

TheraSphere™ Customers:

This alert addresses CPT® coding and Medicare’s proposed payment rates for procedures using Boston Scientific’s TheraSphere product and other related procedures furnished under the Physician Fee Schedule (PFS), Outpatient Prospective Payment System (OPPS), and Ambulatory Surgery Center (ASC) Payment System, on or after January 1, 2021. Medicare’s proposed PFS, OPPS, and ASC payment rates, payment policies, and other provisions are relevant to Medicare beneficiaries treated in the physician office, hospital outpatient, and ASC settings. This information is subject to revision prior to implementation.

CY2021 Proposed Reimbursement: Hospital Outpatient (POS 22) and Ambulatory Surgery Center (POS 24)

On **August 4, 2020**, the Centers for Medicare and Medicaid Services (CMS) released the 2021 proposed policies and payment rates for the Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems. The OPPS/ASC rule contains policy and payment information for Medicare beneficiary services furnished in the hospital outpatient (place of service 22) and ambulatory surgical center (place of service 24) settings.

The facility rates, Ambulatory Payment Classifications (APCs), represent the Medicare national average payment rate for items and services delivered by the hospital in the outpatient setting of care. The APC rates will be adjusted by the Hospital Wage Index (HWI) value assigned to the specific facility or their CBSA (Core-Based Statistical Area). Non-Medicare payers, including Medicare Advantage (Part C) plans, payment rates will vary, for both physician and hospital facility services, though their payment rates may be based on Medicare payment rates.

CPT codes, RVUs, and Medicare payment rates do not guarantee any payer will cover or reimburse procedures. Medicare coverage is limited to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category). National coverage determinations (NCDs) are made through an evidence-based process. In the absence of a national coverage policy, an item or service may be covered at the discretion of the Medicare Administrative Contractor (MAC) based on a local coverage determination (LCD).

The final rules are expected to be released around December 1, 2020, following the public comment period and CMS review. Policies and payment rates will be made effective 30 days later.

The proposed Medicare allowable payment for HCPCS C2616 (APC 2616), utilized for TheraSphere™ treatments will increase to \$17,808.58.^{1,2}

		2020 Medicare Final Rule	2021 Medicare Proposed Rule	Change 2020-2021
HCPCS Code	Description	OPPS / ASC Payment	OPPS / ASC Payment	% Change
C2616	Brachytherapy source, non-stranded, yttrium-90, per source	\$ 17,091.57	\$ 17,808.58	+4.20%

Proposed Changes to Hospital Outpatient (POS 22) Reimbursement

Notable proposed changes for the Hospital Outpatient setting are:

- The payment for angiography through an existing catheter (CPT 75898) is proposed to move to APC 5183 resulting in a 78.2% increase to \$1,276.29.
- Nuclear medicine limited area imaging procedures (CPT 78201, 78202, and 78803) are proposed to move to APC 5592 resulting in a 60.6% decrease to \$501.45.
- Most radiation therapy related payment rates are proposed to increase an average of 3%.
- Radiology procedures payment rates are proposed to remain flat.
- Both tumor embolization (CPT 37243) and arterial coil embolization (CPT 37242) are proposed to increase 3.2% to \$10,222.32.

Proposed Changes to ASC (POS 24) Reimbursement

Notable proposed changes for ASC's are:

- The payment for angiography through an existing catheter (CPT 75898) is proposed to move to APC 5183 resulting in a 136.5% increase to \$1,371.38.
- Nuclear medicine limited area imaging procedures (CPT 78201, 78202, and 78803) are proposed to move to APC 5592 resulting in a 61.2% decrease to \$249.27.
- Several radiation therapy related payment rates are proposed to decrease between 3.7% and 5.6%. The exceptions are the delivery procedures (CPT 79445 is proposed to increase 4.5% and CPT 77778 is proposed to decrease 2.4%.
- Radiology procedures payment rates are proposed to decrease an average of 2.5%.
- Tumor embolization (CPT 37243) payment is proposed to increase 2.1% to \$4,272.79 while arterial coil embolization (CPT 37242) is proposed to increase 5.9% to \$6,455.59.

Comment Period

Upon release of the proposed OPPTS/ASC rules, CMS opened a 60-day comment period, ending on **October 5, 2020**. Physicians and other stakeholders can submit their comments on CMS's proposal before the comment period closes.

