

## Procedural Payment Guide

2020 Hospital Inpatient and 2020 Hospital Outpatient, ASC and Physician Reimbursement Information

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**This document is formatted to print in a landscape orientation on letter (8.5 x 11) or legal (8.5 x 14) paper.**

**IMPORTANT—Please Note:**

This Procedural Payment Guide for rhythm management, interventional cardiology and peripheral intervention procedures provides coding and reimbursement information for physicians and healthcare facilities.

The codes included in this guide are intended to represent typical rhythm management, cardiology and peripheral intervention procedures where there is: 1) at least one product approved by the U.S. Food and Drug Administration (FDA) for use in the listed procedure; and 2) specific procedural coding guidance provided by a recognized coding or reimbursement authority such as the American Medical Association (AMA) or the Centers for Medicare and Medicaid Services (CMS). This guide is in no way intended to promote the off-label use of medical devices.

Please note that while these materials are intended to provide coding information for a range of cardiology, rhythm, and vascular peripheral intervention procedures, the FDA- approved/cleared labeling for all products may not be consistent with all uses described in these materials. Some payers, including some Medicare contractors, may treat a procedure which is not specifically covered by a product’s FDA- approved labeling as a non-covered service.

The Medicare reimbursement amounts shown are currently published national average payments. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, proportion of low-income patients, coverage, and/or payment rules. Please feel free to contact the Boston Scientific reimbursement department at 1-800-CARDIAC and request ext. 24114 for reimbursement support if you have any questions about the information in these materials. You can also find reimbursement updates on our website:

[www.bostonscientific.com/reimbursement](http://www.bostonscientific.com/reimbursement)

***Disclaimer***

*Please note:* 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.

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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.

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**Physician Billing and Payment:** Medicare and most other insurers typically reimburse physicians based on fee schedules tied to Current Procedural Terminology<sup>1</sup> (CPT®) codes. CPT codes are published by the AMA and used to report medical services and procedures performed by or under the direction of physicians. Physician payment for procedures performed in an outpatient or inpatient hospital or Ambulatory Surgical Center (ASC) setting is described as an in-facility fee payment (listed as In-Hospital in document) while payment for procedures performed in the physician office is described as an in-office payment. In-facility payments reflect modifier -26 as applicable.

**Hospital Outpatient Billing and Payment:** Medicare reimburses hospitals for outpatient stays (typically stays that do not span 2 midnights) under Ambulatory Payment Classification (APC) groups. Medicare assigns an APC to a procedure based on the billed CPT/HCPCS (Healthcare Common Procedural Coding System) code. (Note that private insurers may require other procedure codes for outpatient payment.) While it is possible that separate APC payments may be deemed appropriate where more than one procedure is done during the same outpatient visit, many APCs are subject to reduced payment when multiple procedures are performed on the same day. Comprehensive APCs (J1 status indicator) can impact total payment received for outpatient services.

Hospitals report device category codes (C-codes) on claims when such devices are used in conjunction with procedure(s) billed and paid for under the OPPS. This reporting provides claims data used annually to update the OPPS payment rates. Although separate payment is not typically available for C-Codes, denials may result if applicable C- Codes are not included with associated procedure codes CMS has an established cost center for “Implantable Devices Charged to Patients”, available for cost reporting periods since May 1, 2009. As CMS uses data from this cost center to establish OPPS payments, it is important for providers to document device costs in this cost center to help ensure appropriate payment amounts.

**Hospital Inpatient Billing and Payment:** Medicare reimburses hospital inpatient procedures based on the Medicare Severity Diagnosis Related Group (MS-DRG). The MS-DRG is a system of classifying patients based on their diagnoses and the procedures performed during their hospital stay. MS-DRGs closely calibrate payment to the severity of a patient’s illness. One single MS-DRG payment is intended to cover all hospital costs associated with treating an individual during his or her hospital stay, with the exception of “professional” (e.g., physician) charges associated with performing medical procedures. Private payers may also use MS-DRG-based systems or other payer-specific system to pay hospitals for providing inpatient services.

**ICD-10-PCS:** Potential procedure codes are included within this guide. Due to the number of potential codes within the ICD-10-PCS system, the codes included in this document do not fully account for all procedure code options. Some codes outlined in this guide include an "\_" symbol. For example, 027\_3\_Z is listed as a potential code for reporting a coronary drug-eluting stent procedure. In this example, the "\_" character could be 0, 1, 2, 3, 4, 5, 6, or 7 depending on the number of arteries treated. The "\_" symbol is not a recognized character within the ICD-10-PCS system.

