

TheraSphere™ Customers:

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

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

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) and Ambulatory Surgical Center (ASC) Payment Systems. The OPPS/ASC rule contains policy and payment information for Medicare beneficiary services furnished in the hospital outpatient (place of service 22) and ambulatory surgical center (place of service 24) settings.

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

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

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

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

Hospital outpatient and ASC 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 TheraSphere product 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.

The final Medicare allowable payment for HCPCS C2616 (APC 2616), utilized for TheraSphere treatments will increase to \$17,397.64.^{1,2}

		2020 Medicare Final Rule	2021 Medicare Final Rule	Change 2020-2021
HCPCS Code	Description	OPPS / ASC Payment	OPPS / ASC Payment	% Change
C2616	Brachytherapy source, non-stranded, yttrium-90, per source	\$ 17,091.57	\$ 17,397.64	+1.8%

Final Changes to Hospital Outpatient (POS 22) Reimbursement

Notable changes for the Hospital Outpatient setting are:

- The payment for angiography through an existing catheter (CPT code 75898) has moved to APC 5183 resulting in a 75.4% increase to \$1,230.53.
- Visceral angiography (CPT code 75726) is increasing 3.8% to \$4,770.37.
- Nuclear medicine limited area imaging procedures (CPT codes 78201 and 78202) have moved to APC 5592 resulting in a 61.5% decrease to \$489.40.
- SPECT Liver Imaging (CPT code 78803), proposed to also move to APC 5592, remains assigned to APC 5593 with a payment rate of \$1,305.94.
- Therapeutic radiology treatment procedures is receiving slight increases up to 1.4%, the exceptions being CPT code 79445 (5.2% increase) and CPT code 77778 (4.3% decrease).
- Both tumor embolization (CPT code 37243) and arterial coil embolization (CPT code 37242) are increasing 1.4% to \$10,042.94.

Final Changes to ASC (POS 24) Reimbursement

Notable changes for ASC setting are:

- Angiography through an existing catheter (CPT code 75898) is increasing 136.6% to \$792.19.
- Nuclear medicine limited area imaging procedures (CPT codes 78201 and 78202) are decreasing 61.3% to \$248.58.
- SPECT Liver Imaging (CPT code 78803), proposed to be reduced to the same level as CPT codes 78201 and 78202, was spared and is increasing 3.2% to a payment rate of \$663.32.
- Therapeutic radiology treatment procedures will have a wide range of increases and decreases.
 - CPT code 79445 (5.7% increase to \$126.79) and CPT code 77316 (5.5% increase to \$152.64).
 - CPT code 77295 (5.4% decrease to \$249.22), CPT code 77300 (4.5% decrease to \$32.41), CPT code 77470 (3.9% decrease to \$24.63), and CPT code 77778 (3.8% decrease to \$359.85).
- Tumor embolization (CPT code 37243) is increasing 2.5% to \$4,285.36, while arterial coil embolization (CPT code 37242) is increasing 4.4% to \$6,366.16.

Final 2021 Hospital Outpatient (POS 22) Reimbursement

Pre-Treatment

Abbreviated Descriptor	CPT® Code	APC	2020	FR 2021	\$ Change	% Change
Angiography, Visceral, Sel or Suprasel, RS&I	75726	5184	\$4,596	\$4,770	\$174	3.8%
Therapeutic Radiology Simulation, Complex	77290	5612	\$335	\$339	\$4	1.1%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	78803	5593	\$1,272	\$1,306	\$34	2.6%
Rp localization tumor/distrib Rp agent, incl vasc flow, planar, 1 area, 1 day	78800	5591	\$368	\$377	\$9	2.4%
Vasc Embolization, RS&I, Intraproc Roadmap, RS&I, Art	37242	5193	\$9,908	\$10,043	\$134	1.4%

Clinical Treatment Planning and Dosimetry

Abbreviated Descriptor	CPT® Code	APC	2020	FR 2021	\$ Change	% Change
Basic dosimetry calc (req Rx treating physician)	77300	5611	\$127	\$127	\$0	0.0%
Brachy isodose plan, 1-4 srcs, incl basic dosim calc	77316	5612	\$335	\$339	\$4	1.1%
3-D radiotherapy plan, incl dose-vol histograms, BEV	77295	5613	\$1,245	\$1,262	\$17	1.4%
Special Medical Radiation Physics Consult	77370	5611	\$127	\$127	\$0	0.0%

Treatment

Abbreviated Descriptor	CPT® Code	APC	2020	FR 2021	\$ Change	% Change
Angiography, Visceral, Sel or Suprasel, RS&I	75726	5184	\$4,596	\$4,770	\$174	3.8%
Vasc Embolization, RS&I, Intraproc Roadmap, Tumor	37243	5193	\$9,908	\$10,043	\$134	1.4%
Radiopharmaceutical Tx (intra-arterial) [IR = AU]	79445	5661	\$237	\$250	\$12	5.2%
Interstitial Rad Src App, Complex [ONLY if IR ≠ AU]	77778	5624	\$741	\$708	-\$32	-4.3%