Interested parties can comment either electronically or by mail:

- **To comment electronically**, visit <https://www.regulations.gov/> and follow the "submit a comment" instructions.
- **To comment by regular mail, send written comments to:**
 - Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1736-P
P.O. Box 8013
Baltimore, MD 21244-8013
- **To comment by express mail, send written comments to:**
 - Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1736-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Proposed 2021 Hospital Outpatient (POS 22) Reimbursement

Pre-Treatment

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Angiography, Visceral, Sel or Suprasel, RS&I	75726	5184	\$4,596	\$4,839	\$243	5.3%
Therapeutic Radiology Simulation, Complex	77290	5612	\$335	\$346	\$11	3.3%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	78803	5593/5592	\$1,272	\$501	-\$771	-60.6%
Rp localization tumor/distrib Rp agent, incl vasc flow, planar, 1 area, 1 day	78800	5591	\$368	\$385	\$16	4.5%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT) w/ concurrent CT, 1 area, 1 day	78830	5593	\$1,272	\$1,336	\$64	5.0%
Liver Imaging w/ vasc flow; static only	78202	5593/5592	\$1,272	\$501	-\$771	-60.6%
CT Angio abd w/o dye, then dye & add'l sections	74175	5571	\$182	\$181	-\$1	-0.4%
Vasc Embolization, RS&I, Intraproc Roadmap, RS&I, Art	37242	5193	\$9,908	\$10,222	\$314	3.2%

Clinical Treatment Planning and Dosimetry

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Basic dosimetry calc (req Rx treating physician)	77300	5611	\$127	\$130	\$3	2.6%
Brachy isodose plan, 1-4 srcs, incl basic dosim calc	77316	5612	\$335	\$346	\$11	3.3%
Brachy isodose plan, 5-10 srcs, incl basic dosim calc	77317	5612	\$335	\$346	\$11	3.3%
3-D radiotherapy plan, incl dose-vol histograms, BEV	77295	5613	\$1,245	\$1,291	\$45	3.7%
Special Medical Radiation Physics Consult	77370	5611	\$127	\$130	\$3	2.6%
Special Treatment Procedure	77470	5623	\$539	\$554	\$16	2.9%

Treatment

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Angiography, Visceral, Sel or Suprasel, RS&I	75726	5184	\$4,596	\$4,839	\$243	5.3%
Vasc Embolization, RS&I, Intraproc Roadmap, Tumor	37243	5193	\$9,908	\$10,222	\$314	3.2%
Radiopharmaceutical Tx (intra-arterial) [IR = AU]	79445	5661	\$237	\$252	\$15	2.9%
Interstitial Rad Src App, Complex [ONLY if IR ≠ AU]	77778	5624	\$741	\$735	-\$6	-0.8%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	78803	5593/5592	\$1,272	\$501	-\$771	-60.6%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT) w/ concurrent CT, 1 area, 1 day	78830	5593	\$1,272	\$1,336	\$64	5.0%

Proposed 2021 ASC (POS 24) Reimbursement

Pre-Treatment

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	78803	5593/5592	\$643	\$249	-\$394	-61.2%
Rp localization tumor/distrib Rp agent, incl vasc flow, planar, 1 area, 1 day	78800	5591	\$186	\$191	\$5	2.8%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT) w/ concurrent CT, 1 area, 1 day	78830	5593	\$643	\$664	\$21	3.3%
Liver Imaging w/ vasc flow; static only	78202	5593/5592	\$643	\$249	-\$394	-61.2%
CT Angio abd w/o dye, then dye & add'l sections	74175	5571	\$92	\$90	-\$2	-2.1%
Vasc Embolization, RS&I, Intraproc Roadmap, RS&I, Art	37242	5193	\$6,097	\$6,456	\$359	5.9%

Clinical Treatment Planning and Dosimetry

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Basic dosimetry calc (req Rx treating physician)	77300	5611	\$34	\$32	-\$2	-4.9%
Brachy isodose plan, 1-4 srcs, incl basic dosim calc	77316	5612	\$145	\$152	\$8	5.2%
Brachy isodose plan, 5-10 srcs, incl basic dosim calc	77317	5612	\$169	\$172	\$3	1.7%
3-D radiotherapy plan, incl dose-vol histograms, BEV	77295	5613	\$263	\$249	-\$15	-5.6%
Special Medical Radiation Physics Consult	77370	5611	\$64	\$65	\$1	0.9%
Special Treatment Procedure	77470	5623	\$26	\$25	-\$1	-4.3%