*Note: Effective October 1, 2016 coronary arteries are specified by the number of arteries (formerly sites) treated. (AHA Coding Clinic 4<sup>th</sup> Qtr 2016)*

**ASC Billing and Payment:** Many elective procedures are performed outside of the hospital in Medicare certified facilities also known as Ambulatory Surgical Centers (ASCs). Not all procedures that Medicare covers in the hospital setting are eligible for payment in an ASC. Medicare has a list of all services (as defined by CPT/HCPCS codes), generally non-surgical, that it covers when offered in an ASC. ASC allowed procedures can be found at <http://www.cms.hhs.gov/ASCPayment/>. Payments made to ASCs from private insurers depend on the contract the facility has with the payer.

Rhythm Management										2020 Procedural Payment Guide
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Inpatient information effective through September 30, 2020   APC and ASC information effective through December 31, 2020   Physician fee information effective through December 31, 2020										
*National Average Medicare physician payment rates calculated using the 2019 conversion factor of \$36.0896										
+ Signifies Add-on Code		*PHYSICIAN <sup>2</sup>		ASC <sup>3</sup>		HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>		
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
Rhythm Management Device Implant Procedures						<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>			
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	\$476	NA	7.14 13.18	\$7,385	APC 5223	\$10,251	02H63JZ 0JH604Z or 0JH605Z	Permanent cardiac pacemaker implant  MS-DRG 243 with CC MS-DRG 242 with MCC	\$13,000 \$15,844 \$23,245
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	\$502	NA	7.80 13.92	\$7,633			02HK3JZ 0JH605Z or 0JH604Z		
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	\$546	NA	8.52 15.13	\$7,816			02H63JZ 02HK3JZ 0JH606Z		
33212	Insertion of pacemaker pulse generator only; with existing single lead	\$336	NA	5.01 9.32	\$6,201	APC 5222	\$7,641	0JH604Z	Cardiac pacemaker replacement  MS-DRG 259 without MCC MS-DRG 258 with MCC	\$13,045 \$19,159
33213	Insertion of pacemaker pulse generator only; with existing dual leads	\$351	NA	5.28 9.73	\$7,710	APC 5223	\$10,251	0JH606Z		
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	\$379	NA	5.55 10.49	\$11,727	APC 5224	\$18,311	0JH607Z		
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generation)	\$501	NA	7.59 13.89	\$7,566	APC 5223	\$10,251	0JH606Z 0JPT0PZ  02H63JZ RA or 02HK3KZ RV	Permanent cardiac pacemaker implant  MS-DRG 244 without CC/MCC MS-DRG 243 with CC MS-DRG 242 with MCC	\$13,000 \$15,844 \$23,245
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	\$325	NA	4.92 9.01	\$1,341	APC 5183	\$2,771	02WA3MZ		
									Cardiac pacemaker revision except device implant MS-DRG 262 without MS-DRG 261 with CC MS-DRG 260 with MCC	\$10,508 \$12,205 \$23,173

Rhythm Management											2020 Procedural Payment Guide		
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Rhythm Management Device Implant Procedures <i>continued</i>													
						<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>						
33216	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator	\$389	NA	5.62	\$5,469	APC 5222	\$7,641	02H63JZ	Cardiac pacemaker revision except device implant				
				NA				02H43KZ		MS-DRG 262 without	\$10,508		
								02H73JZ		MS-DRG 261 with CC	\$12,205		
								02HK3JZ		MS-DRG 260 with MCC	\$23,173		
								02HL3JZ					
								02HK3KZ	ICD lead procedures MS-DRG 265				
								02H73KZ					
								02HL3KZ					
								02H63KZ					
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator	\$384	NA	5.59	\$6,673								
				NA									
33218	Repair of single transvenous electrode, permanent pacemaker or pacing cardioverter-defibrillator	\$404	NA	5.82	\$1,508	APC 5221	\$2,984	02WA3MZ	Cardiac pacemaker revision except device				
				NA							MS-DRG 262 without	\$10,508	
										MS-DRG 261 with CC	\$12,205		
										MS-DRG 260 with MCC	\$23,173		
33220	Repair of 2 transvenous electrodes for permanent pacemaker or pacing cardioverter-defibrillator	\$394	NA	5.90	\$2,127	APC 5221	\$2,984	02WA3MZ	Cardiac pacemaker revision except device				
				NA							MS-DRG 262 without	\$10,508	
										MS-DRG 261 with CC	\$12,205		
33222	Relocation of skin pocket for pacemaker	\$355	NA	4.85	\$820	APC 5054	\$1,623	0JWT0PZ					
				NA							MS-DRG 260 with MCC	\$23,173	
33223	Relocation of skin pocket for implantable-defibrillator	\$429	NA	6.30									
				NA									
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	\$541	NA	9.04	\$7,837	APC 5223	\$10,251	02H43JZ	ICD lead procedures				
				NA							MS-DRG 265	\$19,551	

