



INTERVENTIONAL ONCOLOGY REIMBURSEMENT POLICY ALERT

CY 2022 MEDICARE HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) AND AMBULATORY SURGERY CENTER (ASC) FINAL RULE

November 2, 2021, the Centers for Medicare and Medicaid Service (CMS) released the 2022 calendar year (CY) final rule outlining the policy and payment rate updates for the Outpatient Prospective Payment System (OPPS) and the Ambulatory Surgical Centers (ASC). The final CY 2022 OPPS and ASC payment rates are effective January 1, 2022.

Below you will find policy highlights of relevance to the Peripheral Interventions Interventional Oncology product portfolio. A detailed summary of the OPPS/ASC ruling will follow.

POLICY HIGHLIGHTS

Hospital Outpatient Rates (OPPS)

- CMS finalized an increase in payment rates by an average of 2.3% for the majority of PI procedures, including TheraSphere™ (Yttrium-90) (2.1%).

Ambulatory Surgery Center Rates (ASCs)

- CMS finalized an increase in payment rates by a range of 3%, for PI procedures, although some procedures incurred significant adjustments, ranging from -9.8% to +10.9% for Interventional Oncology.
 - Those with significant changes are mostly positive and the impact may be immaterial to the business, as not all procedures are commonly performed in the ASC.
 - The final decreases are for certain ablation procedures where ASC payment is based on physician office payment rates and reflect the decreases in physician office payment.

Please see Important Information on Page 7

COMPARISON OF MEDICARE 2022 vs. 2021 FINAL RULE FOR OPPTS RATES FOR SELECT PROCEDURES

CY2022 Hospital Outpatient Prospective Payment System (OPPS) Payment Rates for Select Procedures						
Final 2022 Rates Compared to Final 2021						
APC	2022 Status Indicator ¹	Description	2021 Final Rate	2022 Final Rate	Variance 2022 vs 2021	% YoY Change
Embolization						
5193	J1	Level 3 Endovascular Procedures 37241, 37242, 37243, 37244	\$10,043	\$10,258	\$216	2.1%
Ablation						
5071	T	Level 1 Excision/ Biopsy/ Incision and Drainage 47399 (Liver)	\$622	\$636	\$14	2.2%
5072	J1	Level 2 Excision/ Biopsy/ Incision and Drainage 47000 (Liver), 32408 (Lung), 50200 (Renal), 20220 (Biopsy Guidance), 20225 (Biopsy Guidance)	\$1,407	\$1,437	\$30	2.1%
5091	J1	Level 1 Breast/Lymphatic Surgery and Related Procedures 19105 (Breast), 19499 (Breast)	\$3,158	\$3,225	\$67	2.1%
5114	J1	Level 4 Musculoskeletal Procedures 20982 (Biopsy Guidance)	\$6,265	\$6,397	\$132	2.1%
5164	J1	Level 4 ENT Procedures 40820 (Biopsy Guidance), 41530 (Biopsy Guidance), 42160 (Biopsy Guidance)	\$2,736	\$2,794	\$58	2.1%
5181	T	Level 1 Vascular Procedures 32999 (Lung)	\$542	\$552	\$10	1.9%
5301	T	Level 1 Upper GI Procedures 49999 (Biopsy Guidance)	\$810	\$826	\$17	2.1%
5361	J1	Level 1 Laparoscopy and Related Services 50549 (Renal), 50592 (Renal), 47382 (Liver), 47383 (Liver), 32994 (Lung), 32998 (Lung), 38589 (Biopsy Guidance), 49329 (Biopsy Guidance), 49999 (Biopsy Guidance), 60699 (Biopsy Guidance)	\$5,060	\$5,168	\$107	2.1%
5362	J1	Level 2 Laparoscopy and Related Services 50542 (Renal), 50593 (Renal), 47370 (Lung), 47371 (Lung), 58674 (Biopsy Guidance)	\$8,908	\$9,096	\$189	2.1%
5371	T	Level 1 Urology and Related Services 53899 (Renal)	\$266	\$272	\$6	2.1%
5373	J1	Level 3 Urology and Related Services 55700 (Prostate)	\$1,793	\$1,829	\$36	2.0%
5374	J1	Level 4 Urology and Related Services 53850 (Prostate), 53852 (Prostate)	\$3,076	\$3,140	\$64	2.1%
5376	J1	Level 6 Urology and Related Services 55873 (Prostate)	\$8,258	\$8,429	\$171	2.1%
5415	J1	Level 5 Gynecologic Procedures 58353 (Biopsy Guidance), 58563 (Biopsy Guidance)	\$4,410	\$4,503	\$94	2.1%
5416	J1	Level 6 Gynecologic Procedures	\$6,794	\$6,933	\$139	2.0%