Treatment

Abbreviated Descriptor	CPT® Code	APC	2020	PR 2021	\$ Change	% Change
Vasc Embolization, RS&I, Intraproc Roadmap, Tumor	37243	5193	\$4,183	\$4,273	\$90	2.1%
Radiopharmaceutical Tx (intra-arterial) [IR = AU]	79445	5661	\$120	\$125	\$5	4.5%
Interstitial Rad Src App, Complex [ONLY if IR ≠ AU]	77778	5624	\$374	\$365	-\$9	-2.4%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	78803	5593/5592	\$643	\$249	-\$394	-61.2%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT) w/ concurrent CT, 1 area, 1 day	78830	5593	\$643	\$664	\$21	3.3%

CY2020 Proposed Reimbursement: Physician Office (POS 11)

On **August 3, 2020**, the Centers for Medicare and Medicaid Services (CMS) released the 2021 proposed policies and payment rates for the Physician Fee Schedule (PFS). The PFS rule contains policy and payment information for Medicare beneficiary services furnished by physicians in all sites of service, including physician offices (place of service 11).

The rates represent the Medicare national average payment rate for items and services. The rates will be adjusted for each Medicare payment locality for each of the three components of a procedure's RVUs (Relative Value Units) for work, practice expense, and malpractice by the Medicare Geographic Practice Cost Index (GPCI). Non-Medicare payers, including Medicare Advantage (Part C) plans, payment rates will vary, though their payment rates may be based on Medicare payment rates or RVUs.

CPT codes, RVUs and Medicare payment rates do not guarantee any payer will cover or reimburse procedures. Medicare coverage is limited to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category). National coverage determinations (NCDs) are made through an evidence-based process. In the absence of a national coverage policy, an item or service may be covered at the discretion of the Medicare Administrative Contractor (MAC) based on a local coverage determination (LCD).

The final rules are expected to be released around December 1, 2020, following the public comment period and CMS review. Policies and payment rates will be made effective 30 days later.

Proposed Changes to Physician Reimbursement

CMS is proposing to decrease reimbursement overall by 10.6% through a reduction in the Conversion Factor (CF) to \$32.2605 from the current rate of \$36.0896. Individual procedures will vary based on RVU changes. A table with a more comprehensive summary of proposed changes is included at the end of this communication.

Peripheral Interventions (PI) Interventional Oncology Embolics product, TheraSphere, and related procedures most impacted by this proposed change are:

- Tumor embolization (CPT 37243) payment is proposed to decrease by 4.8% to \$9,399.
- Vascular coil embolization (CPT 37242) payment is proposed to decrease by 2.2% to \$7,651.
- TheraSphere delivery (CPT 79445) payment is proposed to decrease by 12.0% to \$103.

Physician reimbursement rates for procedures in a Hospital or ASC setting were not positively impacted by PE RVU updates. Most will see the full impact of the payment reduction with an average decrease of 12% for most TheraSphere related procedures.

The proposed changes in physician office reimbursement are stemming from the revaluation of Practice Expense RVUs, which are devised from inputs that reflect the cost of labor, equipment and supplies for any given procedure. Last year, in the CY2020 PFS, CMS completed a Market-Based Supply and Equipment Update. This update caused changes in the supply and equipment costs associated with many procedures, thus changing the Practice Expense RVUs and resulting reimbursement rates. These changes are being phased in over a 4-year period, with CY2021 being the third year.

Comment Period

Upon release of the proposed PFS rules, CMS opened a 60-day comment period, ending on **October 5, 2020**. Physicians and other stakeholders can submit their comments on CMS's proposal before the comment period closes.

Interested parties can comment either electronically or by mail:

- **To comment electronically**, visit <https://www.regulations.gov/> and follow the "submit a comment" instructions.
- **To comment by regular mail, send written comments to:**
 - o Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1734-P
P.O. Box 8016
Baltimore, MD 21244-8016
- **To comment by express mail, send written comments to:**
 - o Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1734-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Proposed 2021 Physician Reimbursement: Hospital Outpatient (POS 22) or ASC (POS 24)

