate coverage requests.
- Coordinate appeals through permitted appeal steps and peer to peer reviews.
- Follow up with payers regarding requests on a scheduled basis.

The Pinnacle team is available weekdays from 8:30am to 6:00pm EST

(215) 369-9290 Galil@thepinnaclehealthgroup.com

2020# REIMBURSEMENT GUIDE IO ABLATION



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Physician & Facility

Percutaneous RENAL Cryotherapy Ablation

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE (Facility)	PHYSICIAN RATE (Non-Facility)
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	\$480.35	\$4,450.21
76940	Ultrasound monitoring parenchymal tissue ablation	\$105.74	\$105.74
77013	CT monitoring parenchymal tissue ablation	\$195.61	\$195.61
77022	MR monitoring parenchymal tissue ablation	\$220.87	\$220.87
50200	Renal biopsy; percutaneous, by trocar or needle	\$133.53	\$558.31
76942	Ultrasonic guidance for needle placement, IS&I	\$32.48	\$58.47
77012	CT guidance for needle placement, IS&I	\$75.79	\$153.74
77021	MR guidance for needle placement, IS&I	\$74.71	\$472.77

OPPS/ASC PROCEDURAL SERVICES

APC	DESCRIPTION	HOSPITAL OUTPATIENT RATE	ASC RATE
5362	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy (CPT 50593)	\$8,413.11	\$4,916.67
5072	Renal biopsy; percutaneous, by trocar or needle (CPT 50200)	\$1,372.60	\$576.39

HCPCS SUPPLY ITEM REPORTING

C-CODE	DESCRIPTION	HOSPITAL OUTPATIENT RATE	ASC RATE
C2618*	Probe/needle, cryoablation	Packaged	Packaged

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY2020 (10/01/2019-09/30/2020)

MS-DRG	DESCRIPTION	HOSPITAL INPATIENT BASE RATE
656	Kidney & ureter procedures for neoplasm w/MCC	\$20,407.96
657	Kidney & ureter procedures for neoplasm w/CC	\$12,106.08
658	Kidney & ureter procedures for neoplasm w/o CC/MCC	\$9,825.94

Percutaneous RENAL Cryotherapy Ablation

ICD-10 Codes

ICD-10-CM*	ICD-10-CM DESCRIPTOR	ICD-10-PCS	ICD-10-PCS DESCRIPTOR
C64.-	Malignant neoplasm of kidney, except renal pelvis	0T5_3ZZ	Destruction of Kidney or Kidney Pelvis, Percutaneous Approach
C65.-	Malignant neoplasm of renal pelvis		
C79.0-	Secondary malignant neoplasm kidney and renal pelvis		
C7A.093	Malignant carcinoid tumor of the kidney		
C80.2	Malignant neoplasm associated with transplanted organ		
D09.10	Carcinoma in situ of unspecified urinary organ		
D09.19	Carcinoma in situ of other urinary organs		
D30.0-	Benign neoplasm of kidney		
D30.1-	Benign neoplasm of renal pelvis		
D3A.093	Benign carcinoid tumor of the kidney		
D41.0-	Neoplasm of uncertain behavior of kidney		
D41.1-	Neoplasm of uncertain behavior renal pelvis		
D41.2-	Neoplasm of uncertain behavior of ureter		
D49.51-	Neoplasm of unspecified behavior of kidney		
D49.59	Neoplasm of unspecified behavior of other genitourinary organ		

* - indicates more specified coding may be required

_ indicates a value is needed to complete code

2020# REIMBURSEMENT GUIDE IO ABLATION



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Physician & Facility

Percutaneous LUNG Tumor Cryoablation

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE (Facility)	PHYSICIAN RATE (Non-Facility)
32994	Percutaneous pulmonary cryoablation, 1 or > tumor(s), unilateral; including imaging guidance/monitoring	\$461.95	\$5,621.68
32405	Biopsy, lung or mediastinum, percutaneous	\$93.47	\$408.53
76942	Ultrasonic guidance for needle placement, IS&I	\$32.48	\$58.47
77012	CT guidance for needle placement, IS&I	\$75.79	\$153.74
77021	MR guidance for needle placement, IS&I	\$74.71	\$472.77

