

CY2021 Medicare Final Rules Issued for Hospital Outpatient, Ambulatory Surgical Center and Physician Fee Schedule

Interventional Cardiology, Peripheral Interventions & Rhythm Management

On December 2nd and 3rd, 2020 the Centers for Medicare and Medicaid Services (CMS) released the 2021 final policies and payment rates for the Physician Fee Schedule (PFS) and payment rates for the Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Centers (ASC).

Due to the COVID-19 public health emergency, CMS invoked its authority to waive the 60-day notice period, so the final rules go into effect for dates of service January 1, 2021.

Congress passed H.R. 133, a compromise bill to fund the government, provide relief for the COVID-19 pandemic and within it \$73 billion was allocated to HHS. As a result, Medicare revised the PFS on December 29, 2020. Changes were made to the Relative Value Units (RVU) as well as the Geographic Practice Cost Indices (GPCI) that determines the locality-specific payment rates. Also included was a 3-month reprieve of the 2% Medicare sequester cuts.

Hospital Outpatient: OPPS payments are increasing an average of 2.4%.

Ambulatory Surgical Center (ASC): Overall payment rates are increasing an average of 2.4%.

Physician Fee Schedule: The final physician conversion factor is \$34.89, representing a decrease of 3.3%. While the conversion factor is consistent across all services, procedures with Relative Value Unit (RVU) or Practice Expense (PE) adjustments may be affected differently, with larger or smaller decreases.

At the end of this document are tables that list the final national average payment rates and the percent changes for select Interventional Cardiology (IC), Peripheral Interventions (PI) and Rhythm Management (RM) related procedures.

Table 1: HOPPS final payment rates

Table 2: ASC final payment rates

Table 3: PFS final payment rates

Hospital Outpatient Prospective Payment System

340B Drug Program

In this Final Rule, CMS will continue its current policy of payment for 340B-acquired drugs at the Average Selling Price (ASP) minus 22.5 percent, rather than imposing a reduction of 28.7 percent as proposed. CMS projects that Medicare patients have saved nearly \$1 billion on drug costs since the policy went into effect in 2018, with expected CY 2021 savings of \$300 million.

Elimination of the Inpatient Only (IPO) List:

CMS is eliminating the Inpatient Only (IPO) list, which designates certain procedures as payable only when performed in the inpatient hospital setting. Elimination will occur over the course of the next three calendar years, with a complete phase-out by January 1, 2024. This will gradually allow over 1,700 additional services to be paid when furnished in the hospital outpatient setting. CMS states that “physicians should continue to use their clinical knowledge and judgment to appropriately determine whether a procedure can be performed in an outpatient setting or whether inpatient care is needed based on specific patient needs.” For 2021, CMS will remove ~200 musculoskeletal-related services from the IPO list. Once a procedure is removed from the IPO list, it becomes subject to the 2-midnight rule.

Interventional Cardiology

- Complex Percutaneous Coronary Intervention (including DES CTO PCI, DES w/Atherectomy, BMS w/Atherectomy) payment rates increased by <1% to \$16,064.
- Percutaneous Coronary Intervention (PCIs, including DES w/ PTCA, PTCA w/Atherectomy, BMS w/ PTCA, DES Bypass Graft, BMS Bypass Graft, BMS CTO PCI) payment rates increased by 1.36% to \$10,043.
- Plain Old Balloon Angioplasty (POBA) payment rates increased by <1% to \$4,957.

Peripheral Interventions

- **Vascular**
 - CMS finalized its reassignment of venous mechanical thrombectomy from APC 5192 to APC 5193, resulting in an increase of 103% to a rate of \$10,043.
 - Most procedures have payment increases of 1-5%.
 - The primary exceptions are Level 2 Vascular Procedures such as diagnostic angiography of the dialysis circuit and EKOS catheter removal, where the payment rate decreased by 14% to \$1,406.
- **Interventional Oncology**
 - Payment rates for most cryoablation procedures increased by 4-6%. Prostate cryosurgery is the exception with a smaller 2.4% increase to \$8,258.
 - TheraSphere payment increased by 1.8% to \$17,398, but 2.3% less than the Proposed Rule due to the lower market basket increase of 2.4% (vs. 2.6% proposed).
 - SPECT liver imaging, used in the pre-treatment assessment for TheraSphere, maintained its APC assignment, gains 3% to \$1,306.
 - Anatomical liver imaging codes, used by customers without a SPECT gamma imaging system, in the pre-treatment assessment for TheraSphere payments were reassigned to a lower APC resulting in a 62% decrease to \$489.

Rhythm Management

- ICD system implant payment rates increased 2% to \$32,839, and ICD replacement payments increased 1% to \$23,040.
- Pacemaker system implant and dual chamber replacement payment rates increased 1% to \$10,400 and pacemaker single chamber replacements increased 7% to \$8,153.
- Payment rates for repair and removal of transvenous electrodes increased 15%.
- Payment rates for ablation procedures performed in conjunction with a comprehensive EP study increased 5% to \$21,464.
- Payment rates for insertion of subcutaneous cardiac rhythm monitor (SCRM) increased 7% to \$8,153.

Ambulatory Surgical Center (ASC)

ASC Covered Procedures List

CMS is adding 11 procedures to its CPL based on current assessment criteria, including lower extremity intravascular lithotripsy with or without atherectomy. Additionally, in its continued efforts to promote site neutral payment, CMS is revising the process by which it assesses whether a procedure is eligible for payment when provided in the ASC setting. The revisions will immediately result in the addition of another 267 procedures to the CPL effective January 1, 2021. Moreover, for future years, manufacturers will be able to notify CMS when they believe a procedure meets the streamlined assessment criteria or CMS can decide to move procedures on its own if the Agency assesses a procedure using the revised criteria.

Interventional Cardiology

- Complex PCI, including Atherectomy with DES and CTO DES, are added to CMS' list of eligible ASC services.
- CY2021 Complex PCI ASC facility payments are:
 - Atherectomy with DES: \$11,371.
 - CTO DES: \$11,286.
 - PCI performed in or through bypass grafts: \$6,398.
- CY2021 Non-Complex PCI ASC facility payments are:
 - Drug Eluting Stent (DES) Placement increased 1.40% to \$6,276
 - Bare Metal Stent (BMS) placement decreased 1.00% to \$5,997
 - Plain Old Balloon Angioplasty (POBA) increased 1.49% to \$3,067

Peripheral Interventions

○ Vascular

- Most procedures increased 1-5%, a few decreased 1-2%.
- Venous PMT (percutaneous transluminal mechanical thrombectomy) was assigned to a new payment indicator and payment was increased by 111% to \$6,553. This is part of an overall change to add coverage for 11 new procedures in the ASC site of service.
- Dialysis circuit PMT with thrombolysis payment decreased 25% to \$2,167.
- Biliary stenting with balloon dilation payment increased 10% to \$3,415.
- Biliary endoscopy with dilation and stenting payment increased 6% to \$3,454.

○ Interventional Oncology

- TheraSphere payment increased by 1.8% to \$17,398, equivalent to the hospital outpatient payment.
- SPECT liver imaging increased 3%, to \$663.
- Anatomical liver imaging codes were reassigned to a lower payment indicator, decreasing 61% to \$249.
- Medicare progressed its initiative on site-neutrality, adding coverage for procedures performed in ASC and reassigning others to higher payment levels.
 - Laparoscopic ablation procedures for renal and liver indications are now reimbursed in the ASC at a payment level of \$3,813, although this amount is 43% of the hospital outpatient amount. Previously this was not payable in the ASC setting.
 - Breast cryoablation payment increased by 53% to \$1,711.
 - Bone cryoablation payment decreased by 22% to \$2,944, aligned with RF.
 - Lung cryoablation payment increased by 54% to \$3,378, this is 46% higher than RF.
 - Liver cryoablation payment increased by 11% to \$3,447, this is 49% higher than RF.
 - Renal cryoablation payment increased by 16% to \$5,686 this is 145% higher than RF.
 - Truncal/nerve plexus cryoablation payment increased 28% to \$4,116.

Rhythm Management

- Pacemaker implant payment rates on average increased 1% with a range of \$7,635 - \$7,897.
- Pacemaker replacement rates on average increased 4% with a range of \$6,436 - \$12,026.
- ICD System implant payment rates on average increased <1% to \$26,733.
- ICD replacement payment rates on average increased 1% with a range of \$19,743 to 26,629.
- SCD System implant payment rates increased 1% to \$26,844.
- Payment rates for insertion of subcutaneous cardiac rhythm monitor (SCRM) increased 6% to \$7,046.

Physician Fee Schedule (PFS)

Broad Physician Payment Reduction

For CY2021 CMS finalized a 3.3% reduction in the conversion factor (from \$36.09 to \$34.89), a portion of the formula determining physician payment rates, resulting in final payment reductions for many procedures. Since the PFS is budget neutral, CMS' commitment to increase funding for preventative care and the management of chronic illnesses has made decreases necessary for the rest of the system.

Quality Payment Program (QPP):

Considering the COVID-19 Public Health Emergency, CMS is limiting changes to the QPP and are not introducing any new Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs). To facilitate transition of clinicians from MIPS CMS has introduced a new reporting framework called the Alternative Payment Model (APM) Performance Pathway for CY2021 to align with the MVPs framework. The APP is available only to participants in MIPS APMs and can be reported by the individual eligible clinician, group, or APM Entity.

Telehealth Benefit Expansion

CMS is adding more than 60 services to the Medicare telehealth list making permanent certain telehealth flexibilities and expansions provided during the COVID-19 Public Health Emergency (PHE). These additions allow beneficiaries in rural areas who are in a medical facility (like a nursing home) to continue to have access to telehealth services such as certain types of emergency department visits, therapy services, and critical care services.

Interventional Cardiology

- Percutaneous Transluminal Coronary Angioplasty (PTCA) payment rates declined 3.1%, to \$539
 - PTCA with stent placement payment rates declined 3.0%, to \$600
 - Chronic Total Occlusion (CTO) payment rates declined 3.0%, to \$674
 - Atherectomy with stent payment rates declined 3.0%, to \$673
 - Transcatheter Aortic Valve Replacement (TAVR) payment rates for the most used and applicable CPT code (33361) declined 2.8%, to \$1,233
 - WATCHMAN™ LAAC payment rates declined 2.8%, to \$805

Peripheral Interventions

- **Vascular**
 - Office-based venous stenting increases by 22% to \$3,977 for the venous stent placement in the first vein and by 32% to \$1,990 for additional veins being stented.
 - This is a direct result of former PI HEMA team members working with professional societies to submit invoiced product costs to CMS and CMS' revision of the supply cost for CY21 and CY22.
 - Office-based reimbursement for several revascularization procedures where stents were added decreased between 5.4% and 5.7%. Iliac artery revascularization with stent decreased 5.5% to \$3,793; Femoral/Popliteal artery revascularization with atherectomy decreased 5.4% to \$10,957; and Femoral/Popliteal artery revascularization with atherectomy and stent decreased 5.7% to \$14,044.
 - These cuts are largely the result of an ongoing effort to "right size" practice expense, and they are independent of any of the ongoing efforts to revise the lower extremity arterial code set.
 - The office based IVUS payment rate is finalized to decrease by 4.2% to \$1,151 for the first vessel.
 - Varithena payment rates in the physician office (OBL) remained flat, better than most competitive modalities except laser ablation.
 - Medicare requested input on which NCDs, if any, to retire. They, however, did not consider the request to retire NCD 240.6 Transvenous (Catheter) Pulmonary Embolectomy to be a formal request per the guidelines. <https://www.cms.gov/Medicare/Coverage/DeterminationProcess/howtorequestanNCD>. Some NCDs were retired, although CMS left in place this NCD prohibiting catheter based pulmonary thrombectomy.
- **Interventional Oncology**
 - Physician payment rates in the physician office (OBL) setting for the TheraSphere tumor embolization increased 0.6% to \$9,933 and coil embolizations performed in the pre-treatment phase increased 3.2% to \$8,070.
 - Simplicit90Y associated payment rates decreased 2.6% to \$491.
 - Cryoablation procedure rates were flat except for an increase of 2.8% for prostate to \$6,514 and a decrease of 2.3% to \$6,882 for liver indications. Renal payment will be \$4,414; lung payment will be \$5,657; and breast payment will be \$2,791 in the physician office (OBL) setting.

Potentially higher reductions were offset by Practice Expense RVU increases resulting from the phased-in Supply Costs.

