

## IO Ablation Customers:

This alert addresses CPT® coding and Medicare's final payment rates for procedures using Boston Scientific's IO Ablation products, other ablation modalities and other related procedures furnished under the Physician Fee Schedule (PFS) and Outpatient Prospective Payment System (OPPS), on January 1, 2021. Medicare's PFS and OPPS payment rates, payment policies, and other provisions are relevant to Medicare beneficiaries treated in the hospital outpatient setting. This information is subject to revision prior to implementation.

## CY2021 Reimbursement: Hospital Outpatient (POS 22)

On December 2, 2020, the Centers for Medicare and Medicaid Services (CMS) released the 2021 final policies and payment rates for the Hospital Outpatient Prospective Payment (OPPS) System. The OPPS rule contains policy and payment information for Medicare beneficiary services furnished in the hospital outpatient (place of service 22) setting.

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

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

Policies and payment rates will be made effective January 1, 2021.

### Final Changes to Hospital Outpatient (POS 22) Reimbursement

The average increase to payment rates for CY 2021 is 2.4%. Notable changes for the Hospital Outpatient setting are:

- Breast fibroadenoma cryoablation payment is increasing by 4.2% to \$3,157.74.
- Lung and liver tumor cryoablation payments are increasing by 4.7% to \$5,060.44.
- Renal mass cryoablation payment is increasing by 5.9% to \$8,907.66.
- Truncal nerve plexus cryoablation payment is increasing by 3.5% to \$5,700.29.

Hospital outpatient claims must contain the appropriate HCPCS/CPT code(s) to indicate the items and services that are furnished. The table below contains a list of possible HCPCS/CPT codes that may be used to bill for Boston Scientific's IO Ablation products, other ablation modalities and other related procedures. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered.

## Final 2021 Hospital Outpatient (POS 22) Reimbursement

### Renal

Abbreviated Descriptor	CPT® Code	APC	2020	FR 2021	\$ Change	% Change
Ablation, renal tumor(s), uni, perc, cryo	50593	5362	\$8,413	\$8,908	\$495	5.9%
Lap, surg, ablation renal mass lesions, incl US	50542	5362	\$8,413	\$8,908	\$495	5.9%
Ablation, 1 or > renal tumor(s), uni, perc, RF	50592	5361	\$4,834	\$5,060	\$227	4.7%
Renal biopsy, perc, trocar or needle	50200	5072	\$1,373	\$1,407	\$34	2.5%

### Lung

Abbreviated Descriptor	CPT® Code	APC	2020	FR 2021	\$ Change	% Change
Ablation, pulm tumor(s), perc, cryo, uni, incl RS&I	32994	5361	\$4,834	\$5,060	\$227	4.7%
Ablation, pulm tumor(s), perc, RF, uni, incl RS&I	32998	5361	\$4,834	\$5,060	\$227	4.7%
Core needle biopsy, lung or mediastinum	32408	5072	\$1,373	\$1,407	\$34	2.5%

### Nerve

Abbreviated Descriptor	CPT® Code	APC	2020	FR 2021	\$ Change	% Change
Ablation, perc, cryo, incl RS&I, upp ext, distal/periph	0440T	5431	\$1,719	\$1,754	\$35	2.0%
Ablation, perc, cryo, incl RS&I, low ext, distal/periph	0441T	5431	\$1,719	\$1,754	\$35	2.0%
Ablation, perc, cryo, incl RS&I, nerve plexus or truncal	0442T	5432	\$5,509	\$5,700	\$191	3.5%
Dest, neurolytic agent, trigeminal, supraorbital, etc.	64600	5443	\$812	\$822	\$10	1.3%
Dest, neur agent, trigeminal, 2 <sup>nd</sup> , 3 <sup>rd</sup> br for ova rad mo	64610	5431	\$1,719	\$1,754	\$35	2.0%
Dest, neurolytic agent, intercostal nerve	64620	5443	\$812	\$822	\$10	1.3%
Dest, neurolytic agent, genicular nerve branches	64624	5431	\$1,719	\$1,754	\$35	2.0%
RFA, sacroiliac joint nerves, fluoro or CT guidance	64625	5431	\$1,719	\$1,754	\$35	2.0%
Dest, neurolytic agent, pudendal nerve	64630	5443	\$812	\$822	\$10	1.3%
Dest, neurolytic agent, oth peripheral nerve/branch	64640	5443	\$812	\$822	\$10	1.3%
Dest, neurolytic agent, celiac plexus	64680	5443	\$812	\$822	\$10	1.3%

