

2020 IO ABLATION - RENAL 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)

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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 [#] FY2021 (10/01/2020-09/30/2021)

| MS-DRG | DESCRIPTION | HOSPITAL INPATIENT BASE RATE |
|--------|--|------------------------------|
| 656 | Kidney & ureter procedures for neoplasm w/MCC | \$21,092.83 |
| 657 | Kidney & ureter procedures for neoplasm w/CC | \$12,431.25 |
| 658 | Kidney & ureter procedures for neoplasm w/o CC/MCC | \$10,149.52 |

Disclaimer

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.

See important notes on the uses and limitations of this information on pages 1-2.

Sources

See sources and device code information on page 3.

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

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