Rhythm Management

- ICD/CRT-D system implant payment rates decreased 2% to \$942
- S-ICD system implant payment rates decreased 2.3% to \$579.
- ICD generator replacement payment rates on average decreased 1.7% to a range of \$384 - \$400 and CRTD generator replacement payment rates decreased 1.8% to \$417.
- Dual chamber pacemaker system implant payment rates decreased 2% to \$534.
- Dual chamber pacemaker replacement payment rates decreased 1.7% to \$345.
- Payment rates for ablation procedures performed in conjunction with a comprehensive EP study, which includes most ablation procedures, on average decreased 3% to a range of \$853 - \$1,145.
- In office payment rates for insertion of subcutaneous cardiac rhythm monitor (ICMs) decreased 0.8% to \$5,200 and facility-based payment rates decreased 3% to \$90

COMMENTS / QUESTIONS

If you have questions or would like additional information, contact:

Rhythm Management (RM)	Interventional Cardiology (IC)	Peripheral Interventions (PI)
CRM.Reimbursement@bsci.com 1-800-CARDIAC and request ext. 24114 for Reimbursement Support	IC.Reimbursement@bsci.com 1-877-786-1050 and select option 2 for Reimbursement Support	PIReimbursement@bsci.com 1-844 201-2203

SOURCE INFORMATION

Read the full CY2021 Final HOPPS/ASC Rule (CMS-1736-FC) at the following link: [CMS-1736-FC | CMS](#)

Read the full CY2021 Final Physician Fee Schedule (CMS-1734-F) at the following link: [CMS-1734-F | CMS](#)

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Table 1: CY2021 Hospital Outpatient Final Payment Rates for Select Procedures						
Final 2021 OPPS Rates Compared to Final 2020						
APC	Status Indicator ¹	Descriptor	CY2021 Final Rate	CY2020 Final Rate	Variance 2021 Final vs. 2020 Final	% YoY Change
Interventional Cardiology						
5191	J1	Level 1 Endovascular Procedures	\$2,899	\$2,850	\$49	1.72%
		Diagnostic Cardiac Catheterization				
5192	J1	Level 2 Endovascular Procedures	\$4,957	\$4,954	\$3	0.06%
		POBA (92920)				
5193	J1	Level 3 Endovascular Procedures	\$10,043	\$9,908	\$134	1.36%
		DES w/ PTCA (C9600), DES Bypass Graft (C9604), BMS w/ PTCA (92928), BMS Bypass Graft (92937), BMS CTO PCI (92943), PTCA/Atherectomy (92924),				
5194	J1	Level 4 Endovascular Procedures	\$16,064	\$15,940	\$124	0.78%
		DES CTO PCI (C9607), DES w/Atherectomy (C9602), BMS w/Atherectomy (92933)				
BSC currently has no stents FDA-approved for CTOs						
Peripheral Interventions						
5192	J1	Level 2 Endovascular Procedures	\$4,957	\$4,954	\$3	0.06%
		PTBA (37246,37248), Iliac PTA (37220), FemPop PTA (37224), Dialysis Circuit PTA (36902), Dialysis Circuit PMT (36904), TIPS Rev (37183)				
5193	J1	Level 3 Endovascular Procedures	\$10,043	\$9,908	\$134	1.36%
		Iliac Stent (37221), FemPop Atherectomy (37225), FemPop Stent (37226), TibPer PTA (37228), Transcath Stent + PTA (37236,37238), Vasc Embolization (37241-37244), Dialysis Circuit Stent + PTA (36903), Dialysis Circuit PMT + PTA (36905), PMT (Arterial 37184, Venous 37187)				
5194	J1	Level 4 Endovascular Procedures	\$16,064	\$15,940	\$124	0.78%
		FemPop Stent & Atherectomy (37227), TibPer Atherectomy (37229), TibPer Stent (37230), TibPer Stent + Atherectomy (37231), Dialysis Circuit PMT + Stent + PTA (36906)				
		Complexity Adjustments : Iliac Stent + Vasc Stent (37221 + 37236), Iliac Stent + TibPer PTA (37221 + 37228), Iliac Stent + Art PMT (37221 + 37184), FemPop Ather + Iliac PTA (37225 + 37220), FemPop Ather + Art PMT (37225 + 37184), FemPop Ather + Iliac Stent (37225 + 37221), FemPop Ather + FemPop Stent (37225 + 37226), FemPop Ather + Vasc Stent (37225 + 37236), FemPop Ather + TibPer PTA (37225 + 37228), FemPop Stent + Art PMT (37226 + 37184), FemPop Stent + Iliac Stent (37226 + 37221), FemPop Stent + FemPop Stent (37226 + 37226), FemPop Stent + TibPer PTA (37226 + 37228), FemPop Stent + Vasc Stent (37226 + 37236), Venous Stent + Venous Stent (37238 + 37238 or 37239), Venous Stent + Venous PTBA (37238 + 37248), Venous Stent + Ven PMT (37238 + 37187), Art Embolization + Iliac Stent (37242 + 37221), Art Embolization + Vasc Stent (37242 + 37236), Art Embolization + Tumor Embolization (37242 + 37243), Tumor Embolization x 2 (37243 + 37243), Dialysis PMT + PTA x 2 (36905 + 36905)				
PI: Biliary Procedures						
5301	T	Level 1 Upper GI Procedures (Biliary Drainage Cath Removal 47537)	\$810	\$786	\$24	3.01%
5302	J1	Level 2 Upper GI Procedures (Exchange Biliary Drainage Cath 49423)	\$1,625	\$1,557	\$68	4.34%
5341		Abdominal/ Peritoneal/ Biliary and Related Procedures (Diag Cholangiography, Placement/ Conversion/ Exchange Biliary Drainage Cath) 47531-47536, 47541, 49421	\$3,183	\$3,109	\$74	2.38%
5361		Level 1 Laparoscopy and Related Services (Placement Biliary Stent w/ or w/o Biliary Drainage Cath, Biliary Endoscopy) 47538-47540, 47556	\$5,060	\$4,834	\$227	4.69%
PI: Interventional Oncology (Ablation)						
5072	J1	Level 2 Excision/ Biopsy/ Incision and Drainage (Renal 50200, Liver 47000, Lung 32408)	\$1,407	\$1,373	\$34	2.51%
5361	J1	Level 1 Laparoscopy and Related Services (Perc Cryoablation Liver 47383 and Pulmonary 32994, Perc RF/MW Ablation Renal 50592 and Liver 47382 and Pulmonary 32998)	\$5,060	\$4,834	\$227	4.69%
5362		Level 2 Laparoscopy and Related Services (Perc Cryoablation Renal 50593, Lap Cryoablation Renal 50542 and Liver 47371, Perc RF/MW Ablation Liver 47370)	\$8,908	\$8,413	\$495	5.88%
5431	J1	Level 1 Nerve Procedures (Perc Cryoablation [Upper-Lower] Extremity Distal-Peripheral Nerve) 0440T-0441T,64624	\$1,754	\$1,719	\$35	2.04%

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5432		Level 2 Nerve Procedures (Perc Cryoablation Nerve Plexus/ Truncal) 0442T	\$5,700	\$5,509	\$191	3.47%
5443	T	Level 3 Nerve Injections (Dest, neurolytic agent) Intercostal (64620) Pudendal (64630) Other Peripheral (64640)	\$822	\$812	\$10	1.28%
5091	J1	Level 1 Breast/Lymphatic Surgery and Related Procedures (Cryosurgical Breast Fibroadenoma Ablation) 19105	\$3,158	\$3,030	\$128	4.23%
5373	J1	Level 3 Urology and Related Services (Prostate Biopsy) 55700	\$1,793	\$1,772	\$21	1.21%
5374		Level 4 Urology and Related Services (TURP) MW 53850, RF 53852	\$3,076	\$3,019	\$58	1.91%
5376		Level 6 Urology and Related Services (Cryo Prostate Ablation) 55873	\$8,258	\$8,068	\$190	2.36%
PI: Interventional Oncology (Embolization)						
5193	J1	Level 3 Endovascular Procedures (Vascular embolization/occlusion of vein, artery, tumor, or hemorrhage) 37241-37244	\$10,043	\$9,908	\$134	1.36%
PI: Interventional Oncology (SIRT or Radioembolization)						
5611	S	Level 1 Therapeutic Radiation Treatment Preparation (Basic Dosimetry Calc) 77300, 77370	\$127	\$127	\$0	0.22%
5612		Level 2 Therapeutic Radiation Treatment Preparation (Complex Simulation [Tc99m-MAA], Brachytx Isodose Plan Incl Basic Dosi Calc) 77316-77317	\$339	\$335	\$4	1.05%
5613		Level 3 Therapeutic Radiation Treatment Preparation (3-D Radiotherapy Plan using Simplicit90Y) 77295	\$1,262	\$1,245	\$17	1.35%
5591		Level 1 Nuclear Medicine and Related Services (Rp Localization Tumor Planar) 78800	\$377	\$368	\$9	2.44%
5593		Level 3 Nuclear Medicine and Related Services (Rp Localization Tumor SPECT 78803 or SPECT/CT 78830)	\$1,306	\$1,272	\$34	2.65%
5661		Therapeutic Nuclear Medicine (IR Delivery TheraSphere) 79445	\$250	\$237	\$12	5.15%
5623		Level 3 Radiation Therapy (Special Treatment Procedure) 77470	\$543	\$539	\$4	0.69%
5624		Level 4 Radiation Therapy (Delivery of TheraSphere by Nuc Med or Rad Onc) 77778	\$708	\$741	-\$32	-4.33%
2616	U	Brachytherapy Source, Non-Stranded, Yttrium-90 (per source) C2616	\$17,398	\$17,092	\$306	1.79%
PI: Interventional Vascular						
5054	T	Level 4 Skin Procedures (Varithena) 36465-36466	\$1,715	\$1,623	\$93	5.71%
5052	T	Level 2 Skin Procedures 36470-36471	\$346	\$320	\$26	8.24%
5182	J1	Level 2 Vascular Procedures (Diag Angio Dial Circ 36901, 2nd Day EKOS 37213, Removal EKOS 37214)	\$1,406	\$1,631	-\$225	-13.79%
5183		Level 3 Vascular Procedures (Sentry - Remove or Reposition Filter 37193, 2nd Day Ven PMT 37188, Ven EKOS 37212)	\$2,862	\$2,771	\$90	3.26%
5184		Level 4 Vascular Procedures (Sentry - Insert Filter 37191, Art EKOS 37211)	\$4,770	\$4,596	\$174	3.79%
PI: Angiography and Venography						
5181	Q2	Level 1 Vascular Procedures (Ven Ext 75820, Ven Caval Sup 75827)	\$542	\$631	-\$89	-14.10%
5182		Level 2 Vascular Procedures (Angio Adrenal 75731, Ven Ext Bil 75822, Perc Transhep Port 75887)	\$1,406	\$1,631	-\$225	-13.79%
5183		Level 3 Vascular Procedures (Aorto Abd 75630; Angio Ext 75710, 75716; Angio Adr Bil 75733; Angio Pulm 75741, 75743) (Ven Caval Inf 75825; Ven Renal 75831, 75833; Ven Adr Uni 75840; Perc Transhep Port 75885; Hep Ven 75889, 75891)	\$2,862	\$2,771	\$90	3.26%
5184		Level 4 Vascular Procedures (Angio Visc 75726, Angio Pelv 75736) (Ven Adr Bil 75842)	\$4,770	\$4,596	\$174	3.79%
PI: Vascular Imaging						
5591	S	Level 1 Nuclear Medicine and Related Services (Non-Card Vasc Flow 78445, Ven Thromb Bil 78458)	\$377	\$368	\$9	2.44%
5593		Level 3 Nuclear Medicine and Related Services (Acute Ven Thromb 78456, Ven Thromb Uni 78457)	\$1,306	\$1,272	\$34	2.65%
Rhythm Management						
5071	Q2	Level 1 Excision/ Biopsy/ Incision and Drainage	\$622	\$610	\$12	1.96%
		Removal, subqutaneous cardiac rhythm monitor (33286)				
5191	J1	Diagnostic Cardiac Catheterization	\$2,899	\$2,850	\$49	1.72%
		Level 2 Endovascular procedures				

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5183	I	(LCP Removal) Tcat rmvl perm Idls pm w/ing CPT 33275	\$2,862	\$2,771	\$90	3.26%
5194	J1	Level 4 Endovascular Procedures (LCP Implant) Tcat insj/rpl perm leadless pacemaker (33274)	\$16,064	\$15,940	\$124	0.78%
5211	J1	Level 1 Electrophysiologic Procedures Right ventricular recording (93603) Induction of arrhythmia (93618) DFT testing not at implant (93642)	\$1,113	\$988	\$125	12.68%
5212	J1	Level 2 Electrophysiologic Procedures Bundle of HIS recording (93600) Intra-atrial recording (93602) Intra-atrial pacing (93610) Intraventricular pacing (93612) Comprehensive EP study without induction (93619) Comprehensive EP study with induction (93620) EP follow up study (93624) AV Node Ablation (93650)	\$6,078	\$5,886	\$193	3.28%
5213	J1	Level 3 Electrophysiologic Procedures SVT ablation with EP study (93653) VT ablation with EP study (93654) A Fib ablation with EP study (93656)	\$21,464	\$20,435	\$1,029	5.04%
5221	T	Level 1 Pacemaker and Similar Procedures Repair single transvenous electrode (33218) Repair 2 transvenous electrodes (33220) Removal of transvenous pacemaker electrode - single (33234) Removal of transvenous pacemaker electrode - dual (33235) Removal of ICD pulse generator only (33241) Removal of ICD electrode(s) (33244) Removal of S-ICD electrode (33272) Repositioning of S-ICD electrode (33273)	\$3,440	\$2,984	\$456	15.29%
5222	J1	Level 2 Pacemaker and Similar Procedures Insertion of single chamber pacemaker generator only (33212) Insertion of single transvenous electrode, pacemaker or ICD (33216) Insertion of 2 transvenous electrodes, pacemaker or ICD (33217) Single chamber pacemaker change out (33227) Removal of pacemaker generator only (33233) Insertion of subcutaneous Cardiac Rhythm Monitor (SCRM)(33285) Insertion of S-ICD electrode (33271)	\$8,153	\$7,642	\$511	6.68%
5223	J1	Level 3 Pacemaker and Similar Procedures Insertion of single and dual chamber pacemaker (33206,33207, 33208) Insertion of dual chamber pacemaker generator only (33213) Upgrade of single to dual chamber pacemaker (33214) LV lead insertion with attachment to previously placed device (33224) Dual chamber pacemaker change out (33228) Removal of PM generator + LV pacing lead add-on (33233 + 33225) Implant pat-active ht record + EP Eval (33282 + 93619)	\$10,400	\$10,252	\$148	1.45%
5224	J1	Level 4 Pacemaker and Similar Procedures Insertion of multiple lead pacemaker generator only (33221) Multiple lead pacemaker change out (33229) Insert PM ventricular + LV lead add-on (33207 + 33225), Insert PM atrial & Vent + LV pacing lead add-on (33208 + 33225), Insert PM atrial & vent + Ablate heart dys focus (33208 + 93650), Insert pacing lead & connect + Insert 1 electrode pm-defib (33224+ 33216), Remv & replc pm gen dual lead + LV pacing lead add-on (33228 + 33225)	\$18,611	\$18,313	\$298	1.63%
		Level 1 ICD and Similar Procedures				

Table 1: CY2021 Hospital Outpatient Final Payment Rates for Select Procedures						
Final 2021 OPPS Rates Compared to Final 2020						
APC	Status Indicator ¹	Descriptor	CY2021 Final Rate	CY2020 Final Rate	Variance 2021 Final vs. 2020 Final	% YoY Change
5231	J1	Insertion of single and dual lead defibrillator pulse generator only (33240,33230)	\$23,040	\$22,713	\$327	1.44%
		Single or dual lead ICD change out (33262, 33263)				
		Level 2 ICD and Similar Procedures				
5232	J1	Insertion of multiple lead defibrillator pulse generator only (33231)				
		Insertion of single or dual chamber transvenous ICD system (33249)	\$32,839	\$32,283	\$556	1.72%
		Multiple lead ICD change out (33264)				
		Insertion of subcutaneous ICD system (33270)				
		CRT-D system implant (33249 + 33225)				
5741	S	Level 1 Electronic analysis of Devices	\$37	\$36	\$1	2.48%