Final 2021 ASC (POS 24) Reimbursement

Pre-Treatment

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	78803	\$643	\$663	\$21	3.2%
Rp localization tumor/distrib Rp agent, incl vasc flow, planar, 1 area, 1 day	78800	\$186	\$192	\$6	3.0%
Vasc Embolization, RS&I, Intraproc Roadmap, RS&I, Art	37242	\$6,097	\$6,366	\$269	4.5%

Clinical Treatment Planning and Dosimetry

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change
Basic dosimetry calc (req Rx treating physician)	77300	\$34	\$32	-\$2	-4.5%
Brachy isodose plan, 1-4 srcs, incl basic dosim calc	77316	\$145	\$153	\$8	5.5%
3-D radiotherapy plan, incl dose-vol histograms, BEV	77295	\$263	\$249	-\$14	-5.4%
Special Medical Radiation Physics Consult	77370	\$64	\$64	\$0	0.0%

Treatment

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change
Vasc Embolization, RS&I, Intraproc Roadmap, Tumor	37243	\$4,183	\$4,285	\$102	2.5%
Radiopharmaceutical Tx (intra-arterial) [IR = AU]	79445	\$120	\$127	\$7	5.7%
Interstitial Rad Src App, Complex [ONLY if IR ≠ AU]	77778	\$374	\$365	-\$9	-3.8%

CY2021 Reimbursement: Physician Professional Fees (POS 22 or 24)

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.

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

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

Pre-Treatment

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change	2020 RVU	FR 2021 RVU	% Change
Therapeutic Radiology Tx Planning, Complex	77263	\$174	\$170	-\$4	-2.5%	4.83	4.87	0.8%
Sel Cath Place, Art, Init, 1 st Order, Abd	36245	\$249	\$189	-\$60	-24.8%	6.89	5.41	-21.5%
Sel Cath Place, Art, Init, 2 nd Order, Abd (2 vsls)	36246	\$265	\$257	-\$8	-3.2%	7.35	7.36	0.1%
Sel Cath Place, Art, Init 3 rd Order or >, Abd (3+ vsls)	36247	\$316	\$304	-\$12	-3.7%	8.75	8.72	-0.3%
Sel Cath Place, Art, Add'l 2 nd Ord or >, Abd (ea vsl)	36248	\$51	\$50	-\$1	-2.6%	1.41	1.42	0.7%
Angiography, Visceral, Sel or Suprasel, RS&I	75726	\$100	\$96	-\$4	-4.0%	2.78	2.76	-0.7%
Angiography, RS&I (ea add'l vsl)	75774	\$50	\$48	-\$2	-4.0%	1.38	1.37	-0.7%
Therapeutic Radiology Simulation, Complex	77290	\$85	\$82	-\$3	-3.3%	2.36	2.36	0.0%
Rp localization tumor/distrib Rp agent, incl vasc flow, (SPECT), 1 area, 1 day	78803	\$54	\$51	-\$2	-4.6%	1.49	1.47	-1.3%
Rp localization tumor/distrib Rp agent, incl vasc flow, planar, 1 area, 1 day	78800	\$33	\$32	-\$1	-3.3%	0.91	0.91	-0.0%
Vasc Embo, RS&I, Intraproc Roadmap, RS&I, Art	37242	\$500	\$481	-\$19	-3.7%	13.85	13.79	-0.4%

Clinical Treatment Planning and Dosimetry

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change	2020 RVU	FR 2021 RVU	% Change
Basic dosimetry calc (req Rx treating physician)	77300	\$34	\$33	-\$1	-2.3%	0.93	0.94	1.1%
Brachy isodose plan, 1-4 srcs, incl basic dosim calc	77316	\$76	\$74	-\$2	-2.9%	2.11	2.12	-0.5%
3-D radiother plan, incl dose-vol histograms, BEV	77295	\$232	\$226	-\$6	-2.6%	6.44	6.49	0.8%
Special Medical Radiation Physics Consult	77370	\$127	\$131	\$4	3.3%	3.51	3.75	6.8%

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

Treatment

Abbreviated Descriptor	CPT® Code	2020	FR 2021	\$ Change	% Change	2020 RVU	FR 2021 RVU	% Change
Sel Cath Place, Art, Init 3 rd Ord or >, Abd (3+ vsls)	36247	\$316	\$304	-\$12	-3.7%	8.75	8.72	-0.3%
Sel Cath Place, Art, Add'l 2 nd Ord or >, Abd (ea vsl)	36248	\$51	\$50	-\$1	-2.6%	1.41	1.42	0.7%
Angiography, Visceral, Sel or Suprasel, RS&I	75726	\$100	\$96	-\$4	-4.0%	2.78	2.76	-0.7%
Angiography, RS&I (ea add'l vsl)	75774	\$50	\$48	-\$2	-4.0%	1.38	1.37	-0.7%
Vasc Embo, RS&I, Intraproc Roadmap, Tumor	37243	\$588	\$563	-\$25	-4.3%	16.30	16.14	-1.0%
Radiopharmaceutical Tx (intra-arterial) [IR = AU]	79445	\$117	\$112	-\$5	-3.9%	3.24	3.22	-0.6%
Interstitial Rad Src App, Complex [ONLY if IR ≠ AU]	77778	\$475	\$463	-\$11	-2.4%	13.15	13.28	1.0%

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

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