Please see Important Information on Page 7

		0404T (Biopsy Guidance)				
5431	J1	Level 1 Nerve Procedures	\$1,754	\$1,793	\$39	2.2%
		64624 (Nerve), 0440T (Nerve), 0441T (Nerve)				
5432	J1	Level 2 Nerve Procedures	\$5,700	\$5,824	\$124	2.2%
		0442T (Nerve)				
5443	T	Level 3 Nerve Injections	\$822	\$841	\$18	2.2%
		64620 (Nerve), 64630 (Nerve), 64640 (Nerve)				
SIRT or Radioembolization						
2616	U	Brachytx, non-str, Yttrium-90	\$17,398	\$17,763	\$366	2.1%
		C2616				
2699	U	Brachytx, non-stranded, NOS	\$31	\$35	\$3	10.9%
		C2699				
5184	J1	Level 4 Vascular Procedures	\$4,770	\$4,870	\$100	2.1%
		75726				
5193	J1	Level 3 Endovascular Procedures	\$10,043	\$10,258	\$216	2.1%
		37242, 37243				
5591	S	Level 1 Nuclear Medicine and Related Services	\$377	\$385	\$8	2.1%
		78800				
5593	S	Level 3 Nuclear Medicine and Related Services	\$1,306	\$1,335	\$29	2.2%
		78803, 78830				
5611	S	Level 1 Therapeutic Radiation Treatment Preparation	\$127	\$130	\$3	2.1%
		77300, 77370				
5612	S	Level 2 Therapeutic Radiation Treatment Preparation	\$339	\$346	\$7	2.1%
		77290, 77316, 77317				
5613	S	Level 3 Therapeutic Radiation Treatment Preparation	\$1,262	\$1,290	\$27	2.2%
		77295				
5623	S	Level 3 Radiation Therapy	\$543	\$554	\$12	2.1%
		77470				
5624	S	Level 4 Radiation Therapy	\$708	\$725	\$16	2.3%
		77778				
5661	S	Therapeutic Nuclear Medicine	\$250	\$258	\$9	3.5%
		79445				

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

J1 - Hospital part B services paid through comprehensive APC

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

Please see Important Information on Page 7

**COMPARISON OF MEDICARE FINAL 2022 vs. 2021 FINAL RULE
ASC PAYMENT RATES FOR SELECTED PROCEDURES**

CY2022 Ambulatory Surgery Center (ASC) Payment Rates for Select Procedures						
Final 2022 Rates Compared to Final 2021						
CPT® Code	2022 Status Indicator	Description	2021 Final Rate	2022 Final Rate	Variance 2022 vs 2021	% YoY Change
Ablation						
Renal						
50200	A2	Renal biopsy; perc, by trocar or needle	\$594	\$609	\$14	2.4%
50542	NA	Laparoscopy, surgical; ablation of renal mass lesion(s), incl intraop US guidance and monitoring	\$3,794	NA	(\$3,794)	0.0%
50592	G2	Ablation, 1 or > renal tumor(s), uni, perc, RF/MW	\$2,306	\$2,363	\$57	2.5%
50593	J8	Ablation, renal tumor(s), uni, perc, cryotherapy	\$5,677	\$5,809	\$132	2.3%
Liver						
47000	A2	Biopsy of liver, needle; perc	\$594	\$609	\$14	2.4%
47370	NA	Laparoscopy, surgical, ablation of 1 or > liver tumor(s); RF/MW	\$3,794	NA	(\$3,794)	0.0%
47371	NA	Laparoscopy, surgical, ablation of 1 or > liver tumor(s); cryosurgical	\$3,794	NA	(\$3,794)	0.0%
47382	G2	Ablation, 1 or > liver tumor(s), perc, RF/MW	\$2,306	\$2,363	\$57	2.5%
47383	J8	Ablation, 1 or > liver tumor(s), perc, cryoablation	\$3,441	\$3,518	\$77	2.2%
Lung						
32408	G2	Core needle biopsy, lung or mediastinum, perc, incl imaging guidance	\$594	\$609	\$14	2.4%
32994	J8	Ablation, pulmonary tumor(s), incl pleura or chest wall when involved by tumor extension, perc, cryoablation, uni, incl imaging guidance	\$3,372	\$3,448	\$76	2.3%
32998	G2	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	\$2,306	\$2,363	\$57	2.5%
Prostate						
53850	P3	Transurethral destruction of prostate tissue; by MW thermotherapy	\$1,395	\$1,261	(\$134)	-9.6%
53852	P3	Transurethral destruction of prostate tissue; by RF thermotherapy	\$1,336	\$1,205	(\$131)	-9.8%
55700	A2	Biopsy, prostate; needle or punch, single or multiple, any approach	\$797	\$817	\$20	2.5%
55873	J8	Cryosurgical ablation of the prostate (incl US guidance and monitoring)	\$6,311	\$6,445	\$133	2.1%
Breast						
19105	J8	Ablation, cryosurgical, breast fibroadenoma, incl US guidance, ea. fibroadenoma	\$1,708	\$1,747	\$39	2.3%