¹ Status Indicator (Source: CMS OPPS Addendum A, D1)

J1 - Hospital part B services paid through comprehensive APC

Q2 - T packaged codes

S - Procedure or Service, Not Discounted When Multiple

T - Procedure or service, multiple procedure reduction applies

U - Brachy Therapy Sources paid under OPPS, separate APC payment

Table 2: Ambulatory Surgery Center (ASC)					
ASC CY2021 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2021 Final Payment	CY2020 Final Payment	Variance 2021 Final vs. 2020 Final	
		\$	\$	\$	%
Peripheral Interventions					
Non-Coronary Balloon Angioplasty (PTBA)					
37246	Transluminal balloon angioplasty (exc LE artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or perc, incl all imaging and RS&I same artery; init artery	\$2,167	\$2,142	\$26	1.20%
37248	Transluminal balloon angioplasty (exc dialysis circuit), open or perc, incl all imaging and RS&I same vein; init vein	\$2,167	\$2,142	\$26	1.20%
Iliac Artery Revascularization					
37220	Revascularization, endovascular, open or perc, iliac artery, uni, init vessel; w PTA	\$2,167	\$2,142	\$26	1.20%
37221	Revascularization, endovascular, open or perc, iliac artery, uni, init vessel; w stent(s), incl PTA same vessel	\$6,247	\$6,180	\$67	1.09%
Femoral / Popliteal Artery Revascularization					
37224	Revascularization, endovascular, open or perc, femoral/popliteal artery(s), uni; w PTA	\$3,081	\$3,120	(\$39)	-1.25%
37225	Revascularization, endovascular, open or perc, femoral/ popliteal artery(s), uni; w atherectomy, incl PTA same vessel	\$6,763	\$6,675	\$88	1.32%
37226	Revascularization, endovascular, open or perc, femoral/ popliteal artery(s), uni; w stent(s), incl PTA same vessel	\$6,540	\$6,445	\$95	1.48%
37227	Revascularization, endovascular, open or perc, femoral/ popliteal artery(s), uni; w stent(s) & atherectomy, incl PTA same vessel	\$11,301	\$10,942	\$359	3.28%
Tibial / Peroneal Artery Revascularization					
37228	Revascularization, endovascular, open or perc, tibial/ peroneal artery, uni, init vessel; w PTA	\$5,822	\$5,670	\$152	2.68%
37229	Revascularization, endovascular, open or perc, tibial/ peroneal artery, uni, init vessel; w atherectomy, incl PTA same vessel	\$10,556	\$10,287	\$269	2.62%
37230	Revascularization, endovascular, open or perc, tibial/ peroneal artery, uni, init vessel; w stent(s), incl PTA same vessel	\$10,408	\$10,102	\$306	3.03%
37231	Revascularization, endovascular, open or perc, tibial/ peroneal artery, uni, init vessel; w stent(s) & atherectomy, incl PTA same vessel	\$10,592	\$10,649	(\$57)	-0.54%
Vascular Stent					
37236	Transcatheter placement of an intravascular stent(s) (exc LE, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or perc, incl RS&I; incl PTA same vessel; init artery	\$6,133	\$5,945	\$188	3.16%
37238	Transcatheter placement of an intravascular stent(s) (exc LE, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or perc, incl RS&I; incl PTA same vessel; init vein	\$6,267	\$6,194	\$73	1.18%
Vascular Embolization					

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Table 2: Ambulatory Surgery Center (ASC)					
ASC CY2021 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2021 Final Payment	CY2020 Final Payment	Variance 2021 Final vs. 2020 Final	
		\$	\$	\$	%
37241	Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; venous, other than hemorrhage	\$4,285	\$4,183	\$102	2.45%
37242	Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; arterial, other than hemorrhage or tumor	\$6,366	\$6,097	\$269	4.42%
37243	Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; for tumors, organ ischemia, or infarction	\$4,285	\$4,183	\$102	2.45%
Diagnostic Angiography / Venography					
75731	Angiography, adrenal, unilateral, selective, RS&I	\$99	\$107	(\$8)	-7.47%
75822	Venography, extremity, bilateral, RS&I	\$70	\$75	(\$5)	-7.18%
75887	Percutaneous transhepatic portography w/o hemodynamic evaluation, RS&I	\$76	\$82	(\$6)	-7.83%
Vascular Imaging					
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	\$192	\$186	\$6	2.97%
78456	Acute venous thrombosis imaging, peptide	\$663	\$643	\$21	3.19%
78457	Venous thrombosis imaging, venogram; unilateral	\$249	\$643	(\$394)	-61.33%
78458	Venous thrombosis imaging, venogram; bilateral	\$192	\$186	\$6	2.97%
Dialysis Circuit					
36901	Intro needle(s) and/or catheter(s), dialysis circuit, w diag angiography of the dialysis circuit, incl all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow incl the IVC or SVC, fluoro guid, RS&I incl image documentation & report	\$548	\$573	(\$26)	-4.46%
36902	Intro of needle(s) and/or catheter(s), dialysis circuit, w diag angiography of the dialysis circuit, incl all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the IVC or SVC, fluoro guid, RS&I incl image documentation & report; w PTBA, peripheral dialysis segment, incl all imaging and RS&I for PTBA	\$2,167	\$2,142	\$26	1.20%
36903	Intro of needle(s) and/or catheter(s), dialysis circuit, w diag angiography of the dialysis circuit, incl all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the IVC or SVC, fluoro guid, RS&I incl image documentation & report; w stent(s) and PTA/PTBA, peripheral dialysis segment, incl all imaging and RS&I	\$6,458	\$6,319	\$138	2.19%

Table 2: Ambulatory Surgery Center (ASC)					
ASC CY2021 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2021 Final Payment	CY2020 Final Payment	Variance 2021 Final vs. 2020 Final	
		\$	\$	\$	%
36904	PMT and/or infusion for thrombolysis, dialysis circuit, any method, incl all imaging and RS&I, diag angiography, fluoro guid, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	\$2,167	\$2,875	(\$708)	-24.62%
36905	PMT and/or infusion for thrombolysis, dialysis circuit, any method, incl all imaging and RS&I, diag angiography, fluoro guid, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); w PTBA, peripheral dialysis segment, incl all imaging and RS&I	\$4,285	\$4,183	\$102	2.45%
36906	PMT and/or infusion for thrombolysis, dialysis circuit, any method, incl all imaging and RS&I, diag angiography, fluoro guid, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); w stent(s), peripheral dialysis segment, incl all imaging and RS&I stenting and PTA/PTBA peripheral dialysis circuit	\$10,679	\$10,182	\$497	4.88%
Non-Coronary Thrombectomy (PMT)					
37184	Primary PMT, noncoronary, arterial or arterial bypass graft, incl fluoro guid and intraprocedural pharmacological thrombolytic injection(s); init vessel	\$6,652	\$6,430	\$222	3.45%
37187	PMT, vein(s), incl intraprocedural pharmacological thrombolytic injections and fluoro guid	\$6,553	\$3,103	\$3,450	111.18%
37188	PMT, vein(s), incl intraprocedural pharmacological thrombolytic injections and fluoro guid, repeat 2nd day	\$1,372	\$1,341	\$31	2.30%
Thrombolysis (EKOS)					
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, incl RS&I, init treatment day	\$2,381	\$2,322	\$60	2.56%
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, incl RS&I, init treatment day	\$1,372	\$1,341	\$31	2.30%
Superficial Venous Disease					
36465	Injection of non-compounded foam sclerosant w US compression maneuvers to guide dispersion of the injectate, incl of all imaging guidance and monitoring; single incompetent extremity truncal vein	\$871	\$820	\$51	6.26%
36466	Injection of non-compounded foam sclerosant w US compression maneuvers to guide dispersion of the injectate, incl of all imaging guidance and monitoring; multiple incompetent truncal veins, same leg	\$871	\$820	\$51	6.26%
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	\$83	\$80	\$3	3.15%
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	\$139	\$138	\$1	0.88%
Biliary Procedures					

Table 2: Ambulatory Surgery Center (ASC)					
ASC CY2021 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2021 Final Payment	CY2020 Final Payment	Variance 2021 Final vs. 2020 Final	
		\$	\$	\$	%
47533	Placement of biliary drainage catheter, perc, incl diag cholangiography when performed, imaging guidance (eg, US and/or fluoro), and all associated RS&I; external	\$1,413	\$1,377	\$36	2.61%
47534	Placement of biliary drainage catheter, perc, incl diag cholangiography, imaging guidance (eg, US and/or fluoro), and all associated RS&I; internal-external	\$1,413	\$1,377	\$36	2.61%
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, perc, incl diag cholangiography, imaging guidance (eg, fluoro), and all associated RS&I	\$1,413	\$1,377	\$36	2.61%
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), perc, incl diag cholangiography, imaging guidance (eg, fluoro), and all associated RS&I	\$1,413	\$1,377	\$36	2.61%
47537	Removal of biliary drainage catheter, perc, requiring fluoro guidance (eg, with concurrent indwelling biliary stents), incl diag cholangiography, imaging guidance (eg, fluoro), and all associated RS&I	\$411	\$397	\$14	3.55%
47538	Placement of stent(s) into a bile duct, perc, incl diag cholangiography, imaging guidance (eg, fluoro and/or US), balloon dilation, catheter exchange(s) and catheter removal(s), and all associated RS&I, ea stent; existing access	\$3,502	\$3,329	\$172	5.17%
47539	Placement of stent(s) into a bile duct, perc, incl diag cholangiography, imaging guidance (eg, fluoro and/or US), balloon dilation, catheter exchange(s) and catheter removal(s), and all associated RS&I, ea stent; new access, w/o placement of separate biliary drainage catheter	\$2,318	\$2,194	\$124	5.64%
47540	Placement of stent(s) into a bile duct, perc, incl diag cholangiography, imaging guidance (eg, fluoro and/or US), balloon dilation, catheter exchange(s) and catheter removal(s), and all associated RS&I, ea stent; new access, w placement of separate biliary drainage catheter (eg, external or internal-external)	\$3,415	\$3,119	\$296	9.49%
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), perc, incl diag cholangiography, imaging guidance (eg, US and/or fluoro), and all associated RS&I, new access	\$1,413	\$1,377	\$36	2.61%
47556	Biliary endoscopy, perc via T-Tube or other tract; w dilation of biliary duct stricture(s) w stent	\$3,454	\$3,252	\$202	6.20%
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	\$1,413	\$1,377	\$36	2.61%
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	\$693	\$663	\$30	4.58%
Interventional Oncology (Ablation)					
Renal					

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Table 2: Ambulatory Surgery Center (ASC)					
ASC CY2021 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2021 Final Payment	CY2020 Final Payment	Variance 2021 Final vs. 2020 Final	
		\$	\$	\$	%
50200	Percutaneous renal biopsy	\$597	\$576	\$21	3.62%
50592	RF Ablation of renal tumor, percutaneous	\$2,318	\$2,194	\$124	5.64%
50593	Cryoablation of renal tumor, percutaneous	\$5,686	\$4,917	\$770	15.66%
Liver					
47000	Percutaneous biopsy of liver	\$597	\$576	\$21	3.62%
47382	RF or MW ablation of liver tumor, percutaneous	\$2,318	\$2,194	\$124	5.64%
47383	Cryoablation of liver tumor, percutaneous	\$3,447	\$3,103	\$345	11.10%
Lung					
32405	Percutaneous biopsy of lung or mediastinum	\$0	\$576	(\$576)	-100.00%
32408	Core needle biopsy of lung or mediastinum	\$597	#N/A	#N/A	#N/A
32994	Cryoablation of pulmonary tumor, percutaneous	\$3,378	\$2,194	\$1,184	53.97%
32998	RF or MW Ablation of pulmonary tumor, percutaneous	\$2,318	\$2,194	\$124	5.64%
Prostate					
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	\$801	\$790	\$11	1.44%
55873	Cryosurgical ablation of the prostate (incl US guidance and monitoring)	\$6,321	\$6,195	\$126	2.03%
53850	Transurethral destruction of prostate tissue; by MW thermotherapy	\$1,380	\$1,377	\$3	0.22%
53852	Transurethral destruction of prostate tissue; by RF thermotherapy	\$1,315	\$1,314	\$1	0.11%
Breast					
19105	Cyrosurgical ablation of fibroadenoma	\$1,711	\$1,118	\$593	52.98%
Nerve (Non-Oncologic)					
0440T	Perc cryoablation of upper extremity distal/peripheral nerve	\$809	\$797	\$12	1.52%
0441T	Perc cryoablation of lower extremity distal/peripheral nerve	\$809	\$797	\$12	1.52%
0442T	Percutaneous cryoablation of nerve plexus	\$4,116	\$3,212	\$904	28.14%
64620	Dest, neurolytic agent, intercostal nerve	\$418	\$410	\$7	1.81%
64624	Dest, neurolytic agent, genicular nerve branches	\$809	\$319	\$490	153.83%
64630	Dest, neurolytic agent, pudendal nerve	\$418	\$410	\$7	1.81%
64640	Dest, neurolytic agent, oth peripheral nerve/branch	\$180	\$176	\$4	2.10%
Interventional Oncology (TheraSphere™)					
Simulation (Planning & Nuclear Imaging)					
37242	Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; arterial, other than hemorrhage or tumor	\$6,366	\$6,097	\$269	4.42%
77290	Therapeutic Radiology Simulation, Complex	\$172	\$169	\$3	1.58%
78800	Rp local tumor/distrib Rp agent, incl vasc flow, planar, 1 area, 1 day	\$192	\$186	\$6	2.97%
78803	Rp local tumor/distrib Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	\$663	\$643	\$21	3.19%
78830	Rp local tumor/distrib Rp agent, incl vasc flow, (SPECT) w/concur CT, 1 area, 1 day	\$663	\$643	\$21	3.19%