### Liver

Abbreviated Descriptor	CPT® Code	APC	2020	FR 2021	\$ Change	% Change
Ablation, 1 or > liver tumor(s), perc, cryo	47383	5361	\$4,834	\$5,060	\$227	4.7%
Lap, surg, ablation, 1 or > liver tumor(s), RF	47370	5362	\$8,413	\$8,908	\$495	5.9%
Lap, surg, ablation, 1 or > liver tumor(s), cryo	47371	5362	\$8,413	\$8,908	\$495	5.9%
Ablation, 1 or > liver tumor(s), perc, RF	47382	5361	\$4,834	\$5,060	\$227	4.7%
Biopsy, liver, needle, perc	47000	5072	\$1,373	\$1,407	\$34	2.5%

### Prostate

Abbreviated Descriptor	CPT® Code	APC	2020	FR 2021	\$ Change	% Change
Cryo, prostate, incl US	55873	5376	\$8,068	\$8,258	\$190	2.4%
Transurethral dest prostate, MW thermotherapy	53850	5374	\$3,019	\$3,076	\$58	1.9%
Transurethral dest prostate, RF thermotherapy	53852	5374	\$3,019	\$3,076	\$58	1.9%
Biopsy, prostate, needle, punch, 1 or >, any approach	55700	5373	\$1,772	\$1,793	\$21	1.2%

### Breast

Abbreviated Descriptor	CPT® Code	APC	2020	FR 2021	\$ Change	% Change
Ablation, cryo, breast fibroadenoma, ea, incl US	19105	5091	\$3,030	\$3,158	\$128	4.2%

Physician claims must contain the appropriate HCPCS/CPT code(s) to indicate the items and services that are furnished. The table below contains a list of possible HCPCS/CPT codes that may be used to bill for Boston Scientific's IO Ablation products, other ablation modalities and other related procedures. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered.

## Final 2021 Physician Reimbursement: Hospital (POS 22 or 21)

### Renal

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change	2020 RVU	FR 2021 RVU	% Change
Ablation, renal tumor(s), uni, perc, cryo	50593	\$480	\$462	-\$19	-3.9%	13.31	13.23	-0.3%
Lap, surg, ablation renal mass lesions, incl US	50542	\$1,215	\$1,187	-\$28	-2.3%	33.66	34.01	1.0%
Ablation, open, 1 or > renal mass lesions, cryo, US	50250	\$1,268	\$1,236	-\$32	-2.5%	35.14	35.43	0.8%
Ablation, 1 or > renal tumor(s), uni, perc, RF	50592	\$358	\$346	-\$12	-3.3%	9.92	9.92	0.0%
Renal biopsy, perc, trocar or needle	50200	\$134	\$129	-\$5	-3.6%	3.70	3.69	-0.1%

### Lung

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change	2020 RVU	FR 2021 RVU	% Change
Ablation, pulm tumor(s), perc, cryo, uni, incl RS&I	32994	\$462	\$443	-\$19	-4.2%	12.80	12.69	-0.9%
Ablation, pulm tumor(s), perc, RF, uni, incl RS&I	32998	\$461	\$442	-\$19	-4.1%	12.77	12.67	-0.8%
Core needle biopsy, lung or mediastinum	32408	\$93	\$155	\$61	65.8%	2.59	4.44	71.4%

### Nerve

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change	2020 RVU	FR 2021 RVU	% Change
Dest, neurolytic agent, trigeminal, supraorbital, +	64600	\$238	\$233	-\$5	-2.0%	6.59	6.68	1.4%
Dest, neur agent, trigem, 2 <sup>nd</sup> , 3 <sup>rd</sup> br for ova rad mo	64610	\$505	\$497	-\$8	-1.6%	13.99	14.24	1.8%
Dest, neurolytic agent, intercostal nerve	64620	\$182	\$180	-\$1	-0.8%	5.03	5.16	2.6%
Dest, neurolytic agent, genicular nerve branches	64624	\$153	\$150	-\$3	-1.9%	4.23	4.29	1.4%
RFA, sacroiliac joint nerves, fluoro or CT guidance	64625	\$202	\$197	-\$5	-2.3%	5.59	5.65	1.1%
Dest, neurolytic agent, pudendal nerve	64630	\$196	\$196	-\$1	-0.3%	5.44	5.61	3.1%
Dest, neurolytic agent, oth periph nerve/branch	64640	\$122	\$121	-\$1	-1.0%	3.38	3.46	2.4%
Dest, neurolytic agent, celiac plexus	64680	\$168	\$164	-\$4	-2.3%	4.66	4.71	1.1%
Dest, neurolytic agent, superior hypogastric plexus	64681	\$271	\$230	-\$41	-15.2%	7.50	6.58	-12.3%