OPPS/ASC PROCEDURAL SERVICES

APC	DESCRIPTION	HOSPITAL OUTPATIENT RATE	ASC RATE
5361	Percutaneous pulmonary cryoablation, 1 or > tumor(s), unilateral; including imaging guidance/monitoring (CPT 32994)	\$4,833.71	\$2,194.07
5072	Biopsy, lung or mediastinum, percutaneous needle (CPT 32405)	\$1,372.60	\$576.39

HCPCS SUPPLY ITEM REPORTING

C-CODE	DESCRIPTION	HOSPITAL OUTPATIENT RATE	ASC RATE
C2618*	Probe/needle, cryoablation	Packaged	Packaged

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY2020 (10/01/2019-09/30/2020)

MS-DRG	DESCRIPTION	HOSPITAL INPATIENT BASE RATE
163	Major chest procedures w/MCC	\$30,504.29
164	Major chest procedure w/CC	\$15,845.18
165	Major chest procedures w/o CC/MCC	\$11,574.07

Percutaneous LUNG Tumor Cryoablation

ICD-10 Codes

ICD-10-CM*	ICD-10-CM DESCRIPTOR	ICD-10-PCS	ICD-10-PCS DESCRIPTOR
C61	Malignant neoplasm of trachea	0B5_3ZZ	Destruction of [location] Lung Lobe, Lingula, or Pleura; Percutaneous Approach
C34.--	Malignant neoplasm of [location]; bronchus or lung		
C37	Malignant neoplasm of thymus		
C38.-	Malignant neoplasm of [location] mediastinum or pleura		
C45.0	Mesothelioma of pleura		
C76.1	Malignant neoplasm of thorax		
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes		
C78.0-	Secondary malignant neoplasm of lung		
C78.1	Secondary malignant neoplasm of mediastinum		
C78.2	Secondary malignant neoplasm of pleura		
C7A.090	Malignant carcinoid tumor of the bronchus and lung		
C7A.091	Malignant carcinoid tumor of the thymus		
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue		
D02.-	Carcinoma in situ of [trachea, bronchus, lung, respiratory system]		
D14.2	Benign neoplasm of trachea		
D14.3-	Benign neoplasm of bronchus and lung		
D15.0	Benign neoplasm of thymus		
D15.2	Benign neoplasm of mediastinum		
D19.0	Benign neoplasm of mesothelial tissue of pleura		
D38.-	Neoplasm of uncertain behavior of [trachea, bronchus, lung, pleura, mediastinum, thymus]		
D3A.090	Benign carcinoid tumor of the bronchus and lung		
D3A.091	Benign carcinoid tumor of the thymus		
E32.8	Other diseases of thymus		
J91.0	Malignant pleural effusion		
J98.51	Mediastinitis		
J98.59	Other diseases of mediastinum, not elsewhere classified		
R22.2	Localized swelling, mass and lump, trunk		
R59.0	Localized enlarged lymph nodes		
R59.1	Generalized enlarged lymph nodes		

* - indicates more specified coding may be required

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2020# REIMBURSEMENT GUIDE IO ABLATION



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Physician & Facility

Percutaneous LIVER Tumor Cryoablation

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE (Facility)	PHYSICIAN RATE (Non-Facility)
47383	Ablation, 1 or > liver tumors, percutaneous cryoablation	\$475.66	\$7,041.08
76940	Ultrasound monitoring parenchymal tissue ablation	\$105.74	\$105.74
77013	CT monitoring parenchymal tissue ablation	\$195.61	\$195.61
77022	MR monitoring parenchymal tissue ablation	\$220.87	\$220.87
47000	Biopsy of liver, needle; percutaneous	\$92.39	\$319.39
76942	Ultrasonic guidance for needle placement, IS&I	\$32.48	\$58.47
77012	CT guidance for needle placement, IS&I	\$75.79	\$153.74
77021	MR guidance for needle placement, IS&I	\$74.71	\$472.77
47371	Laparoscopy, surgical, ablation of 1 or > liver tumors; cryosurgical	\$1,323.41	Excluded