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Table 2: Ambulatory Surgery Center (ASC)					
ASC CY2021 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2021 Final Payment	CY2020 Final Payment	Variance 2021 Final vs. 2020 Final	
		\$	\$	\$	%
Brachytherapy Clinical Treatment Planning & Dosimetry					
77300	Basic dosimetry calc	\$32	\$34	(\$2)	-4.45%
77316	Brachytx Isodose Plan, 1-4 Sources, Incl Basic Dosi Calc	\$153	\$145	\$8	5.47%
77317	Brachytx Isodose Plan, 5-10 Sources, Incl Basic Dosi Calc	\$172	\$169	\$3	1.58%
77295	3-D radiotherapy plan, incl dose-volume histograms	\$249	\$263	(\$14)	-5.40%
77370	Special Medical Radiation Physics Consult	\$64	\$64	\$0	0.73%
77470	Special Treatment Procedure	\$25	\$26	(\$1)	-3.86%
TheraSphere™ Delivery					
37243	Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; for tumors, organ ischemia, or infarction	\$4,285	\$4,183	\$102	2.45%
79445	Radiopharmaceutical Tx (intra-arterial)	\$127	\$120	\$7	5.70%
77778	Interstitial Rad Source Appl, Complex [only when IR ≠ AU]	\$360	\$374	(\$14)	-3.83%
TheraSphere™ Y-90 Brachytherapy Source					
C2616	Brachytx Source, Non-Stranded, Yttrium-90 (per source)	\$17,398	\$17,092	\$306	1.79%
S2095	Transcatheter Occlusion or Embolization, Tumor Destruction, Percutaneous, Y-90 Microspheres	Payer Determined	Payer Determined	N/A	N/A
Interventional Oncology (LC BEAD™, LC BEAD LUMI™, BEAD BLOCK™, Contour™ PVA)					
37241	Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; venous, other than hemorrhage	\$4,285	\$4,183	\$102	2.45%
37242	Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; arterial, other than hemorrhage or tumor	\$6,366	\$6,097	\$269	4.42%
37243	Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; for tumors, organ ischemia, or infarction	\$4,285	\$4,183	\$102	2.45%
Rhythm Management					
33206	Pacemaker - single chamber system, atrial lead	\$7,635	\$7,386	\$249	3.37%
33207	Pacemaker - single chamber system, ventricular lead	\$7,742	\$7,634	\$108	1.42%
33208	Pacemaker - dual chamber system implant	\$7,897	\$7,817	\$80	1.02%
33240	Insertion of ICD / S-ICD pulse generator only with existing lead	\$20,375	\$19,743	\$632	3.20%
33249	ICD system implant	\$26,733	\$26,702	\$31	0.12%
33270	S-ICD system implant	\$26,844	\$26,463	\$381	1.44%
33249 + 33225	CRT-D System implant (33249 & 33225 when performed on the same day)	\$26,733	\$26,702	\$31	0.12%
33227	Pacemaker - single chamber replacement	\$6,436	\$6,062	\$374	6.17%
33228	Pacemaker - dual chamber replacement	\$7,701	\$7,635	\$66	0.87%
33229	Pacemaker - multiple lead replacement	\$12,026	\$11,808	\$217	1.84%
33262	Defibrillator - single chamber replacement	\$19,793	\$19,504	\$289	1.48%
33263	Defibrillator - dual chamber replacement	\$19,987	\$19,779	\$208	1.05%

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Table 2: Ambulatory Surgery Center (ASC)					
ASC CY2021 Final Payment Rates for Select Procedures					
CPT®	Abbreviated (Partial) Description	CY2021 Final Payment	CY2020 Final Payment	Variance 2021 Final vs. 2020 Final	
		\$	\$	\$	%
33264	Defibrillator - multiple lead replacement	\$26,629	\$26,740	(\$111)	-0.42%
33285	Insertion subq cardiac rhythm monitor	\$7,046	\$6,656	\$390	5.86%
33286	Removal subq cardiac rhythm monitor	\$316	\$308	\$8	2.49%
Interventional Cardiology - Diagnostic Cardiac Catheterization					
93451	Right heart cath	\$1,411	\$1,374	\$36	2.64%
93452	Left heart cath	\$1,411	\$1,374	\$36	2.64%
93453	Right & left heart cath	\$1,411	\$1,374	\$36	2.64%
93454	Coronary angiography	\$1,411	\$1,374	\$36	2.64%
93455	Coronary angiography, bypass graft(s)	\$1,411	\$1,374	\$36	2.64%
93456	Coronary angiography with right heart cath	\$1,411	\$1,374	\$36	2.64%
93457	Coronary angiography, bypass graft(s), with right heart cath	\$1,411	\$1,374	\$36	2.64%
93458	Coronary angiography with left heart cath	\$1,411	\$1,374	\$36	2.64%
93459	Coronary angiography bypass graft(s), with left heart cath	\$1,411	\$1,374	\$36	2.64%
93460	Coronary angiography with right & left heart cath	\$1,411	\$1,374	\$36	2.64%
93461	Coronary angiography, bypass graft(s), with right and left heart cath	\$1,411	\$1,374	\$36	2.64%
Interventional Cardiology - Percutaneous Coronary Interventions					
92920	PTCA, single vessel	\$3,067	\$3,022	\$45	1.49%
92921	PTCA, each additional branch	\$0	\$0	\$0	0.00%
92928	Perc BMS, single vessel	\$5,997	\$6,058	(\$61)	-1.00%
92929	Perc BMS, each additional branch	\$0	\$0	\$0	0.00%
C9600	Perc DES, single vessel	\$6,276	\$6,189	\$87	1.40%
C9601	Perc DES, each additional branch	\$0	\$0	\$0	0.00%
C9602	Perc DES + atherectomy, single vessel	\$11,371	NA	NA	NA
C9603	Perc DES + atherectomy, each additional branch	\$0	NA	NA	NA
C9604	Perc DES, bypass graft, single vessel	\$6,398	NA	NA	NA
C9605	Perc DES, bypass graft, each additional branch	\$0	NA	NA	NA
C9607	Perc DES, CTO, single vessel	\$11,286	NA	NA	NA
C9608	Perc DES, CTO, each additional branch	\$0	NA	NA	NA

Table 3: Physician Fee Schedule (PFS) CY2021 Final Rule Payment Rates								
Final 2021 PFS Rates Compared to Final 2020								
CPT® Abbreviated (Partial) Description			Final 2021 In-Facility Rate	Variance Final 2021 vs. Final 2020		Final 2021 In-Office Rate	Final 2021 vs. Final 2020	
			\$	\$	%	\$	\$	%
Interventional Cardiology								
Diagnostic Catheterization								
93451	26	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$133	(\$4)	-3.06%	NA	NA	NA
93451			NA	NA	NA	\$934	\$70	8.11%
93452	26	Left heart catheterization including intraprocedural injection(s) for left ventriculography; imaging supervision	\$240	(\$7)	-2.89%	NA	NA	NA
93452			NA	NA	NA	\$982	\$47	5.01%
93453	26	Combined right heart cath and left heart catheterization including intraprocedural injection(s) for left	\$322	(\$9)	-2.79%	NA	NA	NA
93453			NA	NA	NA	\$1,253	\$48	3.98%
93454	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$243	(\$7)	-2.76%	NA	NA	NA
93454			NA	NA	NA	\$984	\$46	4.95%
93455	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$283	(\$8)	-2.72%	NA	NA	NA
93455			NA	NA	NA	\$1,105	\$40	3.73%
93456	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$316	(\$9)	-2.78%	NA	NA	NA
93456			NA	NA	NA	\$1,233	\$47	3.92%
93457	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$356	(\$11)	-3.03%	NA	NA	NA
93457			NA	NA	NA	\$1,352	\$39	2.95%
93458	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$299	(\$10)	-3.09%	NA	NA	NA
93458			NA	NA	NA	\$1,136	\$39	3.55%
93459	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$340	(\$10)	-2.92%	NA	NA	NA
93459			NA	NA	NA	\$1,229	\$34	2.88%
93460	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$381	(\$11)	-2.78%	NA	NA	NA
93460			NA	NA	NA	\$1,364	\$42	3.15%
93461	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for	\$420	(\$13)	-2.99%	NA	NA	NA
93461			NA	NA	NA	\$1,512	\$32	2.18%
93462		Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$215	(\$6)	-2.52%	\$215	(\$6)	-2.52%
93463		Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	\$99	(\$2)	-2.29%	\$99	(\$2)	-2.29%
93464	26	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and	\$89	(\$3)	-2.93%	NA	NA	NA
93464			NA	NA	NA	\$244	(\$5)	-2.05%
93531	26	Combined right heart catheterization and retrograde left heart cath, for congenital cardiac anomalies	\$427	(\$15)	-3.47%	\$427	(\$15)	-3.47%
93532	26	Combined right heart catheterization and transseptal left heart cath through intact septum with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$536	(\$16)	-2.94%	\$536	(\$16)	-2.94%
93533	26	Combined right heart catheterization and transseptal left heart cath through existing septal opening, with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$358	(\$11)	-3.03%	\$358	(\$11)	-3.03%
Diagnostic Cath Injection								

Table 3: Physician Fee Schedule (PFS) CY2021 Final Rule Payment Rates								
Final 2021 PFS Rates Compared to Final 2020								
CPT®	Abbreviated (Partial) Description	Final 2021 In-Facility Rate	Variance Final 2021 vs. Final 2020		Final 2021 In-Office Rate	Final 2021 vs. Final 2020		
		\$	\$	%	\$	\$	%	
93565	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective left ventricular or left arterial angiography (List separately in addition to code for primary procedure)	\$45	(\$1)	-2.57%	\$45	(\$1)	-2.57%	
93566	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	\$46	(\$2)	-4.76%	\$145	(\$6)	-3.78%	
93567	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)	\$53	(\$2)	-3.95%	\$122	(\$6)	-4.40%	
93568	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	\$49	(\$1)	-1.90%	\$135	(\$3)	-2.31%	
Angioplasty without Stent								
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	\$539	(\$17)	-3.06%	NA	NA	NA	
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA	
Atherectomy without Stent								
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	\$643	(\$20)	-3.05%	NA	NA	NA	
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA	
Stent with Angioplasty								
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	\$600	(\$19)	-3.03%	NA	NA	NA	
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA	
Stent with Atherectomy								

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Final 2021 PFS Rates Compared to Final 2020								
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			\$	\$	%	\$	\$	%
92933		Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	\$673	(\$21)	-3.01%	NA	NA	NA
92934		Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
Bypass Graft								
92937		Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	\$599	(\$19)	-3.03%	NA	NA	NA
92938		Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
Acute Myocardial Infarction								
92941		Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	\$674	(\$22)	-3.11%	NA	NA	NA
Chronic Total Occlusion								
92943		Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	\$674	(\$21)	-3.01%	NA	NA	NA
92944		Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
Coronary Thrombectomy								
92973		Percutaneous transluminal coronary thrombectomy mechanical	\$180	(\$5)	-2.56%	NA	NA	NA
Coronary IVUS								

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Final 2021 PFS Rates Compared to Final 2020								
CPT® Abbreviated (Partial) Description			Final 2021	Variance Final		Final 2021	Final 2021 vs. Final 2020	
			In-Facility Rate	2021 vs. Final 2020		In-Office Rate		
			\$	\$	%	\$	\$	%
92978	26	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	\$97	(\$2)	-2.26%	\$97	(\$2)	-2.26%
92979	26	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	\$77	(\$3)	-3.75%	\$77	(\$3)	-3.75%
FFR								
93571	26	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	\$74	(\$3)	-3.32%	\$74	(\$3)	-3.32%
93572	26	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	\$54	(\$1)	-2.68%	\$54	(\$1)	-2.68%
Valvuloplasty								
92986		Percutaneous balloon valvuloplasty; aortic valve	\$1,342	(\$36)	-2.58%	NA	NA	NA
92987		Percutaneous balloon valvuloplasty; mitral valve	\$1,387	(\$34)	-2.38%	NA	NA	NA
92990		Percutaneous balloon valvuloplasty; pulmonary valve	\$1,107	(\$28)	-2.49%	NA	NA	NA
Transcatheter Aortic Valve Replacement								
33361		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	\$1,233	(\$36)	-2.82%	NA	NA	NA
33362		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	\$1,343	(\$39)	-2.84%	NA	NA	NA
33363		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	\$1,393	(\$40)	-2.80%	NA	NA	NA
33364		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	\$1,394	(\$40)	-2.78%	NA	NA	NA
33365		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	\$1,452	(\$63)	-4.14%	NA	NA	NA
33366		Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	\$1,602	(\$48)	-2.93%	NA	NA	NA

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Final 2021 PFS Rates Compared to Final 2020								
CPT®		Abbreviated (Partial) Description	Final 2021 In-Facility Rate	Variance Final 2021 vs. Final 2020		Final 2021 In-Office Rate	Final 2021 vs. Final 2020	
			\$	\$	%	\$	\$	%
33367		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (e.g., femoral vessels) (list separately in addition to code for primary procedure)	\$640	(\$20)	-3.00%	NA	NA	NA
33368		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (e.g., femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	\$756	(\$23)	-2.91%	NA	NA	NA
33369		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (e.g., aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	\$998	(\$30)	-2.87%	NA	NA	NA
Watchman™ Left Atrial Appendage Closure (LAAC) Procedure								
33340		Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	\$805	(\$23)	-2.77%	NA	NA	NA
Peripheral Interventions								
Non-Coronary Balloon Angioplasty (PTBA)								
37246		Transluminal balloon angioplasty (exc LE artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or perc, incl all imaging and RS&I same artery; init artery	\$352	(\$14)	-3.70%	\$2,078	(\$28)	-1.33%
37247		Transluminal balloon angioplasty (exc LE artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or perc, incl all imaging and RS&I same artery; ea add'l artery (Add-on code)	\$172	(\$7)	-4.09%	\$647	(\$94)	-12.69%
37248		Transluminal balloon angioplasty (exc dialysis circuit), open or perc, incl all imaging and RS&I same vein; init vein	\$300	(\$11)	-3.65%	\$1,540	(\$9)	-0.61%
37249		Transluminal balloon angioplasty (exc dialysis circuit), open or perc, incl all imaging and RS&I same vein; ea add'l vein (Add-on code)	\$147	(\$6)	-4.00%	\$516	(\$50)	-8.81%
Iliac Artery Revascularization								
37220		Revascularization, endovascular, open or perc, iliac artery, uni, init vessel; w PTA	\$407	(\$14)	-3.40%	\$2,925	(\$38)	-1.28%
37221		Revascularization, endovascular, open or perc, iliac artery, uni, init vessel; w stent(s), incl PTA same vessel	\$501	(\$18)	-3.45%	\$3,793	(\$219)	-5.46%
37222		Revascularization, endovascular, open or perc, iliac artery, ea add'l ipsilateral iliac vessel; w PTA (Add-on code)	\$188	(\$8)	-4.03%	\$722	(\$45)	-5.91%