### Liver

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change	2020 RVU	FR 2021 RVU	% Change
Ablation, 1 or > liver tumor(s), perc, cryo	47383	\$476	\$450	-\$26	-5.5%	13.18	12.91	-2.1%
Lap, surg, ablation, 1 or > liver tumor(s), RF	47370	\$1,314	\$1,290	-\$24	-1.8%	36.41	36.97	1.5%
Lap, surg, ablation, 1 or > liver tumor(s), cryo	47371	\$1,323	\$1,300	-\$23	-1.7%	36.67	37.25	1.6%
Ablation, open, 1 or > liver tumor(s), RF	47380	\$1,520	\$1,488	-\$32	-2.1%	42.11	42.65	1.3%
Ablation, open, 1 or > liver tumor(s), cryo	47381	\$1,559	\$1,530	-\$29	-1.9%	43.21	43.85	1.5%
Ablation, 1 or > liver tumor(s), perc, RF	47382	\$775	\$744	-\$31	-4.0%	21.48	21.32	-0.7%
Biopsy, liver, needle, perc	47000	\$92	\$89	-\$3	-3.3%	2.56	2.56	0.0%

## Final 2021 Physician Reimbursement: Hospital (POS 22 or 21) (Continued)

### Prostate

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change	2020 RVU	FR 2021 RVU	% Change
Cryo, prostate, incl US	55873	\$796	\$777	-\$19	-2.4%	22.06	22.28	1.0%
Transurethral dest prostate, MW thermotherapy	53850	\$365	\$360	-\$5	-1.3%	10.10	10.31	2.1%
Transurethral dest prostate, RF thermotherapy	53852	\$390	\$385	-\$5	-1.4%	10.82	11.04	2.0%
Biopsy, prostate, needle, punch, 1 or >, any appr	55700	\$136	\$132	-\$4	-3.1%	3.77	3.78	0.3%

### Breast

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change	2020 RVU	FR 2021 RVU	% Change
Ablation, cryo, breast fibroadenoma, ea, incl US	19105	\$222	\$217	-\$5	-2.1%	6.14	6.22	1.3%

### Ablation Guidance & Monitoring

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change	2020 RVU	FR 2021 RVU	% Change
US guidance, monitor parenchymal tissue ablation	76940	\$106	\$103	-\$3	-3.0%	2.93	2.94	0.3%
CT guidance, monitor parenchymal tissue ablation	77013	\$196	\$187	-\$8	-4.2%	5.42	5.37	-0.9%
MR guidance, monitor parenchymal tissue ablation	77022	\$221	\$211	-\$9	-4.3%	6.12	6.06	-1.0%

### Biopsy Guidance

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change	2020 RVU	FR 2021 RVU	% Change
US guidance, needle placement, RS&I	76942	\$32	\$31	-\$1	-3.3%	0.90	0.90	0.0%
CT guidance, needle placement, RS&I	77012	\$76	\$73	-\$3	-4.2%	2.10	2.08	-1.0%
MR guidance, needle placement, RS&I	77021	\$75	\$72	-\$3	-4.3%	2.07	2.05	-1.0%

## CY2020 Reimbursement: Physician Professional Fees (POS 22 or 21)

### Final Changes to Physician Reimbursement

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.

CMS is decreasing reimbursement overall by 3.3% through a reduction in the Conversion Factor (CF) to \$34.8931 from the current rate of \$36.0896. Individual procedures will vary based on RVU changes. A table with a more comprehensive summary of the changes is included at the end of this communication.

Physician reimbursement rates for procedures in a Hospital setting were generally not positively impacted by PE RVU updates. The decrease will range from 2-4% for most IO Ablation related procedures.

Please contact your IO Ablation sales representative who will connect you with one of our Regional Field Reimbursement Managers to address any questions.

## Important Information

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<sup>1</sup> [CMS-1734-F Physician Fee Schedule CY 2021 Final Rule Link](#)

<sup>2</sup> [CMS-1736-FC Hospital OPPS CY 2021 Final Rule Link](#)



**Peripheral Interventions**  
One Scimed Place  
Maple Grove, MN 55311-1566  
<https://www.bostonscientific.com>

[PIReimbursement@bsci.com](mailto:PIReimbursement@bsci.com) | (844) 201-2203