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
Rhythm Management Device Implant Procedures <i>continued</i>										
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	\$493	NA	8.33 NA	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment		02H43JZ	Cardiac defibrillator implant with cardiac catheterization with acute MI/HF/Shock	
									MS-DRG 222 with MCC	\$52,268
									MS-DRG 223 without MCC	\$37,601
		Cardiac defibrillator implant with cardiac catheterization without acute MI/HF/Shock								
		MS-DRG 224 with MCC	\$46,328							
		MS-DRG 225 without MCC	\$35,383							
		Cardiac defibrillator implant without cardiac catheterization								
		MS-DRG 226 with MCC	\$41,890							
		MS-DRG 227 without MCC	\$32,754							
Permanent cardiac pacemaker implant										
MS-DRG 242 with MCC	\$23,245									
MS-DRG 243 with CC	\$15,844									
MS-DRG 244 without	\$13,000									
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	\$520	NA	8.68 NA	\$1,341	APC 5183	\$2,771	02WA3MZ	Cardiac pacemaker revision except device replacement	
									MS-DRG 262 without	\$10,508
33233	Removal of permanent pacemaker pulse generator only	\$241	NA	3.14 NA	\$5,353	APC 5222	\$7,641	0JPT0PZ	MS-DRG 261 with CC	\$12,205
									MS-DRG 260 with MCC	\$23,173
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	\$354	NA	5.25 NA	\$6,061					0JH604Z or 0JH605Z 0JPT0PZ
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	\$371	NA	5.52 NA	\$7,634	APC 5223	\$10,251	0JPT0PZ 0JH606Z	MS-DRG 258 with MCC	\$19,159
									MS-DRG 259 without MCC	\$13,045
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	\$392	NA	5.79 NA	\$11,807	APC 5224	\$18,311	0JPT0PZ 0JH607Z		

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Rhythm Management Device Implant Procedures <i>continued</i>										
						<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>			
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	\$509	NA	7.66 NA	\$1,508	APC 5221	\$2,984	02PA3MZ	Cardiac pacemaker revision except device replacement	
33235	Removal of transvenous pacemaker electrode(s); dual lead system	\$668	NA	9.90 NA					MS-DRG 262 without MS-DRG 261 with CC MS-DRG 260 with MCC	\$10,508 \$12,205 \$23,173
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	\$382	NA	5.80 NA	\$19,741	APC 5231	\$22,710	0JH608Z	AICD Generator Procedures	
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	\$400	NA	6.07 NA					MS-DRG 245	\$32,620
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	\$421	NA	6.34 NA	\$26,640	APC 5232	\$32,279			
33241	Removal of implantable defibrillator pulse generator only	\$224	NA	3.04 NA	\$1,286	APC 5221	\$2,984	0JPT0PZ	Cardiac pacemaker revision except device replacement	
									MS-DRG 262 without MS-DRG 261 with CC MS-DRG 260 with MCC	\$10,508 \$12,205 \$23,173
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	\$391	NA	5.81 NA	\$19,502	APC 5231	\$22,710	0JH608Z 0JPT0PZ	AICD Generator Procedures	
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	\$406	NA	6.08 NA					MS-DRG 245 with MCC	\$32,620
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	\$425	NA	6.35 NA	\$26,738	APC 5232	\$32,279			
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	\$906	NA	13.74 NA	Not covered for ASC payment	APC 5221	\$2,984	02PA3MZ	Cardiac pacemaker revision except device replacement	
									MS-DRG 262 without MS-DRG 261 with CC MS-DRG 260 with MCC	\$10,508 \$12,205 \$23,173