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Final 2021 PFS Rates Compared to Final 2020								
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		\$	\$	%	\$	\$	%	
37223	Revascularization, endovascular, open or perc, iliac artery, ea add'l ipsilateral iliac vessel; w stent(s), incl PTA same vessel, (Add-on code)	\$216	(\$7)	-3.32%	\$1,718	(\$248)	-12.60%	
Femoral / Popliteal Artery Revascularization								
37224	Revascularization, endovascular, open or perc, femoral/popliteal artery(s), uni; w PTA	\$452	(\$16)	-3.39%	\$3,459	(\$66)	-1.86%	
37225	Revascularization, endovascular, open or perc, femoral/popliteal artery(s), uni; w atherectomy, incl PTA same vessel	\$611	(\$22)	-3.43%	\$10,957	(\$625)	-5.39%	
37226	Revascularization, endovascular, open or perc, femoral/popliteal artery(s), uni; w stent(s), incl PTA same vessel	\$528	(\$18)	-3.38%	\$9,969	(\$317)	-3.08%	
37227	Revascularization, endovascular, open or perc, femoral/popliteal artery(s), uni; w stent(s) & atherectomy, incl PTA same vessel	\$732	(\$29)	-3.82%	\$14,044	(\$847)	-5.69%	
Tibial / Peroneal Artery Revascularization								
37228	Revascularization, endovascular, open or perc, tibial/peroneal artery, uni, init vessel; w PTA	\$550	(\$20)	-3.56%	\$4,953	(\$119)	-2.35%	
37229	Revascularization, endovascular, open or perc, tibial/peroneal artery, uni, init vessel; w atherectomy, incl PTA same vessel	\$708	(\$30)	-4.07%	\$11,021	(\$605)	-5.20%	
37230	Revascularization, endovascular, open or perc, tibial/peroneal artery, uni, init vessel; w stent(s), incl PTA same vessel	\$707	(\$26)	-3.60%	\$10,485	\$28	0.27%	
37231	Revascularization, endovascular, open or perc, tibial/peroneal artery, uni, init vessel; w stent(s) & atherectomy, incl PTA same vessel	\$761	(\$34)	-4.32%	\$14,091	(\$385)	-2.66%	
37232	Revascularization, endovascular, open or perc, tibial/peroneal artery, uni, ea add'l vessel; w PTA (Add-on code)	\$202	(\$8)	-3.81%	\$989	(\$60)	-5.74%	
37233	Revascularization, endovascular, open or perc, tibial/peroneal artery, uni, ea add'l vessel; w atherectomy, incl PTA same vessel, (Add-on code)	\$330	(\$12)	-3.52%	\$1,220	(\$68)	-5.29%	
37234	Revascularization, endovascular, open or perc, tibial/peroneal artery, uni, ea add'l vessel; w stent(s), incl PTA same vessel, (Add-on code)	\$290	(\$10)	-3.32%	\$4,132	\$146	3.67%	
37235	Revascularization, endovascular, open or perc, tibial/peroneal artery, uni, ea add'l vessel; w stent(s) & atherectomy, incl PTA same vessel, (Add-on code)	\$400	(\$22)	-5.30%	\$4,391	\$192	4.56%	
Vascular Stent								
37236	Transcatheter placement of an intravascular stent(s) (exc LE, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or perc, incl RS&I; incl PTA same vessel; init artery	\$449	(\$17)	-3.69%	\$3,318	(\$143)	-4.12%	
37237	Transcatheter placement of an intravascular stent(s) (exc LE, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or perc, incl RS&I and incl PTA same vessel; ea add'l artery (Add-on code)	\$214	(\$9)	-4.10%	\$1,691	(\$229)	-11.91%	

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		\$	\$	%	\$	\$	%
37238	Transcatheter placement of an intravascular stent(s) (exc LE, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or perc, incl RS&I; incl PTA same vessel; init vein	\$312	(\$9)	-2.77%	\$3,977	\$717	22.00%
37239	Transcatheter placement of an intravascular stent(s) (exc LE, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or perc, incl RS&I and incl PTA same vessel; ea add'l vein (Add-on code)	\$154	(\$6)	-3.53%	\$1,990	\$480	31.78%
Carotid Artery Stenting							
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or perc, incl PTA and RS&I; w distal embolic protection	\$1,014	(\$34)	-3.22%	NA	NA	NA
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or perc, incl PTA and RS&I; w/o distal embolic protection	\$994	(\$26)	-2.56%	NA	NA	NA
Vascular Embolization							
37241	Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; venous, other than hemorrhage	\$438	(\$20)	-4.46%	\$5,159	\$100	1.97%
37242	Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; arterial, other than hemorrhage or tumor	\$481	(\$19)	-3.73%	\$8,070	\$246	3.15%
37243	Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; for tumors, organ ischemia, or infarction	\$563	(\$25)	-4.26%	\$9,933	\$60	0.61%
37244	Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; for arterial or venous hemorrhage or lymphatic extravasation	\$668	(\$28)	-4.07%	\$7,444	\$199	2.74%
Non-Selective Catheter Access							
36005	Injection procedure for extremity venography (incl introduction of needle or intracatheter)	\$49	(\$1)	-1.91%	\$299	(\$5)	-1.71%
36010	Introduction of catheter, SVC or IVC	\$111	(\$4)	-3.32%	\$582	\$40	7.29%
36013	Introduction of catheter, right heart or main pulmonary artery	\$125	(\$2)	-1.95%	\$862	\$39	4.79%
36100	Introduction of needle or intracatheter, carotid or vertebral artery	\$159	(\$0)	-0.26%	\$619	\$82	15.36%
36140	Introduction of needle or intracatheter; extremity artery	\$91	(\$3)	-2.94%	\$540	\$47	9.50%
36160	Introduction of needle or intracatheter, aortic, translumbar	\$125	(\$5)	-4.12%	\$599	\$37	6.55%
36200	Introduction of catheter, aorta	\$141	(\$5)	-3.55%	\$643	\$35	5.75%
Selective Catheter Placement							
36011	Selective catheter placement, venous system; 1st order branch (eg, renal vein, jugular vein)	\$160	(\$5)	-2.89%	\$912	\$22	2.45%
36012	Selective catheter placement, venous system; 2nd order or >, branch (eg, left adrenal vein, petrosal sinus)	\$176	(\$6)	-3.32%	\$927	\$23	2.51%
36014	Selective catheter placement, left or right pulmonary artery	\$154	(\$5)	-3.32%	\$883	\$26	3.04%

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		\$	\$	%	\$	\$	%
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	\$173	(\$7)	-4.09%	\$950	\$22	2.40%
36215	Selective catheter placement, arterial system; ea 1st order thoracic or brachiocephalic branch, within a vascular family	\$215	(\$7)	-3.00%	\$1,143	\$34	3.07%
36216	Selective catheter placement, arterial system; init 2nd order thoracic or brachiocephalic branch, within a vascular family	\$275	(\$10)	-3.56%	\$1,193	\$18	1.49%
36217	Selective catheter placement, arterial system; init 3rd order or > thoracic or brachiocephalic branch, within a vascular family	\$332	(\$11)	-3.32%	\$1,979	\$32	1.65%
36218	Selective catheter placement, arterial system; add'l 2nd order, 3rd order, and >, thoracic or brachiocephalic branch, within a vascular family (Add-on code to init 2nd or 3rd order vessel)	\$51	(\$3)	-5.89%	\$227	(\$9)	-3.76%
36245	Selective catheter placement, arterial system; ea 1st order abdominal, pelvic, or LE artery branch, within a vascular family	\$239	(\$10)	-4.02%	\$1,400	\$22	1.60%
36246	Selective catheter placement, arterial system; init 2nd order abdominal, pelvic, or LE artery branch, within a vascular family	\$257	(\$8)	-3.18%	\$912	\$26	2.91%
36247	Selective catheter placement, arterial system; init 3rd order or > abdominal, pelvic, or LE artery branch, within a vascular family	\$304	(\$12)	-3.65%	\$1,589	\$29	1.87%
36248	Selective catheter placement, arterial system; add'l 2nd order, 3rd order, and >, abdominal, pelvic, or LE artery branch, within a vascular family (Add-on code to init 2nd or 3rd order vessel)	\$50	(\$1)	-2.63%	\$134	(\$7)	-5.04%
Selective Catheter Placement with Diagnostic Angiogram							
36251	Selective catheter placement (1st order), main renal artery and any accessory renal artery(s) for renal angiography, incl arterial puncture and catheter placement(s), fluoro, contrast injection(s), image postprocessing, permanent recording of images, and RS&I, incl pressure gradient measurements and flush aortogram; uni	\$261	(\$10)	-3.83%	\$1,452	\$17	1.21%
36252	Selective catheter placement (1st order), main renal artery and any accessory renal artery(s) for renal angiography, incl arterial puncture and catheter placement(s), fluoro, contrast injection(s), image postprocessing, permanent recording of images, and RS&I, incl pressure gradient measurements and flush aortogram; bil	\$365	(\$12)	-3.13%	\$1,566	\$21	1.38%
36253	Superselective catheter placement (1 or > 2nd order or > renal artery branches), renal artery and any accessory renal artery(s) for renal angiography, incl arterial puncture and catheter placement(s), fluoro, contrast injection(s), image postprocessing, permanent recording of images, and RS&I, incl pressure gradient measurements and flush aortogram; uni	\$358	(\$16)	-4.16%	\$2,277	\$5	0.22%

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		\$	\$	%	\$	\$	%
36254	Superselective catheter placement (1 or > 2nd order or > renal artery branches), renal artery and any accessory renal artery(s) for renal angiography, incl arterial puncture and catheter placement(s), fluoro, contrast injection(s), image postprocessing, permanent recording of images, and RS&I, incl pressure gradient measurements and flush aortogram; bil	\$417	(\$16)	-3.80%	\$2,236	\$12	0.53%
Diagnostic Angiograms							
75710		NA	NA	NA	\$162	(\$5)	-3.11%
75710	TC Angiography, extremity, unilateral, RS&I	NA	NA	NA	\$77	(\$2)	-2.43%
75710	26	\$85	(\$3)	-3.71%	\$85	(\$3)	-3.71%
75716		NA	NA	NA	\$174	(\$4)	-2.34%
75716	TC Angiography, extremity, bilateral, RS&I	NA	NA	NA	\$79	(\$2)	-2.01%
75716	26	\$95	(\$3)	-2.60%	\$95	(\$3)	-2.60%
75726		NA	NA	NA	\$181	(\$6)	-3.32%
75726	TC Angiography, visceral, selective or supraseductive (w or w/o flush aortogram), RS&I	NA	NA	NA	\$85	(\$2)	-2.52%
75726	26	\$96	(\$4)	-4.01%	\$96	(\$4)	-4.01%
75731		NA	NA	NA	\$161	(\$6)	-3.32%
75731	TC Angiography, adrenal, unilateral, selective, RS&I	NA	NA	NA	\$105	(\$3)	-2.67%
75731	26	\$56	(\$3)	-4.51%	\$56	(\$3)	-4.51%
75733		NA	NA	NA	\$177	(\$3)	-1.56%
75733	TC Angiography, adrenal, bilateral, selective, RS&I	NA	NA	NA	\$114	(\$0)	-0.26%
75733	26	\$63	(\$3)	-3.85%	\$63	(\$3)	-3.85%
75736		NA	NA	NA	\$149	(\$4)	-2.86%
75736	TC Angiography, pelvic, selective or supraseductive, RS&I	NA	NA	NA	\$95	(\$3)	-2.60%
75736	26	\$54	(\$2)	-3.32%	\$54	(\$2)	-3.32%
75741		NA	NA	NA	\$140	(\$5)	-3.56%
75741	TC Angiography, pulmonary, unilateral, selective, RS&I	NA	NA	NA	\$78	(\$3)	-3.32%
75741	26	\$62	(\$2)	-3.86%	\$62	(\$2)	-3.86%
75743		NA	NA	NA	\$158	(\$6)	-3.74%
75743	TC Angiography, pulmonary, bilateral, selective, RS&I	NA	NA	NA	\$79	(\$3)	-3.32%
75743	26	\$79	(\$3)	-4.16%	\$79	(\$3)	-4.16%
75774		NA	NA	NA	\$106	(\$4)	-3.32%
75774	TC Angiography, selective, each additional vessel studied after basic examination, RS&I (Add-on code)	NA	NA	NA	\$58	(\$2)	-2.73%
75774	26	\$48	(\$2)	-4.02%	\$48	(\$2)	-4.02%
Diagnostic Venograms							
75820		NA	NA	NA	\$120	\$11	9.72%
75820	TC Venography, extremity, unilateral, RS&I	NA	NA	NA	\$69	(\$6)	-7.54%
75820	26	\$52	\$16	46.01%	\$52	\$16	46.01%
75822		NA	NA	NA	\$144	\$16	12.17%
75822	TC Venography, extremity, bilateral, RS&I	NA	NA	NA	\$73	(\$3)	-3.32%
75822	26	\$71	\$18	34.17%	\$71	\$18	34.17%
75825		NA	NA	NA	\$124	(\$4)	-3.32%
75825	TC Venography, caval, inferior, w serialography, RS&I	NA	NA	NA	\$69	(\$3)	-3.80%
75825	26	\$55	(\$2)	-2.70%	\$55	(\$2)	-2.70%
75827		NA	NA	NA	\$129	(\$4)	-2.79%
75827	TC Venography, caval, superior, w serialography, RS&I	NA	NA	NA	\$74	(\$2)	-2.86%
75827	26	\$55	(\$2)	-2.70%	\$55	(\$2)	-2.70%
75831		NA	NA	NA	\$128	(\$5)	-4.10%
75831	TC Venography, renal, unilateral, RS&I	NA	NA	NA	\$75	(\$3)	-3.76%
75831	26	\$53	(\$3)	-4.57%	\$53	(\$3)	-4.57%
75833		NA	NA	NA	\$155	(\$6)	-3.53%
75833	TC Venography, renal, bilateral, RS&I	NA	NA	NA	\$84	(\$3)	-2.91%

