

2020 IO ABLATION - LUNG REIMBURSEMENT GUIDE

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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 the following website address <https://www.bostonscientific.com/content/gwc/en-US/products/cryoablation.html>. Please review if you intend to use these products.

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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, peri-anal 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.



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DEVICE CODING

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

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

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 and WAGE INDEXES – OPPS & ASC

CMS website. FY2021 IPPS Final Rule. CMS-1735-F. <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipp-pps-final-rule-home-page>

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

DIAGNOSIS & INPATIENT PROCEDURAL CODES

CMS ICD-10-CM/PCS MS-DRG v38.0 R1 Definitions Manual. <https://www.cms.gov/files/zip/icd-10-ms-drg-definitions-manual-files-v380-r1-text-version.zip>
FY 2021 (10/1/2020-09/30/2021)