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Rhythm Management Device Implant Procedures <i>continued</i>						<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>			
33249	Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber	\$961	NA	14.92 NA	\$26,699	APC 5232	\$32,279	02H63KZ 02HK3KZ 0JH608Z	Cardiac defibrillator implant with cardiac catheterization with acute MI/HF/Shock MS-DRG 222 with MCC MS-DRG 223 without MCC	\$52,268 \$37,601
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode including defibrillation threshold evaluation, induction of arrhythmia evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	\$593	NA	9.10 NA	\$26,460			0JH608Z 0JH60FZ	Cardiac defibrillator implant with cardiac catheterization without acute MI/HF/Shock MS-DRG 224 with MCC MS-DRG 225 without MCC	\$46,328 \$35,383
33271	Insertion of subcutaneous implantable defibrillator electrode	\$475	NA	7.50 NA	\$6,259		\$7,641	0JH60FZ	Cardiac defibrillator implant without cardiac catheterization MS-DRG 226 with MCC MS-DRG 227 without MCC	\$41,890 \$32,754
33272	Removal of subcutaneous implantable defibrillator electrode	\$363	NA	5.42 NA	NA	APC 5221	\$2,984	0JPT0FZ	ICD lead procedures MS-DRG 265	\$19,551
33273	Reposition of previously implanted subcutaneous implantable defibrillator electrode	\$418	NA	6.50 NA	\$1,508			0JWTOFZ		
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	\$93	\$5,159	1.53 142.96	\$6,655	APC 5222	\$7,641	0JH632Z	Cardiac pacemaker revision except device implant MS-DRG 262 without MS-DRG 261 with CC MS-DRG 260 with MCC	\$10,508 \$12,205 \$23,173
33286	Removal, subcutaneous cardiac rhythm monitor	\$91	NA	1.50 3.81	\$308	APC 5071	\$610	0JPT32Z	ICD-10-PCS procedure code does not impact MS-DRG	

Currently Boston Scientific has no FDA approved Subcutaneous Rhythm Monitor



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Rhythm Management Device Evaluation Codes						<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>			
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	\$33	\$62	0.65 0.92	Not covered for ASC payment	APC 5741	\$36	4B02XSZ	ICD-10-PCS procedure code does not impact MS-DRG	
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	\$40	\$73	0.77 1.10						
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	\$44	\$78	0.85 1.22						
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	\$44	\$75	0.85 1.22	Not covered for ASC payment	APC 5741	\$36	4B02XTZ	ICD-10-PCS procedure code does not impact MS-DRG	
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	\$60	\$94	1.15 1.66						

Rhythm Management

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
Rhythm Management Device Evaluation Codes <i>continued</i>						<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>			
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	\$65	\$101	1.25 1.80	Not covered for ASC payment	APC 5741	\$36	4B02XTZ	ICD-10-PCS procedure code does not impact MS-	
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	\$44	\$74	0.85 1.23						
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	\$27	\$55	0.52 0.75	Not covered for ASC payment	APC 5741	\$36	4A12X4Z	ICD-10-PCS procedure code does not impact MS-	
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	\$16	\$41	0.30 0.44						
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	\$24	\$49	0.45 0.66		NA		4B02XSZ	ICD-10-PCS procedure code does not impact MS-	
								4B02XTZ		

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>		
Rhythm Management Device Evaluation Codes <i>continued</i>						go to APC list		go to ICD-10-PCS list				
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	\$22	\$50	0.43 0.60	Not covered for ASC payment	APC 5741	\$36	4B02XSZ	ICD-10-PCS procedure code does not impact MS-DRG			
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	\$39	\$67	0.75 1.07				4B02XTZ				
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	\$38	\$67	0.74 1.06				4B02XTZ				
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	\$22	\$48	0.43 0.62				4A02XFZ				
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	\$19	\$44	0.37 0.53			APC 5731	\$23				

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>7</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6</sup>
Rhythm Management Device Evaluation Codes <i>continued</i>						<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>			
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	\$22	\$46	0.43 0.61	Not covered for ASC payment	APC 5741	\$36	4B02XTZ	ICD-10-PCS procedure code does not impact MS-DRG	
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	\$16	\$53	0.31 0.43						
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	\$32	\$32	0.60 0.89		NA		4B02XSZ	ICD-10-PCS procedure code does not impact MS-DRG	
93295	Interrogation device evaluation(s) (remote), up to 90 days single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	\$39	\$39	0.74 1.09				4B02XTZ		
93296	Interrogation device evaluation(s) (remote), up to 90 days single, dual, or multiple lead pacemaker system, leadless pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	NA	\$26	0.00 0.72		APC 5741	\$36	4B02XSZ 4B02XTZ		
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	\$28	\$28	0.52 0.77		NA		4A02X9Z		