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				In-Facility Rate	2021 vs. Final 2020	In-Office Rate			
				\$	\$	%	\$	\$	%
75833	26			\$71	(\$3)	-4.25%	\$71	(\$3)	-4.25%
75840		Venography, adrenal, unilateral, selective, RS&I		NA	NA	NA	\$138	(\$5)	-3.56%
75840	TC			NA	NA	NA	\$82	(\$2)	-2.90%
75840	26			\$56	(\$3)	-4.51%	\$56	(\$3)	-4.51%
75842		Venography, adrenal, bilateral, selective, RS&I		NA	NA	NA	\$168	(\$7)	-3.91%
75842	TC			NA	NA	NA	\$95	(\$3)	-2.96%
75842	26			\$73	(\$4)	-5.13%	\$73	(\$4)	-5.13%
75885		Percutaneous transhepatic portography w hemodynamic evaluation, RS&I		NA	NA	NA	\$146	(\$6)	-4.00%
75885	TC			NA	NA	NA	\$79	(\$3)	-3.74%
75885	26			\$67	(\$3)	-4.32%	\$67	(\$3)	-4.32%
75887		Percutaneous transhepatic portography w/o hemodynamic evaluation, RS&I		NA	NA	NA	\$147	(\$6)	-3.77%
75887	TC			NA	NA	NA	\$80	(\$3)	-3.32%
75887	26			\$67	(\$3)	-4.31%	\$67	(\$3)	-4.31%
75889		Hepatic venography, wedged or free, w hemodynamic evaluation, RS&I		NA	NA	NA	\$132	(\$6)	-4.08%
75889	TC			NA	NA	NA	\$80	(\$3)	-3.32%
75889	26			\$52	(\$3)	-5.21%	\$52	(\$3)	-5.21%
75891		Hepatic venography, wedged or free, w/o hemodynamic evaluation, RS&I		NA	NA	NA	\$133	(\$6)	-4.56%
75891	TC			NA	NA	NA	\$80	(\$3)	-3.73%
75891	26			\$53	(\$3)	-5.79%	\$53	(\$3)	-5.79%
Vascular Imaging									
78445		Non-cardiac vascular flow imaging (ie, angiography, venography)		NA	NA	NA	\$210	\$8	4.11%
78445	TC			NA	NA	NA	\$185	\$9	5.20%
78445	26			\$25	(\$1)	-3.32%	\$25	(\$1)	-3.32%
78456		Acute venous thrombosis imaging, peptide		NA	NA	NA	\$322	\$3	1.07%
78456	TC			NA	NA	NA	\$273	\$4	1.62%
78456	26			\$49	(\$1)	-1.90%	\$49	(\$1)	-1.90%
78457		Venous thrombosis imaging, venogram; unilateral		NA	NA	NA	\$184	\$3	1.50%
78457	TC			NA	NA	NA	\$146	\$3	2.30%
78457	26			\$38	(\$1)	-1.49%	\$38	(\$1)	-1.49%
78458		Venous thrombosis imaging, venogram; bilateral		NA	NA	NA	\$211	(\$1)	-0.68%
78458	TC			NA	NA	NA	\$166	\$1	0.48%
78458	26			\$44	(\$2)	-4.81%	\$44	(\$2)	-4.81%
Transhepatic Shunts (TIPS)									
37182		Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (incl venous access, hepatic and portal vein cath, portography w hemodynamic evaluation, intrahepatic tract formation/dilation, stent placement and all associated imaging and guidance and documentation)	\$822	(\$34)	-4.01%	NA	NA	NA	
37183		Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS)(incl venous access, hepatic and portal vein cath, portography w hemodynamic evaluation, intrahepatic tract recanalization / dilation, stent placement and all associated imaging and guidance and documentation)	\$376	(\$14)	-3.49%	\$6,592	\$237	3.73%	
Dialysis Circuit									
36901		Intro needle(s) and/or catheter(s), dialysis circuit, w diag angiography of the dialysis circuit, incl all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow incl the IVC or SVC, fluoro guid, RS&I incl image documentation & report	\$171	(\$6)	-3.51%	\$756	\$44	6.24%	

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		\$	\$	%	\$	\$	%	
36902	Intro of needle(s) and/or catheter(s), dialysis circuit, w diag angiography of the dialysis circuit, incl all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the IVC or SVC, fluoro guid, RS&I incl image documentation & report; w PTBA, peripheral dialysis segment, incl all imaging and RS&I for PTBA	\$243	(\$8)	-3.04%	\$1,359	\$25	1.86%	
36903	Intro of needle(s) and/or catheter(s), dialysis circuit, w diag angiography of the dialysis circuit, incl all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the IVC or SVC, fluoro guid, RS&I incl image documentation & report; w stent(s) and PTA/PTBA, peripheral dialysis segment, incl all imaging and RS&I	\$320	(\$12)	-3.63%	\$5,152	(\$129)	-2.44%	
36904	PMT and/or infusion for thrombolysis, dialysis circuit, any method, incl all imaging and RS&I, diag angiography, fluoro guid, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	\$373	(\$15)	-3.77%	\$1,998	\$22	1.10%	
36905	PMT and/or infusion for thrombolysis, dialysis circuit, any method, incl all imaging and RS&I, diag angiography, fluoro guid, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); w PTBA, peripheral dialysis segment, incl all imaging and RS&I	\$450	(\$15)	-3.24%	\$2,553	\$72	2.91%	
36906	PMT and/or infusion for thrombolysis, dialysis circuit, any method, incl all imaging and RS&I, diag angiography, fluoro guid, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); w stent(s), peripheral dialysis segment, incl all imaging and RS&I stenting and PTA/PTBA peripheral dialysis circuit	\$518	(\$18)	-3.45%	\$6,456	(\$100)	-1.53%	
36907	PTBA, central dialysis segment, through dialysis circuit, incl all imaging and RS&I (Add-on code)	\$149	(\$5)	-3.09%	\$690	(\$20)	-2.77%	
36908	Transcatheter stent(s), central dialysis segment, through dialysis circuit, incl all imaging and RS&I, and PTA/PTBA in the central dialysis segment (Add-on code)	\$210	(\$7)	-3.32%	\$1,898	(\$254)	-11.81%	
36909	Dialysis circuit permanent vascular embolization or occlusion (incl main circuit or any accessory veins), endovascular, incl all imaging and RS&I (Add-on code)	\$204	(\$6)	-2.82%	\$2,155	\$105	5.11%	
Non-Coronary Thrombectomy (PMT)								

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			\$	\$	%	\$	\$	%
37184		Primary PMT, noncoronary, arterial or arterial bypass graft, incl fluoro guid and intraprocedural pharmacological thrombolytic injection(s); init vessel	\$437	(\$19)	-4.16%	\$1,978	(\$43)	-2.12%
37185		Primary PMT, noncoronary, arterial or arterial bypass graft, incl fluoro guid and intraprocedural pharmacological thrombolytic injection(s); 2nd and > vessel(s) within the same vascular family (Add-on code)	\$165	(\$7)	-3.92%	\$566	(\$44)	-7.26%
37186		Secondary perc transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, incl fluoro guid and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another perc intervention other than primary PMT (Add-on code)	\$248	(\$8)	-3.18%	\$1,369	\$12	0.88%
37187		PMT, vein(s), incl intraprocedural pharmacological thrombolytic injections and fluoro guid	\$397	(\$14)	-3.48%	\$1,974	(\$12)	-0.63%
37188		PMT, vein(s), incl intraprocedural pharmacological thrombolytic injections and fluoro guid, repeat treatment on subsequent day during course of thrombolytic therapy	\$281	(\$11)	-3.79%	\$1,693	\$21	1.26%
Thrombolysis (EKOS)								
37211		Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, incl RS&I, init treatment day	\$391	(\$14)	-3.40%	NA	NA	NA
37212		Transcatheter therapy, venous infusion for thrombolysis, any method, incl RS&I, init treatment day	\$342	(\$12)	-3.41%	NA	NA	NA
37213		Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, incl RS&I, continued treatment on subsequent day during course of thrombolytic therapy, incl follow-up catheter contrast injection, position change, or exchange	\$235	(\$9)	-3.60%	NA	NA	NA
37214		Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, incl RS&I, continued treatment on subsequent day during course of thrombolytic therapy, incl follow-up catheter contrast injection, position change, or exchange; cessation of thrombolysis incl removal of catheter and vessel closure by any method	\$124	(\$5)	-3.59%	NA	NA	NA
Sentry Bioconvertible IVC Filter								
37191		Insertion of IVC filter, endovascular approach incl vascular access, vessel selection and RS&I (incl US)	\$225	(\$9)	-3.76%	\$2,409	(\$47)	-1.91%
37192		Repositioning of IVC filter, endovascular approach incl vascular access, vessel selection and RS&I (incl US)	\$350	(\$12)	-3.32%	\$1,410	\$29	2.06%

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			\$	\$	%	\$	\$	%						
37193		Retrieval (removal) of IVC filter, endovascular approach incl vascular access, vessel selection and RS&I (incl US)	\$351	(\$14)	-3.89%	\$1,662	\$34	2.11%						
Non-Coronary IVUS														
37252		IVUS (noncoronary vessel) during diag eval and/or therapeutic intervention; incl RS&I; init non-coronary vessel (Add-on code)	\$91	(\$4)	-4.05%	\$1,151	(\$50)	-4.16%						
37253		IVUS (noncoronary vessel) during diag eval and/or therapeutic intervention; incl RS&I; ea add'l non-coronary vessel (Add-on code)	\$72	(\$4)	-5.15%	\$187	(\$7)	-3.67%						
Superficial Venous Disease														
36465		Injection of non-compounded foam sclerosant w US compression maneuvers to guide dispersion of the injectate, incl of all imaging guidance and monitoring; single incompetent extremity truncal vein	\$121	(\$5)	-3.59%	\$1,545	(\$5)	-0.30%						
36466		Injection of non-compounded foam sclerosant w US compression maneuvers to guide dispersion of the injectate, incl of all imaging guidance and monitoring; multiple incompetent truncal veins, same leg	\$157	(\$4)	-2.67%	\$1,724	\$4	0.24%						
36470		Injection of sclerosant; single incompetent vein (other than telangiectasia)	\$39	(\$1)	-1.56%	\$118	\$6	5.11%						
36471		Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	\$77	(\$3)	-4.19%	\$207	\$5	2.39%						
Biliary Procedures														
47531		Injection procedure for cholangiography, perc, complete diagnostic procedure incl imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated RS&I; existing access	\$72	(\$2)	-2.84%	\$443	\$46	11.64%						
47532		Injection procedure for cholangiography, perc, complete diag procedure incl imaging guidance (eg, US and/or fluoro) and all associated RS&I; new access (eg, perc transhepatic cholangiogram)	\$215	(\$7)	-3.32%	\$909	\$37	4.29%						
47533		Placement of biliary drainage catheter, perc, incl diag cholangiography when performed, imaging guidance (eg, US and/or fluoro), and all associated RS&I; external	\$267	(\$12)	-4.19%	\$1,304	\$12	0.95%						
47534		Placement of biliary drainage catheter, perc, incl diag cholangiography, imaging guidance (eg, US and/or fluoro), and all associated RS&I; internal-external	\$372	(\$16)	-4.21%	\$1,446	(\$23)	-1.56%						
47535		Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, perc, incl diag cholangiography, imaging guidance (eg, fluoro), and all associated RS&I	\$197	(\$8)	-4.00%	\$1,008	(\$9)	-0.91%						
47536		Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), perc, incl diag cholangiography, imaging guidance (eg, fluoro), and all associated RS&I	\$133	(\$6)	-4.32%	\$720	\$3	0.48%						

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			\$	\$	%	\$	\$	%
47537		Removal of biliary drainage catheter, perc, requiring fluoro guidance (eg, with concurrent indwelling biliary stents), incl diag cholangiography, imaging guidance (eg, fluoro), and all associated RS&I	\$97	(\$4)	-4.01%	\$513	\$51	11.03%
47538		Placement of stent(s) into a bile duct, perc, incl diag cholangiography, imaging guidance (eg, fluoro and/or US), balloon dilation, catheter exchange(s) and catheter removal(s), and all associated RS&I, ea stent; existing access	\$237	(\$11)	-4.30%	\$4,398	(\$1)	-0.02%
47539		Placement of stent(s) into a bile duct, perc, incl diag cholangiography, imaging guidance (eg, fluoro and/or US), balloon dilation, catheter exchange(s) and catheter removal(s), and all associated RS&I, ea stent; new access, w/o placement of separate biliary drainage catheter	\$423	(\$22)	-4.88%	\$4,824	(\$25)	-0.52%
47540		Placement of stent(s) into a bile duct, perc, incl diag cholangiography, imaging guidance (eg, fluoro and/or US), balloon dilation, catheter exchange(s) and catheter removal(s), and all associated RS&I, ea stent; new access, w placement of separate biliary drainage catheter (eg, external or internal-external)	\$442	(\$20)	-4.30%	\$4,932	(\$15)	-0.30%
47541		Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), perc, incl diag cholangiography, imaging guidance (eg, US and/or fluoro), and all associated RS&I, new access	\$335	(\$13)	-3.62%	\$1,277	\$27	2.19%
47542		Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), perc, incl imaging guidance (eg, fluoro), and all associated RS&I, ea duct (Add-on code)	\$137	(\$6)	-4.29%	\$545	\$12	2.18%
47543		Endoluminal biopsy(ies) of biliary tree, perc, any method(s) (eg, brush, forceps, and/or needle), incl imaging guidance (eg, fluoroscopy), and all associated RS&I, single or multiple (Add-on code)	\$145	(\$7)	-4.69%	\$452	(\$24)	-5.00%
47544		Removal of calculi/debris from biliary duct(s) and/or gallbladder, perc, incl destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy), imaging guidance (eg, fluoro), and all associated RS&I (Add-on code)	\$157	(\$7)	-4.17%	\$985	(\$36)	-3.52%
49421		Insertion of tunneled intraperitoneal catheter for dialysis, open	\$234	(\$6)	-2.59%	NA	NA	NA
49423		Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	\$72	(\$2)	-3.32%	\$650	\$37	6.02%
75984		Change of perc tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), RS&I	NA	NA	NA	\$106	\$6	5.69%
75984	TC		NA	NA	NA	\$68	\$3	4.20%
75984	26		\$39	\$3	8.40%	\$39	\$3	8.40%
Biliary Stenting								
47556		Biliary endoscopy, perc via T-Tube or other tract; w dilation of biliary duct stricture(s) w stent	\$376	(\$15)	-3.85%	NA	NA	NA