OPPS/ASC PROCEDURAL SERVICES

APC	DESCRIPTION	HOSPITAL OUTPATIENT RATE	ASC RATE
5361	Ablation, 1 or > liver tumors, percutaneous cryoablation (CPT 47383)	\$4,833.71	\$3,102.53
5072	Biopsy of liver, needle; percutaneous (CPT 47000)	\$1,372.60	\$576.39
5362	Laparoscopy, surgical, ablation of 1 or > liver tumors; cryosurgical (CPT 47371)	\$8,413.11	Excluded

HCPCS SUPPLY ITEM REPORTING

C-CODE	DESCRIPTION	HOSPITAL OUTPATIENT RATE	ASC RATE
C2618*	Probe/needle, cryoablation	Packaged	Packaged

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY2020 (10/01/2019-09/30/2020)

MS-DRG	DESCRIPTION	HOSPITAL INPATIENT BASE RATE
405	Pancreas, liver & shunt procedures w/MCC	\$33,968.63
406	Pancreas, liver & shunt procedures w/CC	\$17,468.13
407	Pancreas, liver & shunt procedures w/o CC/MCC	\$13,058.07

Percutaneous LIVER Tumor Cryoablation

ICD-10 Codes

ICD-10-CM*	ICD-10-CM DESCRIPTOR	ICD-10-PCS	ICD-10-PCS DESCRIPTOR
C22.0	Liver cell carcinoma	OF5-3ZZ	Destruction of "Right, Left or Bilateral" Liver, Open approach
C22.2	Hepatoblastoma		
C22.3	Angiosarcoma of liver		
C22.4	Other sarcomas of liver		
C22.7	Other specified carcinomas of liver		
C22.8	Malignant neoplasm of liver, primary, unspecified as to type		
C22.9	Malignant neoplasm of liver, not specified as primary or secondary		
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct		
C7A.1	Malignant poorly differentiated neuroendocrine tumors		
C7A.8	Other malignant neuroendocrine tumors		
C7B.02	Secondary carcinoid tumors of liver		
C7B.8	Other secondary neuroendocrine tumors		
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts		
D13.4	Benign neoplasm of liver		
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts		
D3A.098	Benign carcinoid tumors of other sites		
D3A.8	Other benign neuroendocrine tumors		
D49.0	Neoplasm of unspecified behavior of digestive system		
K76.9	Liver disease, unspecified		

* - indicates more specified coding may be required

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2020# REIMBURSEMENT GUIDE IO ABLATION



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Physician & Facility

Percutaneous Cryoablation NERVE

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE (Facility)	PHYSICIAN RATE (Non-Facility)
0440T	Ablation, percutaneous, cryoablation, incl imaging guidance; upper ext distal/peripheral nerve	MAC Priced	MAC Priced
0441T	Ablation, percutaneous, cryoablation, incl imaging guidance; lower ext distal/peripheral nerve	MAC Priced	MAC Priced
0442T	Ablation, percutaneous, cryoablation, incl imaging guidance; nerve plexus or other truncal nerve (e.g. brachial plexus, pudendal nerve)	MAC Priced	MAC Priced

OPPS/ASC PROCEDURAL SERVICES

APC	DESCRIPTION	HOSPITAL OUTPATIENT RATE	ASC RATE
5431	Level 1 Nerve Procedures (CPT 0440T, 0441T)	\$1,719.35	\$796.79
5432	Level 2 Nerve Procedures (CPT 0442T)	\$5,509.01	\$3,211.61

HCPSCS SUPPLY ITEM REPORTING

C-CODE	DESCRIPTION	HOSPITAL OUTPATIENT RATE	ASC RATE
C2618*	Probe/needle, cryoablation	Packaged	Packaged