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Rhythm Management Device Evaluation Codes <i>continued</i>												
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	\$28	\$28	0.52 0.78	Not covered for ASC payment	NA		4A02X9Z	ICD-10-PCS procedure code does not impact MS-DRG			
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Contractor Priced	Contractor Priced	0.00 0.00		APC 5741	\$36					
Intracardiac Electrophysiology Procedures/Studies												
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	\$107	\$107	0.70	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	B244ZZ4 B246ZZ4 B24BZZ4 B24CZZ4 B24DZZ4	ICD-10-PCS procedure code does not impact MS-DRG				
				2.97								
+93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$220	\$220	3.73 6.10	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	4A023N7	Percutaneous Intracardiac Procedures		MS-DRG 273 with MCC	\$23,240	
								MS-DRG 274 without MCC	\$19,792			
93600	Bundle of His recording	\$125	\$125	2.12 3.45		APC 5212	\$5,885	4A023FZ	ICD-10-PCS procedure code does not impact MS-DRG			
93602	Intra-atrial recording	\$122	\$122	2.12 3.38								
93603	Right ventricular recording	\$122	\$122	2.12 3.38		APC 5211	\$987					
+93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (list separately in addition to code for primary procedure)	\$291	\$291	4.99 8.05		Status N, items and services packaged into primary procedure APC rate. No separate payment	02K83ZZ	Percutaneous Intracardiac Procedures		MS-DRG 273 with MCC	\$23,240	
								MS-DRG 274 without MCC	\$19,792			
93610	Intra-atrial pacing	\$171	\$171	3.02 4.74	APC 5212	\$5,885	4A0234Z	ICD-10-PCS procedure code does not impact MS-DRG				
93612	Intraventricular pacing	\$169	\$169	3.02 4.69								

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See pages 2 and 3 for important information about the uses of this document.

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Intracardiac Electrophysiology Procedures/Studies						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>			
+93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	\$311	NA	5.23 NA	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	02K83ZZ		Percutaneous Intracardiac Procedures		
									MS-DRG 273 with MCC	\$23,240	
									MS-DRG 274 without MCC	\$19,792	
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s)	\$39	\$39	0.74 1.09		APC 5211	\$987	4A02X4Z	ICD-10-PCS procedure code does not impact MS-DRG		
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	\$62	\$62	1.24 1.72							
93618	Induction of arrhythmia by electrical pacing	\$231	\$231	4.00 6.39							
93619	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	\$409	\$409	7.06 11.33		APC 5212	\$5,885	4A0234Z	Percutaneous Intracardiac Procedures		
									MS-DRG 273 with MCC	\$23,240	
									MS-DRG 274 without MCC	\$19,792	
93620	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	\$655	\$655	11.32 18.16							
+93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	\$123	\$123	2.10 3.40	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment			Percutaneous Intracardiac Procedures		
									MS-DRG 273 with MCC	\$23,240	
									MS-DRG 274 without MCC	\$19,792	

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Intracardiac Electrophysiology Procedures/Studies <i>continued</i>						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>			
+93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	\$180	\$180	3.10 4.98	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	4A0234Z	Percutaneous Intracardiac Procedures MS-DRG 273 with MCC MS-DRG 274 without MCC		\$23,240 \$19,792	
+93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	\$166	\$166	2.85 4.59							4A023FZ 3E043KZ 3E033KZ
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	\$251	\$251	4.55 6.96		APC 5212	\$5,885				4A023FZ
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement	\$187	\$187	3.26 5.17		Status N, items and services packaged into primary procedure APC rate. No separate payment	4A02XFZ				
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter- defibrillator pulse generator	\$327	\$327	5.67 9.05			4A02XFZ				
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	\$267	\$267	4.63 7.40		APC 5211	\$987				4A02XFZ



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Intracardiac Electrophysiology Procedures/Studies <i>continued</i>						<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>			
93644	Electrophysical evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	\$150	\$150	3.04 4.17	Not covered for ASC payment	NA		4B02XTZ	ICD-10-PCS procedure code does not impact MS-DRG		
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of completer heart block, with or without temporary pacemaker placement	\$620	NA	NA		APC 5212	\$5,885	02583ZZ 0JH636Z 0JH634Z	Percutaneous Intracardiac Procedures		
									MS-DRG 273 with MCC	\$23,240	
									MS-DRG 274 without MCC	\$19,792	
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 (when necessary) and His bundle recording (when necessary) 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	\$877	NA	NA		APC 5213	\$20,433	02583ZZ 4A0234Z			
93654	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 (when necessary) and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; 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	\$1,174	NA	NA							