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				\$	\$	%	\$	\$ %
74363	26		Perc transhepatic dilation of biliary duct stricture w or w/o placement of stent, RS&I	\$43	(\$2)	-4.10%	\$43	(\$2) -4.10%
Interventional Oncology (Ablation)								
Renal								
50593			Ablation, renal tumor(s), uni, perc, cryotherapy	\$462	(\$19)	-3.90%	\$4,414	(\$37) -0.82%
50592			Ablation, 1 or > renal tumor(s), uni, perc, RF/MW	\$346	(\$12)	-3.32%	\$3,287	(\$4) -0.12%
50542			Laparoscopy, surgical; ablation of renal mass lesion(s), incl intraop US guidance and monitoring	\$1,187	(\$28)	-2.31%	NA	NA NA
50250			Ablation, open, 1 or > renal mass lesion(s), cryosurgical, incl intraop US guidance and monitoring	\$1,236	(\$32)	-2.52%	NA	NA NA
50200			Renal biopsy; perc, by trocar or needle	\$129	(\$5)	-3.58%	\$569	\$10 1.87%
Liver								
47383			Ablation, 1 or > liver tumor(s), perc, cryoablation	\$450	(\$25)	-5.30%	\$6,882	(\$159) -2.26%
47382			Ablation, 1 or > liver tumor(s), perc, RF/MW	\$745	(\$30)	-3.90%	\$4,348	(\$174) -3.85%
47371			Laparoscopy, surgical, ablation of 1 or > liver tumor(s); cryosurgical	\$1,300	(\$24)	-1.79%	NA	NA NA
47370			Laparoscopy, surgical, ablation of 1 or > liver tumor(s); RF/MW	\$1,290	(\$24)	-1.83%	NA	NA NA
47381			Ablation, open, of 1 or > liver tumor(s); cryosurgical	\$1,530	(\$29)	-1.88%	NA	NA NA
47380			Ablation, open, of 1 or > liver tumor(s); RF/MW	\$1,488	(\$32)	-2.08%	NA	NA NA
47000			Biopsy of liver, needle; perc	\$89	(\$3)	-3.32%	\$325	\$5 1.71%
Lung								
32994			Ablation, pulmonary tumor(s), incl pleura or chest wall when involved by tumor extension, perc, cryoablation, uni, incl imaging guidance	\$443	(\$19)	-4.15%	\$5,657	\$36 0.63%
32998			Ablation therapy for reduction or eradication of 1 or > pulmonary tumor(s) incl pleura or chest wall when involved by tumor extension, perc, incl imaging guidance, uni; RF/MW	\$442	(\$19)	-4.07%	\$3,581	(\$13) -0.35%
32408			Core needle biopsy, lung or mediastinum, perc, incl imaging guidance	\$155	NA	NA	\$967	NA NA
Prostate								
55700			Biopsy, prostate; needle or punch, single or multiple, any approach	\$132	(\$4)	-3.06%	\$256	\$1 0.23%
55873			Cryosurgical ablation of the prostate (incl US guidance and monitoring)	\$777	(\$19)	-2.35%	\$6,514	\$179 2.83%
53850			Transurethral destruction of prostate tissue; by MW thermotherapy	\$360	(\$5)	-1.31%	\$1,613	\$13 0.83%
53852			Transurethral destruction of prostate tissue; by RF thermotherapy	\$385	(\$5)	-1.35%	\$1,567	\$16 1.00%
Breast								
19105			Ablation, cryosurgical, breast fibroadenoma, incl US guidance, ea fibroadenoma	\$217	(\$5)	-2.06%	\$2,791	(\$11) -0.38%
0581T			Ablation, malignant breast tumor(s), perc, cryotherapy, incl imaging guidance, uni	\$0	\$0	NA	\$0	\$0 NA
Nerve (Non-Oncologic)								
0440T			Ablation, perc, cryoablation, incl imaging guidance; upper ext distal/peripheral nerve	\$0	\$0	NA	\$0	\$0 NA
0441T			Ablation, perc, cryoablation, incl imaging guidance; lower ext distal/peripheral nerve	\$0	\$0	NA	\$0	\$0 NA

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				\$	\$	%	\$	\$	%
0442T		Ablation, perc, cryoablation, incl imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	\$0	\$0	NA	\$0	\$0	NA	
64620		Dest, neurolytic agent, intercostal nerve	\$180	(\$1)	-0.82%	\$216	\$1	0.25%	
64624		Dest, neurolytic agent, genicular nerve branches	\$150	(\$3)	-1.94%	\$425	\$7	1.70%	
64630		Dest, neurolytic agent, pudendal nerve	\$196	(\$1)	-0.29%	\$261	\$11	4.35%	
64640		Dest, neurolytic agent, oth peripheral nerve/branch	\$121	(\$1)	-1.03%	\$262	\$8	2.99%	
Ablation Monitoring									
76940	26	US guidance for, and monitoring of, parenchymal tissue ablation	\$103	(\$3)	-2.99%	\$103	(\$3)	-2.99%	
77013	26	CT guidance for, and monitoring of, parenchymal tissue ablation	\$187	(\$8)	-4.21%	\$187	(\$8)	-4.21%	
77022	26	MR guidance for, and monitoring of, parenchymal tissue ablation	\$211	(\$9)	-4.26%	\$211	(\$9)	-4.26%	
Biopsy Guidance									
76942		US guidance for needle placement (eg, biopsy, aspiration, injection, localization device), RS&I	NA	NA	NA	\$59	\$1	0.86%	
76942	TC		NA	NA	NA	\$28	\$2	6.08%	
76942	26		\$31	(\$1)	-3.32%	\$31	(\$1)	-3.32%	
77002		Fluoro guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (Add-on code)	NA	NA	NA	\$119	\$9	8.10%	
77002	TC		NA	NA	NA	\$91	\$10	11.66%	
77002	26		\$28	(\$1)	-2.09%	\$28	(\$1)	-2.09%	
77012		CT guidance for needle placement (eg, biopsy, aspiration, injection, localization device), RS&I	NA	NA	NA	\$151	(\$3)	-1.73%	
77012	TC		NA	NA	NA	\$79	\$1	0.71%	
77012	26		\$73	(\$3)	-4.24%	\$73	(\$3)	-4.24%	
77021		MR guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device), RS&I	NA	NA	NA	\$471	(\$1)	-0.29%	
77021	TC		NA	NA	NA	\$400	\$2	0.45%	
77021	26		\$72	(\$3)	-4.25%	\$72	(\$3)	-4.25%	
Interventional Oncology (TheraSphere™)									
Simulation (Planning & Nuclear Imaging)									
77263		Therapeutic Radiology Simulation Tx Planning, Complex	\$170	(\$4)	-2.51%	\$170	(\$4)	-2.51%	
36245		Selective catheter placement, arterial system; ea 1st order abdominal, pelvic, or LE artery branch, within a vascular family	\$239	(\$10)	-4.02%	\$1,400	\$22	1.60%	
36246		Selective catheter placement, arterial system; init 2nd order abdominal, pelvic, or LE artery branch, within a vascular family	\$257	(\$8)	-3.18%	\$912	\$26	2.91%	
36247		Selective catheter placement, arterial system; init 3rd order or > selective abdominal, pelvic, or LE artery branch, within a vascular family	\$304	(\$12)	-3.65%	\$1,589	\$29	1.87%	
36248		Selective catheter placement, arterial system; add'l 2nd order, 3rd order, and >, abdominal, pelvic, or LE artery branch, within a vascular family (Add-on code to init 2nd or 3rd order vessel)	\$50	(\$1)	-2.63%	\$134	(\$7)	-5.04%	
75726		Angiography, visceral, selective or supraselective (w or w/o flush aortogram), RS&I	NA	NA	NA	\$181	(\$6)	-3.32%	
75726	TC		NA	NA	NA	\$85	(\$2)	-2.52%	
75726	26		\$96	(\$4)	-4.01%	\$96	(\$4)	-4.01%	
75774		Angiography, selective, ea add'l vessel studied after basic examination, RS&I (Add-on code)	NA	NA	NA	\$106	(\$4)	-3.32%	
75774	TC		NA	NA	NA	\$58	(\$2)	-2.73%	
75774	26		\$48	(\$2)	-4.02%	\$48	(\$2)	-4.02%	

Table 3: Physician Fee Schedule (PFS) CY2021 Final Rule Payment Rates								
Final 2021 PFS Rates Compared to Final 2020								
CPT® Abbreviated (Partial) Description			Final 2021	Variance Final		Final 2021	Final 2021 vs. Final 2020	
			In-Facility Rate	2021	2021 vs. Final 2020	In-Office Rate	Final 2021 vs. Final 2020	
			\$	\$	%	\$	\$	%
37242		Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; arterial, other than hemorrhage or tumor	\$481	(\$19)	-3.73%	\$8,070	\$246	3.15%
77290		Therapeutic Radiology Simulation, Complex	NA	NA	NA	\$501	(\$7)	-1.32%
77290	TC		NA	NA	NA	\$419	(\$4)	-0.92%
77290	26		\$82	(\$3)	-3.32%	\$82	(\$3)	-3.32%
78800		Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day	NA	NA	NA	\$263	(\$4)	-1.62%
78800	TC		NA	NA	NA	\$231	(\$3)	-1.38%
78800	26		\$32	(\$1)	-3.32%	\$32	(\$1)	-3.32%
78803		Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	NA	NA	NA	\$397	(\$4)	-1.05%
78803	TC		NA	NA	NA	\$346	(\$2)	-0.50%
78803	26		\$51	(\$2)	-4.61%	\$51	(\$2)	-4.61%
78830		Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT) w/concurrent CT, 1 area, 1 day	NA	NA	NA	\$505	(\$3)	-0.64%
78830	TC		NA	NA	NA	\$434	\$0	0.06%
78830	26		\$70	(\$3)	-4.74%	\$70	(\$3)	-4.74%
Brachytherapy Clinical Treatment Planning & Dosimetry								
77300		Basic dosimetry calc, CADD calc, TDF, NSD, Gap calc, OAF, TIF, NIRSDD calc (req Rx treat phys)	NA	NA	NA	\$67	(\$1)	-0.74%
77300	TC		NA	NA	NA	\$35	\$0	0.76%
77300	26		\$33	(\$1)	-2.28%	\$33	(\$1)	-2.28%
77316		Brachytherapy Isodose Plan, 1-4 Sources, Incl Basic Dosimetry Calc	NA	NA	NA	\$237	\$14	6.24%
77316	TC		NA	NA	NA	\$163	\$16	10.97%
77316	26		\$74	(\$2)	-2.86%	\$74	(\$2)	-2.86%
77317		Brachytherapy Isodose Plan, 5-10 Sources, Incl Basic Dosimetry Calc	NA	NA	NA	\$311	\$19	6.37%
77317	TC		NA	NA	NA	\$214	\$22	11.41%
77317	26		\$97	(\$3)	-3.32%	\$97	(\$3)	-3.32%
77295		3-dimensional radiotherapy plan, incl dose-volume histograms	NA	NA	NA	\$491	(\$7)	-1.42%
77295	TC		NA	NA	NA	\$264	(\$1)	-0.43%
77295	26		\$226	(\$6)	-2.56%	\$226	(\$6)	-2.56%
77370		Special Medical Radiation Physics Consult	NA	NA	NA	\$131	\$4	3.30%
77470		Special Treatment Procedure	NA	NA	NA	\$135	(\$2)	-1.53%
77470	TC		NA	NA	NA	\$27	\$1	2.06%
77470	26		\$108	(\$3)	-2.37%	\$108	(\$3)	-2.37%
TheraSphere™ Delivery								
36247		Selective catheter placement, arterial system; init 3rd order or > selective abdominal, pelvic, or LE artery branch, within a vascular family	\$304	(\$12)	-3.65%	\$1,589	\$29	1.87%
36248		Selective catheter placement, arterial system; add'l 2nd order, 3rd order, and >, abdominal, pelvic, or LE artery branch, within a vascular family (Add-on code to init 2nd or 3rd order vessel)	\$50	(\$1)	-2.63%	\$134	(\$7)	-5.04%
75726		Angiography, visceral, selective or supraseductive (w or w/o flush aortogram), RS&I	NA	NA	NA	\$181	(\$6)	-3.32%
75726	TC		NA	NA	NA	\$85	(\$2)	-2.52%
75726	26		\$96	(\$4)	-4.01%	\$96	(\$4)	-4.01%
75774		Angiography, selective, ea add'l vessel studied after basic examination, RS&I (Add-on code)	NA	NA	NA	\$106	(\$4)	-3.32%
75774	TC		NA	NA	NA	\$58	(\$2)	-2.73%
75774	26		\$48	(\$2)	-4.02%	\$48	(\$2)	-4.02%
37243		Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; for tumors, organ ischemia, or infarction	\$563	(\$25)	-4.26%	\$9,933	\$60	0.61%
79445		Radiopharmaceutical Tx (intra-arterial)	NA	NA	NA	\$0	\$0	NA
79445	TC		NA	NA	NA	\$0	\$0	NA