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY2020 (10/01/2019-09/30/2020)

MS-DRG	DESCRIPTION	HOSPITAL INPATIENT BASE RATE
073	Cranial & peripheral nerve disorders w/ MCC	\$8,860.18
074	Cranial & peripheral nerve disorders w/o MCC	\$6,184.48

Percutaneous Cryoablation NERVE

ICD-10 Codes

ICD-10-CM*	ICD-10-CM DESCRIPTOR	ICD-10-PCS	ICD-10-PCS DESCRIPTOR
C19	Malignant neoplasm of rectosigmoid junction	015_3ZZ	Destruction of [location] Nerve; Percutaneous Approach
C20	Malignant neoplasm of rectum		
C21.2	Malignant neoplasm of cloacogenic zone		
C47.1-	Malignant neoplasm of peripheral nerves of upper limb, including shoulder		
C47.2-	Malignant neoplasm of peripheral nerves of lower limb, including hip		
C51.-	Malignant neoplasm of [labium, vulva]		
C52	Malignant neoplasm of vagina		
C53.-	Malignant neoplasm of [location] cervix		
C56.4-	Causalgia of upper limb(s)		
C61	Malignant neoplasm of prostate		
C79.82	Secondary malignant neoplasm of genital organs		
D36.12	Benign neoplasm of peripheral nerves and autonomic nervous system, upper limb, including shoulder		
G54.0	Brachial plexus disorders		
G56.--	Lesion of [location] nerve; upper limb(s)		
G57.--	Lesion of [location] nerve; lower limb(s)		
G58.-	Mononeuropathy, specified/unspecified		
G90.51-	Complex regional pain syndrome of upper limb(s)		
M12.51-	Traumatic arthropathy, shoulder		
M25.5--	Pain in [shoulder, elbow, joints of hand]		
M50.13	Cervical disc disorder w/ radiculopathy, cervicothoracic		
M54.1-	Radiculopathy, [cervical, cervicothoracic, sacral] region		
M79.--	Myalgia/Pain in [location]		
N94.81-	Vulvar [vestibulitis, vulvodynia]		
S13.-XXA	Sprain of [joints, ligaments], [location]		
S14.3XXA	Injury of brachial plexus, initial encounter		
S16.1XXA	Strain of muscle, fascia, tendon at neck level, init enc		
S43.42-	Sprain of rotator cuff capsule, initial encounter		
S-4.--	Injury of [nerve] at [level or location]; initial encounter		
T87.3-	Neuroma of amputation stump; upper extremity		

* - indicates more specified coding may be required

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2020# REIMBURSEMENT GUIDE IO ABLATION



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Physician & Facility

PROSTATE Cryosurgical Ablation

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE (Facility)	PHYSICIAN RATE (Non-Facility)
55873	Cryosurgical ablation of the prostate, incl US monitoring	\$796.14	\$6,334.81
55700	Biopsy, prostate; needle or punch; 1 or >	\$136.06	\$255.88
76942	Ultrasonic guidance for needle placement, IS&I	\$32.48	\$58.47
77012	CT guidance for needle placement, IS&I	\$75.79	\$153.74
77021	MR guidance for needle placement, IS&I	\$74.71	\$472.77

OPPS/ASC PROCEDURAL SERVICES

APC	DESCRIPTION	HOSPITAL OUTPATIENT RATE	ASC RATE
5376	Cryosurgical ablation of the prostate, incl US monitoring (CPT 55873)	\$8,067.93	\$6,194.61
5373	Biopsy, prostate; needle or punch; 1 or > (CPT 55700)	\$1,771.55	\$789.71

HCPCS SUPPLY ITEM REPORTING

C-CODE	DESCRIPTION	HOSPITAL OUTPATIENT RATE	ASC RATE
C2618*	Probe/needle, cryoablation	Packaged	Packaged

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY2020 (10/01/2019-09/30/2020)