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Intracardiac Electrophysiology Procedures/Studies continued						go to APC list		go to ICD-10-PCS list			
+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 (List separately in addition to code for primary procedure)	\$447	NA	NA	Not covered for ASC payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		02583ZZ 4A0234Z	<b>Percutaneous Intracardiac Procedures</b> MS-DRG 273 with MCC MS-DRG 274 without MCC		
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	\$1,177	NA	NA		APC 5213	\$20,433				
+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 (List separately in addition to code for primary procedure)	\$447	NA	NA		NA		02563ZZ 02573ZZ			
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	\$96	\$96	1.89 2.67		APC 5723	\$486	3E033KZ 3E043KZ 4A12XFZ			
+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (list separately in addition to code for primary procedure)	\$147	\$147	2.80 4.08		NA		B244ZZ3 B245ZZ3 B246ZZ3 B24BZZ3 B24DZZ3	ICD-10-PCS procedure code does not impact MS-DRG		

**Note:** Some of the codes presented above may be used to code for a variety of procedures (diagnostic and therapeutic) employed in the field of electrophysiology, including atrial fibrillation, atrial flutter, AV Node, SVT and VT ablations.

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<sup>2</sup> Source: CMS website. Physician Fee Schedule – 2020 National Physician Fee Schedule Relative Value File: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F>

<sup>3</sup> Source: CMS website. ASC Addenda Updates: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1717-FC>

<sup>4</sup> Source: CMS website. 2020 OPPS Addendum B: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1717-FC>

<sup>5</sup> Source: CMS ICD-10-CM/PCS MS-DRG v36 Definitions Manual [https://www.cms.gov/ICD10Manual/version36-fullcode-cms/fullcode\\_cms/P0001.html](https://www.cms.gov/ICD10Manual/version36-fullcode-cms/fullcode_cms/P0001.html)

<sup>6</sup> Source: Data tables (FY2020 IPPS Final Rule). CMS Website. National average (wage index greater than one) MS- DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients). <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page>

<sup>7</sup> Total RVU is the relative value unit total for In-Facility calculation. For codes 93279-93284, 93260, 93285-93289, 93261, and 93290-93299 Total RVUs represent In-office total RVUs.

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Diagnostic Cardiac Catheterization (Use physician modifier -26 as appropriate)									
					<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>			
93451 <i>right</i>	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$137	2.47 3.80	\$1,374	APC 5191	\$2,850	4A023N6 4A020N6	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization MS-DRG 216 with MCC MS-DRG 217 with CC MS-DRG 218 without CC/MCC	\$62,903 \$41,664 \$33,833
93530 <i>right</i>	Right heart catheterization, for congenital cardiac anomalies	\$213	3.97 5.90						
93452 <i>left</i>	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	\$247	4.50 6.85	\$1,374					
93462 <i>left</i>	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$220	3.73 6.10	\$0	Status N, items and services packaged into primary procedure APC rate. No		4A023N7 4A020N7	Cardiac defibrillator implant with cardiac catheterization with AMI/HF/Shock MS-DRG 222 with MCC <sup>6</sup> MS-DRG 223 without MCC <sup>6</sup>	\$52,268 \$37,601
93453 <i>combined</i>	Combined right heart catheterization and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	\$331	5.99 9.17	\$1,374		4A023N8 4A020N8		Cardiac defibrillator implant with cardiac catheterization without AMI/HF/Shock MS-DRG 224 with MCC <sup>6</sup>  MS-DRG 225 without MCC <sup>6</sup>	\$46,328 \$35,383
93531 <i>combined</i>	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	\$442	8.34 12.25					Coronary bypass with cardiac catheterization MS-DRG 233 with MCC MS-DRG 234 without MCC	\$48,662 \$32,611
93532 <i>combined</i>	Combined right heart catheterization and transseptal left heart catheterization through intact septum, with or without retrograde left heart catheterization, for congenital cardiac anomalies	\$552	9.99 15.29				Circulatory disorders except AMI with cardiac catheterization MS-DRG 286 with MCC MS-DRG 287 without MCC	\$13,764 \$7,217	
93533 <i>combined</i>	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies)	\$370	6.69 10.24					Atherosclerosis MS-DRG 302 with MCC MS-DRG 303 without MCC	\$6,905 \$4,232