Please see Important Information on Page 7

Nerve						
64620	A2	Dest, neurolytic agent, intercostal nerve	\$416	\$426	\$11	2.6%
64624	G2	Dest, neurolytic agent, genicular nerve branches	\$805	\$826	\$21	2.6%
64630	A2	Dest, neurolytic agent, pudendal nerve	\$416	\$426	\$11	2.6%
64640	P3	Dest, neurolytic agent, other peripheral nerve/branch	\$186	\$176	(\$10)	-5.3%
0440T	G2	Ablation, perc, cryoablation, incl imaging guidance; upper ext distal/peripheral nerve	\$805	\$826	\$21	2.6%
0441T	G2	Ablation, perc, cryoablation, incl imaging guidance; lower ext distal/peripheral nerve	\$805	\$826	\$21	2.6%
0442T	J8	Ablation, perc, cryoablation, incl imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	\$4,112	\$4,203	\$92	2.2%
Other						
0404T	J8	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	\$3,632	\$3,707	\$75	2.1%
20220	A2	Biopsy, bone, trocar, or needle; superficial (e.g., ilium, sternum, spinous process, ribs)	\$594	\$609	\$14	2.4%
20225	A2	Biopsy, bone, trocar, or needle; deep (e.g., vertebral body, femur)	\$594	\$609	\$14	2.4%
20982	G2	Ablation therapy for reduction or eradication of 1 or more bone tumors (e.g., metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	\$2,929	\$3,001	\$72	2.5%
40820	P3	Destruction of lesion or scar of vestibule of mouth by physical methods (e.g., laser, thermal, cryo, chemical)	\$226	\$216	(\$9)	-4.2%
41530	P3	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	\$881	\$818	(\$63)	-7.1%
42160	P3	Destruction of lesion, palate, or uvula (thermal, cryo or chemical)	\$171	\$165	(\$6)	-3.7%
58353	A2	Endometrial ablation, thermal, without hysteroscopic guidance	\$1,864	\$1,911	\$47	2.5%
58563	A2	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	\$1,864	\$1,911	\$47	2.5%
58674	G2	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	\$3,794	\$3,891	\$97	2.6%
TheraSphere™						
Simulation (Planning & Nuclear Imaging)						
77290	Z2	Therapeutic Radiology Simulation, Complex	\$171	\$175	\$4	2.5%
78800	Z2	Rp localization tumor/distribution Rp agent, incl vasc flow, planar, 1 area, 1 day	\$191	\$195	\$5	2.5%
78803	Z2	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	\$660	\$677	\$17	2.6%
78830	Z2	Rp localization tumor/distribution Rp agent, incl vasc flow, (SPECT) w/concurrent CT, 1 area, 1 day	\$660	\$677	\$17	2.6%
Brachytherapy Clinical Treatment Planning & Dosimetry						
77295	Z3	3-dimensional radiotherapy plan, incl dose-volume histograms	\$263	\$245	(\$17)	-6.7%

Please see Important Information on Page 7

77300	Z3	Basic dosimetry calc, CADD calc, TDF, NSD, Gap calc, OAF, TIF, NIRSDD calc (req Rx treat phys)	\$34	\$32	(\$2)	-6.7%
77316	Z3	Brachytherapy Isodose Plan, 1-4 Sources, Incl Basic Dosimetry Calc	\$161	\$166	\$4	2.7%
77317	Z2	Brachytherapy Isodose Plan, 5-10 Sources, Incl Basic Dosimetry Calc	\$171	\$175	\$4	2.5%
77370	Z2	Special Medical Radiation Physics Consult	\$64	\$66	\$2	2.5%
77470	Z3	Special Treatment Procedure	\$26	\$28	\$2	7.8%
C2699	H2	Brachytherapy source, non-stranded, not otherwise specified, per source	\$31	\$35	\$3	10.9%
TheraSphere™ Administration & Tumor Embolization						
77778	Z2	Interstitial Radiation Source Application, Complex [only when IR is NOT the AU]	\$358	\$367	\$9	2.6%
79445	Z2	Radiopharmaceutical Tx (intra-arterial)	\$126	\$131	\$5	3.9%
TheraSphere™ Y-90 Brachytherapy Source						
C2616	H2	Brachytherapy Source, Non-Stranded, Yttrium-90 (per source)	\$17,398	\$17,763	\$366	2.1%

Please see Important Information on Page 7

IMPORTANT INFORMATION:

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. **It is always the provider's sole responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered.** It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

Boston Scientific does not promote the use of its products outside its FDA-approved label. Payer policies will vary and should be verified before treatment for limitations on diagnosis, coding, or site of service requirements. All trademarks are the property of their respective owners.

This coding information may include 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. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgment of the HCP.

CPT © Copyright 2020 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. All trademarks are the property of their respective owners.

**Boston
Scientific**

Advancing science for life™

Peripheral Interventions

One Scimed Place

Maple Grove, MN 55311-1566

www.bostonscientific.com

© 2021 Boston Scientific Corporation
or its affiliates. All rights reserved.

PI.Reimbursement@bsci.com