Pre-Treatment

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Therapeutic Radiology Tx Planning, Complex	77263	\$174	\$156	-\$18	-10.4%	4.83	4.84	0.0%
Sel Cath Place, Art, Init, 1 st Order, Abd	36245	\$249	\$222	-\$27	-10.9%	6.89	6.87	-0.3%
Sel Cath Place, Art, Init, 2 nd Order, Abd (2 vsls)	36246	\$265	\$238	-\$27	-10.1%	7.35	7.39	0.5%
Sel Cath Place, Art, Init 3 rd Order or >, Abd (3+ vsls)	36247	\$316	\$282	-\$34	-10.6%	8.75	8.75	0.0%
Sel Cath Place, Art, Add'l 2 nd Ord or >, Abd (ea vsl)	36248	\$51	\$45	-\$6	-11.2%	1.41	1.40	-0.7%
Angiography, Visceral, Sel or Suprasel, RS&I	75726	\$100	\$89	-\$12	-11.6%	2.78	2.75	-1.1%
Angiography, RS&I (ea add'l vsl)	75774	\$50	\$44	-\$9	-9.6%	1.38	1.37	-0.7%
Therapeutic Radiology Simulation, Complex	77290	\$85	\$76	-\$9	-10.6%	2.36	2.36	0.0%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	78803	\$54	\$47	-\$7	-12.4%	1.49	1.46	-1.1%
Rp localization tumor/distrib Rp agent, incl vasc flow, planar, 1 area, 1 day	78800	\$33	\$29	-\$4	-11.6%	0.91	0.90	-1.1%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT) w/ concurrent CT, 1 area, 1 day	78830	\$74	\$65	-\$9	-12.4%	2.04	2.00	-2.0%
Liver Imaging w/ vasc flow; static only	78202	\$25	\$22	-\$3	-10.6%	0.68	0.68	0.0%
CT Angio abd w/o dye, then dye & add'l sections	74175	\$93	\$82	-\$11	-12.0%	2.57	2.53	-1.6%
Vasc Embo, RS&I, Intraproc Roadmap, RS&I, Art	37242	\$500	\$445	-\$55	-11.1%	13.85	13.78	-0.5%

Clinical Treatment Planning and Dosimetry

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Basic dosimetry calc (req Rx treating physician)	77300	\$34	\$30	-\$4	-10.6%	0.93	0.93	0.0%
Brachy isodose plan, 1-4 srcs, incl basic dosim calc	77316	\$76	\$68	-\$8	-11.0%	2.11	2.10	-0.5%
Brachy isodose plan, 5-10 srcs, incl basic dosim calc	77317	\$100	\$89	-\$11	-10.9%	2.77	2.76	-0.4%
3-D radiother plan, incl dose-vol histograms, BEV	77295	\$232	\$207	-\$25	-10.9%	6.44	6.42	-0.3%
Special Medical Radiation Physics Consult	77370	\$127	\$123	-\$3	-2.7%	3.51	3.82	8.8%
Special Treatment Procedure	77470	\$111	\$99	-\$12	-10.9%	3.07	3.06	-0.3%

Treatment

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Sel Cath Place, Art, Init 3 rd Ord or >, Abd (3+ vsls)	36247	\$316	\$282	-\$34	-10.6%	8.75	8.75	0.0%
Sel Cath Place, Art, Add'l 2 nd Ord or >, Abd (ea vsl)	36248	\$51	\$45	-\$6	-11.2%	1.41	1.40	-0.7%
Angiography, Visceral, Sel or Suprasel, RS&I	75726	\$100	\$89	-\$12	-11.6%	2.78	2.75	-1.1%
Angiography, RS&I (ea add'l vsl)	75774	\$50	\$44	-\$9	-9.6%	1.38	1.37	-0.7%
Vasc Embo, RS&I, Intraproc Roadmap, Tumor	37243	\$588	\$520	-\$68	-11.5%	16.30	16.13	-1.0%
Radiopharmaceutical Tx (intra-arterial) [IR = AU]	79445	\$117	\$103	-\$14	-12.0%	3.24	3.19	-1.5%
Interstitial Rad Src App, Complex [ONLY if IR ≠ AU]	77778	\$475	\$424	-\$50	-10.6%	13.15	13.15	0.0%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	78803	\$54	\$47	-\$7	-12.4%	1.49	1.46	-1.1%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT) w/ concurrent CT, 1 area, 1 day	78830	\$74	\$65	-\$9	-12.4%	2.04	2.00	-2.0%