Select Coronary Interventions

2020 Procedural Payment Guide

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		*PHYSICIAN <sup>2</sup>	ASC <sup>3</sup>	HOSPITAL OUTPATIENT		HOSPITAL INPATIENT			
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital <sup>2</sup>	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>4</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>5,6</sup>
Diagnostic Cardiac Catheterization (Use physician modifier -26 as appropriate)					go to APC list		go to ICD-10-PCS list		
93454 placement	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging S&I	\$250	4.54 6.93	\$1,374	APC 5191	\$2,850	B21 ZZ	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization	
93455 placement	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	\$291	5.29 8.07	\$1,374				MS-DRG 216 with MCC	\$62,903
								MS-DRG 217 with CC	\$41,664
								MS-DRG 218 without CC/MCC	\$33,833
93456 placement	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	\$326	5.90 9.02	\$1,374				Cardiac defibrillator implant with cardiac catheterization with AMI/HF/Shock	
								MS-DRG 222 with MCC <sup>6</sup>	\$52,268
								MS-DRG 223 without MCC <sup>6</sup>	\$37,601
93457 placement	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	\$367	6.64 10.18	\$1,374				Cardiac defibrillator implant with cardiac catheterization without AMI/HF/Shock	
								MS-DRG 224 with MCC <sup>6</sup>	\$46,328
93458 placement	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	\$309	5.60 8.56	\$1,374			MS-DRG 225 without MCC <sup>6</sup>	\$35,383	
93459 placement	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	\$350	6.35 9.70	\$1,374			MS-DRG 233 with MCC	\$48,662	
							MS-DRG 234 without MCC	\$32,611	
93460 placement	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	\$392	7.10 10.85	\$1,374			Circulatory disorders except AMI with cardiac		
							MS-DRG 286 with MCC	\$13,764	
							MS-DRG 287 without MCC	\$7,217	
93461 placement	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	\$433	7.85 12.00	\$1,374			Atherosclerosis		
							MS-DRG 302 with MCC	\$6,905	
							MS-DRG 303 without MCC	\$4,232	

Select Coronary Interventions

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital <sup>2</sup>	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>4</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>5,6</sup>	
<b>Injection Diagnostic Cardiac Catheterization</b> (Each site may be injected multiple times, only report each code once)										
					<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>			
<b>+93563</b>	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	<b>\$60</b>	1.11		Status N, items and services packaged into primary procedure APC rate. No separate payment		3E053KZ	NA <sup>7</sup>		
			1.67				3E063KZ			
<b>+93564</b>	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	<b>\$64</b>	1.13				3E053KZ			
			1.78				3E063KZ			
<b>+93565</b>	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)	<b>\$47</b>	0.86				3E073KZ			
			1.29				3E083KZ			
<b>+93566</b>	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)	<b>\$151</b>	0.86				3E053KZ 3E063KZ			
			4.18							
<b>+93567</b>	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)	<b>\$128</b>	0.97							
			3.55							
<b>+93568</b>	Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	<b>\$139</b>	0.88							
			3.84							
<b>Miscellaneous</b>										
<b>+93463</b>	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)	<b>\$102</b>	2.00		Status N, items and services packaged into primary procedure APC rate. No separate payment		3E073KZ	NA <sup>8</sup>		
			2.82				3E083KZ			
<b>+93464</b>	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	<b>\$92</b>	1.80				4A1335C			
			2.54							



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CPT® Code¹	CPT Descriptions	*PHYSICIAN²		ASC³	HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		Possible MS-DRG Assignment	MS-DRG Payment⁵,⁶	
		In-Hospital²	Work RVU Total RVU⁹	ASC Payment³	APC Category	APC Payment³	Possible ICD-10-PCS Codes⁴				
Coronary Angioplasty (PTCA), without stent											
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	\$556	9.85 15.41	\$3,021	APC 5192	\$4,953	027_3ZZ 027_3Z6	Percutaneous cardiovascular procedures without coronary artery stent			
+92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	0.00 0.00	\$0	NA			MS-DRG 250 with MCC MS-DRG 251 without MCC	\$15,973 \$10,542		
Coronary Atherectomy, without stent											
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	\$663	11.74 18.37		APC 5193	\$9,907	02C_3ZZ 02C_3Z6	Percutaneous cardiovascular procedures without coronary artery stent			
+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	0.00 0.00		NA			MS-DRG 250 with MCC MS-DRG 251 without MCC	\$15,973 \$10,542		
Bare Metal Coronary Stent with Angioplasty											
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	\$619	10.96 17.14	\$6,057	APC 5193	\$9,907	027_3_Z 027_3_6	Percutaneous cardiovascular procedures with non-drug-eluting stent			
+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	0.00 0.00	\$0	NA			MS-DRG 248 with MCC MS-DRG 249 without MCC	\$19,396 \$12,005		
Drug-Eluting Coronary Stent with Angioplasty											
C9600	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	NA Physicians use codes 92928/+92929		\$6,189	APC 5193	\$9,907	027_3_Z 027_3_6	Percutaneous cardiovascular procedures with drug-eluting stent			
+C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of major coronary artery			\$0	NA			MS-DRG 246 with MCC MS-DRG 247 without MCC	\$19,874 \$12,745		