Table 3: Physician Fee Schedule (PFS) CY2021 Final Rule Payment Rates									
Final 2021 PFS Rates Compared to Final 2020									
CPT®			Abbreviated (Partial) Description	Final 2021	Variance Final		Final 2021	Final 2021 vs. Final 2020	
				In-Facility Rate	2021 vs. Final 2020	In-Office Rate			
				\$	\$	%	\$	\$	%
79445	26	Interstitial Radiation Source Application, Complex [only when IR is NOT the AU]		\$112	(\$5)	-3.91%	\$112	(\$5)	-3.91%
77778			NA	NA	NA	\$900	\$14	1.57%	
77778	TC		NA	NA	NA	\$437	\$25	6.09%	
77778	26		\$463	(\$11)	-2.36%	\$463	(\$11)	-2.36%	
TheraSphere™ Y-90 Brachytherapy Source									
Q3001		Brachytherapy Radioelements, Each	NA	NA	NA	MAC Determined	MAC Determined	NA	
S2095		Transcatheter Occlusion or Embolization, Tumor Destruction, Percutaneous, Y-90 Microspheres	NA	NA	NA	Payer Determined	Payer Determined	NA	
C2616		Brachytherapy Source, Non-Stranded, Yttrium-90 (per source)	NA	NA	NA	Not Paid under PFS	Not Paid under PFS	NA	
Interventional Oncology (LC BEAD™, LC BEAD LUMI™, BEAD BLOCK™, Contour™ PVA)									
See Non-Selective and Selective Catheter Placements									
37241		Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; venous, other than hemorrhage	\$438	(\$20)	-4.46%	\$5,159	\$100	1.97%	
37242		Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; arterial, other than hemorrhage or tumor	\$481	(\$19)	-3.73%	\$8,070	\$246	3.15%	
37243		Vascular embolization or occlusion, incl all RS&I, intraprocedural roadmapping, and imaging guidance; for tumors, organ ischemia, or infarction	\$563	(\$25)	-4.26%	\$9,933	\$60	0.61%	
96420		Chemotherapy admin, intra-arterial; push technique	NA	NA	NA	\$115	\$10	9.22%	
Q0083		Chemotherapy admin by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	NA	NA	NA	Payer Determined	Payer Determined	NA	
Rhythm Management									
Device Implant Procedures									
33206		Insertion of heart pacemaker and atrial electrode	\$468	(\$8)	-1.63%	NA	NA	NA	
33207		Insertion of heart pacemaker and ventricular electrode	\$492	(\$10)	-2.07%	NA	NA	NA	
33208		Insertion of heart pacemaker, atrial and ventricular electrodes	\$534	(\$12)	-2.17%	NA	NA	NA	
33212		Insertion of pulse generator only with existing single lead	\$331	(\$5)	-1.45%	NA	NA	NA	
33213		Insertion of pulse generator only with existing dual lead	\$345	(\$6)	-1.73%	NA	NA	NA	
33221		Insertion of pulse generator only with existing multiple leads	\$372	(\$7)	-1.75%	NA	NA	NA	
33214		Upgrade of pacemaker system	\$493	(\$9)	-1.71%	NA	NA	NA	
33215		Reposition pacing-defib lead	\$318	(\$7)	-2.24%	NA	NA	NA	
33216		Insert lead pace-defib, one	\$382	(\$7)	-1.79%	NA	NA	NA	
33217		Insert lead pace-defib, dual	\$379	(\$5)	-1.31%	NA	NA	NA	
33218		Repair of single lead, pacer or ICD	\$400	(\$5)	-1.16%	NA	NA	NA	
33220		Repair of 2 leads, pacer or ICD	\$386	(\$7)	-1.90%	NA	NA	NA	
33222		Revise/relocate pocket, pacemaker	\$352	(\$3)	-0.96%	NA	NA	NA	
33223		Revise pocket, defib	\$422	(\$7)	-1.52%	NA	NA	NA	
33225		L ventricle pacing lead (add-on)	\$479	(\$14)	-2.82%	NA	NA	NA	
33227		Removal and replacement of pacemaker gen, single lead	\$348	(\$6)	-1.74%	NA	NA	NA	

Table 3: Physician Fee Schedule (PFS) CY2021 Final Rule Payment Rates								
Final 2021 PFS Rates Compared to Final 2020								
CPT®			Final 2021 In-Facility Rate	Variance Final 2021 vs. Final 2020		Final 2021 In-Office Rate	Final 2021 vs. Final 2020	
				\$	%		\$	%
33228		Removal and replacement of pacemaker gen, dual lead	\$365	(\$6)	-1.72%	NA	NA	NA
33229		Removal and replacement of pacemaker gen, multiple lead	\$386	(\$7)	-1.71%	NA	NA	NA
33230		Insert ICD pulse generator with existing dual leads	\$394	(\$6)	-1.48%	NA	NA	NA
33231		Insert ICD pulse generator with existing multiple leads	\$412	(\$9)	-2.07%	NA	NA	NA
33233		Removal of pacemaker system gen only	\$239	(\$2)	-0.71%	NA	NA	NA
33234		Removal of pacemaker system lead, single	\$500	(\$9)	-1.74%	NA	NA	NA
33235		Removal pacemaker electrode, dual lead	\$655	(\$12)	-1.85%	NA	NA	NA
33240		Insertion of implantable defibrillator pulse generator only; with existing single lead	\$375	(\$7)	-1.85%	NA	NA	NA
33241		Remove pulse generator only	\$221	(\$3)	-1.13%	NA	NA	NA
33262		Removal and replacement of defib gen, single lead	\$384	(\$7)	-1.71%	NA	NA	NA
33263		Removal and replacement of defib gen, dual lead	\$400	(\$7)	-1.68%	NA	NA	NA
33264		Removal and replacement of defib gen, multiple lead	\$417	(\$7)	-1.75%	NA	NA	NA
33244		Remove eltrd, transven	\$890	(\$16)	-1.78%	NA	NA	NA
33249		Eltrd/insert pace-defib	\$942	(\$19)	-1.97%	NA	NA	NA
33270		Insertion or replacement of permanent S-ICD system, with subcutaneous electrode, including DFT, when performed	\$579	(\$14)	-2.37%	NA	NA	NA
33271		Insertion of S-ICD electrode	\$464	(\$11)	-2.36%	NA	NA	NA
33272		Removal of S-ICD electrode	\$356	(\$8)	-2.07%	NA	NA	NA
33273		Repositioning of previously implanted S-ICD electrode	\$409	(\$10)	-2.31%	NA	NA	NA
33285		Insertion, subcutaneous cardiac rhythm monitor	\$90	(\$3)	-2.94%	\$5,200	\$41	0.79%
33286		Removal, subcutaneous cardiac rhythm monitor	\$89	(\$2)	-2.55%	\$141	\$3	2.52%
Device Evaluation								
93641	26	Electrophysiology evaluation -ICD system	NA	NA	NA	NA	NA	NA
93260		S-ICD Programming device evaluation (in person)	NA	NA	NA	\$77	\$3	4.74%
93260	TC		NA	NA	NA	\$34	\$5	15.78%
93260	26		\$43	(\$1)	-2.53%	\$43	(\$1)	-2.53%
93261		S-ICD Interrogation device evaluation (in person)	NA	NA	NA	\$70	\$3	4.44%
93261	TC		NA	NA	NA	\$33	\$4	14.59%
93261	26		\$37	(\$1)	-3.32%	\$37	(\$1)	-3.32%
93288		PM Interrogation in person all lead configurations	NA	NA	NA	\$56	\$6	11.29%
93288	TC		NA	NA	NA	\$35	\$6	22.39%
93288	26		\$21	(\$1)	-3.32%	\$21	(\$1)	-3.32%
93279		PM Programming eval 1 lead	NA	NA	NA	\$67	\$5	8.49%
93279	TC		NA	NA	NA	\$35	\$6	22.06%
93279	26		\$32	(\$1)	-3.32%	\$32	(\$1)	-3.32%
93280		PM Programming eval 2 lead	NA	NA	NA	\$80	\$7	9.07%
93280	TC		NA	NA	NA	\$41	\$8	22.68%
93280	26		\$39	(\$1)	-2.44%	\$39	(\$1)	-2.44%
93281		PM Programming eval 3 lead	NA	NA	NA	\$85	\$7	8.71%
93281	TC		NA	NA	NA	\$42	\$8	22.13%
93281	26		\$43	(\$1)	-1.73%	\$43	(\$1)	-1.73%
93289		ICD interrogation in person all lead configurations	NA	NA	NA	\$73	\$5	8.06%
93289	TC		NA	NA	NA	\$35	\$6	22.06%

Table 3: Physician Fee Schedule (PFS) CY2021 Final Rule Payment Rates

Final 2021 PFS Rates Compared to Final 2020

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						In-Facility Rate	Variance Final 2021 vs. Final 2020		In-Office Rate	Final 2021 vs. Final 2020	
							\$	\$		%	\$
93289	26		\$38	(\$1)	-2.41%	\$38	(\$1)	-2.41%			
93282		ICD Programming eval 1 lead	NA	NA	NA	\$81	\$6	7.84%			
93282	TC		NA	NA	NA	\$38	\$7	22.54%			
93282	26		\$43	(\$1)	-2.52%	\$43	(\$1)	-2.52%			
93283			NA	NA	NA	\$99	\$5	5.61%			
93283	TC	ICD Programming eval 2 lead	NA	NA	NA	\$42	\$8	22.40%			
93283	26		\$58	(\$2)	-3.90%	\$58	(\$2)	-3.90%			
93284			NA	NA	NA	\$107	\$6	5.63%			
93284	TC		NA	NA	NA	\$44	\$8	21.57%			
93284	26	ICD Programming eval 3 lead	\$63	(\$2)	-3.32%	\$63	(\$2)	-3.32%			
93291			NA	NA	NA	\$49	\$5	11.74%			
93291	TC		NA	NA	NA	\$31	\$6	23.31%			
93291	26		\$18	(\$1)	-3.32%	\$18	(\$1)	-3.32%			
93285		SCRM Interrogation in person	NA	NA	NA	\$60	\$6	10.04%			
93285	TC		NA	NA	NA	\$34	\$6	23.05%			
93285	26		\$26	(\$1)	-3.32%	\$26	(\$1)	-3.32%			
93290			NA	NA	NA	\$53	\$5	10.39%			
93290	TC	ICPM Interrogation in person	NA	NA	NA	\$32	\$6	22.20%			
93290	26		\$22	(\$1)	-3.32%	\$22	(\$1)	-3.32%			
93292			NA	NA	NA	\$50	\$4	9.63%			
93292	TC		NA	NA	NA	\$29	\$5	21.59%			
93292	26	Wearable defib Interrogation in person	\$21	(\$1)	-3.32%	\$21	(\$1)	-3.32%			
93286			NA	NA	NA	\$46	\$5	11.95%			
93286	TC		NA	NA	NA	\$31	\$5	21.55%			
93286	26		\$15	(\$1)	-3.32%	\$15	(\$1)	-3.32%			
93287		ICD Peri-px eval and programming	NA	NA	NA	\$54	\$5	9.48%			
93287	TC		NA	NA	NA	\$31	\$5	21.55%			
93287	26		\$23	(\$1)	-3.32%	\$23	(\$1)	-3.32%			
93293			NA	NA	NA	\$52	(\$1)	-1.99%			
93293	TC	TTM rhythm strip pacemaker eval	NA	NA	NA	\$37	(\$1)	-1.44%			
93293	26		\$15	(\$1)	-3.32%	\$15	(\$1)	-3.32%			
93228			Wearable defib mobile telemetry w/phy r&l w/report	\$26	(\$1)	-4.59%	\$26	(\$1)	-4.59%		
93294			PM Remote Interrogation 90 days all lead config	\$31	(\$1)	-4.40%	\$31	(\$1)	-4.40%		
93295		ICD Remote interrogation 90 days all lead config	\$38	(\$1)	-3.32%	\$38	(\$1)	-3.32%			
93296		PE- Remote data acquisition PM or ICD (90 days)	NA	NA	NA	\$26	(\$0)	-0.63%			
93297		ICPM Remote interrogation eval 30 days	\$27	(\$1)	-3.32%	\$27	(\$1)	-3.32%			
93298		SCRM Remote interrogation eval 30 days	\$27	(\$1)	-4.55%	\$27	(\$1)	-4.55%			
G2066		ICPM and SCRM Remote interrogation 30 days, tech	NA	NA	NA	Contractor Priced					
Electrophysiology Procedures											
93462		L hrt cath trnsptl puncture	\$215	(\$6)	-2.52%	\$215	(\$6)	-2.52%			
93609	26	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (add on)	\$283	(\$8)	-2.71%	\$283	(\$8)	-2.71%			
93613		Intracardiac electrophysiologic 3-dimensional mapping (add on)	\$303	(\$9)	-2.87%	NA	NA	NA			

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			\$	\$	%	\$	\$	%						
93619	26	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	\$399	(\$10)	-2.46%	\$399	(\$10)	-2.46%						
93620	26	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	\$639	(\$16)	-2.52%	\$639	(\$16)	-2.52%						
93621	26	with left atrial pacing and recording from coronary sinus or left atrium (add on)	\$119	(\$3)	-2.75%	\$119	(\$3)	-2.75%						
93622	26	with left ventricular pacing and recording (add on)	\$175	(\$5)	-2.54%	\$175	(\$5)	-2.54%						
93623	26	Programmed stimulation and pacing after intravenous drug infusion (add on)	\$130	(\$36)	-21.64%	\$130	(\$36)	-21.64%						
93644		EP Evaluation of S-ICD	NA	NA	NA	\$201	(\$3)	-1.25%						
93650		Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	\$603	(\$17)	-2.70%	NA	NA	NA						
93653		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, HIS recording, with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry.	\$853	(\$24)	-2.72%	NA	NA	NA						
93654		with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	\$1,141	(\$33)	-2.78%	NA	NA	NA						
93655		Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (add on)	\$434	(\$13)	-2.93%	NA	NA	NA						

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Final 2021 PFS Rates Compared to Final 2020

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		\$	\$	%	\$	\$	%
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, HIS bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation	\$1,145	(\$32)	-2.72%	NA	NA	NA
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (add on)	\$434	(\$13)	-2.92%	NA	NA	NA
93662	26 Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (add on)	\$115	(\$32)	-21.80%	\$115	(\$32)	-21.80%

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- Please note: this coding information may include some codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved.
- National average final base payment amounts. Specific payment rates may change due to geographic wage differences.
- Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. 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.