MS-DRG	DESCRIPTION	HOSPITAL INPATIENT BASE RATE
707	Major male pelvic procedures w/ CC/MCC	\$11,703.63
708	Major male pelvic procedures w/o CC/MCC	\$9,088.01



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PROSTATE Cryosurgical Ablation

ICD-10 Codes

ICD-10-CM*	ICD-10-CM DESCRIPTOR	ICD-10-PCS	ICD-10-PCS DESCRIPTOR
C61	Malignant neoplasm of prostate	0V507ZZ	Destruction of Prostate, Via Natural or Artificial Opening
C79.82	Secondary malignant neoplasm of genital organs		
D07.5	Carcinoma in situ of prostate		
D29.1	Benign neoplasm of prostate		
D40.0	Neoplasm of uncertain behavior of prostate		
D49.59	Neoplasm of unspecified behavior of other genitourinary organ		

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2020# REIMBURSEMENT GUIDE IO ABLATION



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Physician & Facility

Percutaneous BREAST Cryosurgical Ablation

PHYSICIAN SERVICES

CPT	DESCRIPTION	PHYSICIAN RATE (Facility)	PHYSICIAN RATE (Non-Facility)
19105	Ablation, cryosurgical, breast fibroadenoma, each, incl ultrasound guidance	\$221.59	\$2,802.00
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	MAC Priced	MAC Priced

OPPS/ASC PROCEDURAL SERVICES

APC	DESCRIPTION	HOSPITAL OUTPATIENT RATE	ASC RATE
5091	Ablation, cryosurgical, breast fibroadenoma, each, incl ultrasound guidance (CPT 19105)	\$3,029.55	\$1,118.44
N/A	Not Covered (CPT 0581T)	Not Covered	Not Covered

HCPCS SUPPLY ITEM REPORTING

C-CODE	DESCRIPTION	HOSPITAL OUTPATIENT RATE	ASC RATE
C2618*	Probe/needle, cryoablation	Packaged	Packaged

*Must be billed per unit used.

INPATIENT DIAGNOSIS RELATED GROUPS # FY2020 (10/01/2019-09/30/2020)

MS-DRG	DESCRIPTION	HOSPITAL INPATIENT BASE RATE
584	Breast biopsy, local excision & other breast procedures w/ CC/MCC	\$11,443.88
585	Breast biopsy, local excision & other breast procedures w/o CC/MCC	\$10,623.33

ICD-10 Codes

ICD-10-CM*	ICD-10-CM DESCRIPTOR	ICD-10-PCS	ICD-10-PCS DESCRIPTOR
D21.4	Benign neoplasm of right breast	OH5_3ZZ	Destruction of "Right, Left or Bilateral" Breast, Percutaneous approach
D24.2	Benign neoplasm of left breast	OH5_0ZZ	Destruction of "Right, Left or Bilateral" Breast, Open approach
D24.9	Benign neoplasm of unspecified breast		

* - indicates more specified coding may be required

_ indicates a value is needed to complete code



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SOURCES

PHYSICIAN SERVICES

CMS website. 2020 Physician Fee Schedule. CMS-1715-F. 2020 conversion factor of \$36.0896. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F.html>

OPPS PROCEDURAL SERVICES

CMS website. 2020 OPPS Payment. CMS-1717-CN. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1717-cn>

ASC PROCEDURAL SERVICES

CMS website. 2020 ASC Payment. CMS-1717-CN ASC. <https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notices/cms-1717-cn>

INPATIENT DIAGNOSIS RELATED GROUPS

CMS website. FY 2020 (10/1/19-09/30/20) IPPS Final Rule [CMS-1716-F], Correction Notice [CMS-1716-CN2] and Addenda. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page.html>

Not intended as an all-inclusive list of MS-DRGs

DIAGNOSIS & INPATIENT PROCEDURAL CODES

CMS ICD-10-CM/PCS MS-DRG v37 Definitions Manual. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY2020-CMS-1716-FR-MS-DRG-Definitions-Manual.zip>. FY 2020 (10/1/19-09/30/20)

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