Proposed 2021 Physician Office/OBL (POS 11) Reimbursement

Pre-Treatment

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Therapeutic Radiology Tx Planning, Complex	77263	\$174	\$156	-\$18	-10.4%	4.83	4.84	0.2%
Sel Cath Place, Art, Init, 1 st Order, Abd	36245	\$1,378	\$1,319	-\$59	-4.3%	38.19	40.90	7.1%
Sel Cath Place, Art, Init, 2 nd Order, Abd (2 vsls)	36246	\$886	\$859	-\$27	-3.0%	24.55	26.63	8.5%
Sel Cath Place, Art, Init 3 rd Order or >, Abd (3+ vsls)	36247	\$1,560	\$1,504	-\$56	-3.6%	43.23	46.62	7.8%
Sel Cath Place, Art, Add'l 2 nd Ord or >, Abd (ea vsl)	36248	\$141	\$126	-\$15	-10.8%	3.92	3.91	-0.3%
Angiography, Visceral, Sel or Suprasel, RS&I	75726	\$188	\$169	-\$18	-9.8%	5.20	5.25	1.0%
Angiography, RS&I (ea add'l vsl)	75774	\$110	\$99	-\$10	-9.4%	3.04	3.08	1.3%
Therapeutic Radiology Simulation, Complex	77290	\$508	\$473	-\$35	-6.9%	14.08	14.66	4.1%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	78803	\$401	\$375	-\$26	-6.5%	11.12	11.63	4.6%
Rp localization tumor/distrib Rp agent, incl vasc flow, planar, 1 area, 1 day	78800	\$267	\$249	-\$19	-7.0%	7.40	7.70	4.1%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT) w/ concurrent CT, 1 area, 1 day	78830	\$508	\$476	-\$32	-6.2%	14.07	14.76	4.9%
Liver Imaging w/ vasc flow; static only	78202	\$212	\$203	-\$9	-4.2%	5.88	6.30	7.1%
CT Angio abd w/o dye, then dye & add'l sections	74175	\$328	\$315	-\$13	-4.0%	9.10	9.77	7.4%
Vasc Embo, RS&I, Intraproc Roadmap, RS&I, Art	37242	\$7,824	\$7,651	-\$172	-2.2%	216.78	237.17	9.4%

Clinical Treatment Planning and Dosimetry

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Basic dosimetry calc (req Rx treating physician)	77300	\$68	\$63	-\$5	-7.8%	1.88	1.94	3.2%
Brachy isodose plan, 1-4 srcs, incl basic dosim calc	77316	\$223	\$221	-\$1	-0.6%	6.17	6.86	11.2%
Brachy isodose plan, 5-10 srcs, incl basic dosim calc	77317	\$292	\$292	-\$0	-0.1%	8.09	9.04	11.7%
3-D radiother plan, incl dose-vol histograms, BEV	77295	\$498	\$458	-\$40	-8.0%	13.80	14.21	3.0%
Special Medical Radiation Physics Consult	77370	\$127	\$123	-\$3	-2.7%	3.51	3.82	8.8%
Special Treatment Procedure	77470	\$137	\$124	-\$13	-9.7%	3.79	3.83	1.1%

Treatment

Abbreviated Descriptor	CPT® Code	2020	PR 2021	\$ Change	% Change	2020 RVU	PR 2021 RVU	% Change
Sel Cath Place, Art, Init 3 rd Ord or >, Abd (3+ vsls)	36247	\$1,560	\$1,504	-\$56	-3.6%	43.23	46.62	7.8%
Sel Cath Place, Art, Add'l 2 nd Ord or >, Abd (ea vsl)	36248	\$141	\$126	-\$15	-10.8%	3.92	3.91	-0.3%
Angiography, Visceral, Sel or Suprasel, RS&I	75726	\$188	\$169	-\$18	-9.8%	5.20	5.25	1.0%
Angiography, RS&I (ea add'l vsl)	75774	\$110	\$99	-\$10	-9.4%	3.04	3.08	1.3%
Vasc Embo, RS&I, Intraproc Roadmap, Tumor	37243	\$9,873	\$9,399	-\$474	-4.8%	273.58	291.36	6.5%
Radiopharmaceutical Tx (intra-arterial) [IR = AU]	79445	\$117	\$103	-\$14	-12.0%	3.24	3.19	-1.5%
Interstitial Rad Src App, Complex [ONLY if IR ≠ AU]	77778	\$886	\$836	-\$50	-5.6%	24.56	25.93	5.6%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT) w/ concurrent CT, 1 area, 1 day	78803	\$401	\$375	-\$26	-6.5%	11.12	11.63	4.6%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT) w/ concurrent CT, 1 area, 1 day	78830	\$508	\$476	-\$32	-6.2%	14.07	14.76	4.9%

Please contact your TheraSphere sales representative who will connect you with one of our Regional Market Access Managers to address any questions.

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.** Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. It is always the provider's responsibility to understand and comply with national coverage determinations (NCD), local coverage determinations (LCD) and any other coverage requirements established by relevant payers which can be updated frequently.

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¹ [CMS-1734-P Physician Fee Schedule CY 2021 Proposed Rule Link](#)

² [CMS-1736-P Hospital OPPS CY 2021 Proposed Rule Link](#)