Select Coronary Interventions										2020 Procedural Payment Guide	
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CPT® Code¹	CPT Descriptions	*PHYSICIAN²		ASC³	HOSPITAL OUTPATIENT		HOSPITAL INPATIENT	Possible ICD-10-PCS Codes⁴	Possible MS-DRG Assignment	MS-DRG Payment⁵,⁶	
		In-Hospital²	Work RVU Total RVU⁹	ASC Payment³	APC Category	APC Payment³					
Bare Metal Coronary Stent with Atherectomy											
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	\$694	12.29		APC 5194	\$15,938	027_3_Z 027_3_6 02C_3Z_	Percutaneous cardiovascular procedures with non-drug-eluting stent	MS-DRG 248 with MCC	\$19,396	
			19.24								
+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	0.00		NA			MS-DRG 249 without MCC	\$12,005		
			0.00								
Drug-Eluting Coronary Stent with Atherectomy											
C9602	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	NA			APC 5194	\$15,938	027_3_Z 027_3_6 02C_3Z_	Percutaneous cardiovascular procedures with drug-eluting stent	MS-DRG 246 with MCC	\$19,874	
		Physicians use codes 92933/+92934			NA						
+C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery							MS-DRG 247 without MCC	\$12,745		
Bare Metal Stent - Bypass Graft Revascularization											
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	\$618	10.95		APC 5193	\$9,907	027_3_Z 027_3_6 02C_3Z_	Percutaneous cardiovascular procedures with non-drug-eluting stent	MS-DRG 248 with MCC	\$19,396	
			17.12								
+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	0.00		NA			MS-DRG 249 without MCC	\$12,005		
			0.00								
Drug-Eluting Stent - Bypass Graft Revascularization											
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	NA			APC 5193	\$9,907	027_3_Z 027_3_6 02C_3Z_	Percutaneous cardiovascular procedures with drug-eluting stent	MS-DRG 246 with MCC	\$19,874	
		Physicians use codes 92937/+92938									
								MS-DRG 247 without MCC	\$12,745		

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		*PHYSICIAN <sup>2</sup>		ASC <sup>3</sup>	HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital <sup>2</sup>	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>4</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>5,6</sup>
<b>+C9605</b>	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft	NA Physicians use codes 92937/+92938			NA		027_3_Z 027_3_6 02C_3Z_	<b>Percutaneous cardiovascular procedures with drug-eluting stent</b> MS-DRG 246 with MCC MS-DRG 247 without MCC	<b>\$19,874</b> <b>\$12,745</b>
<b>Bare Metal Stent - Chronic Total Occlusion Revascularization</b>									
<b>92943</b>	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	<b>\$695</b>	12.31 19.27		APC 5193	<b>\$9,907</b>	027_3_Z 027_3_6 02C_3Z_	<b>Percutaneous cardiovascular procedures with non-drug-eluting stent</b> MS-DRG 248 with MCC MS-DRG 249 without MCC	<b>\$19,396</b> <b>\$12,005</b>
<b>+92944</b>	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)	<b>\$0</b>	0.00 0.00		NA				
<b>Drug-Eluting Stent - Chronic Total Occlusion Revascularization</b>									
<b>C9607</b>	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	NA Physicians use codes 92943/+92944			APC 5194	<b>\$15,938</b>	027_3_Z 027_3_6 02C_3Z_	<b>Percutaneous cardiovascular procedures with drug-eluting stent</b> MS-DRG 246 with MCC MS-DRG 247 without MCC	<b>\$19,874</b> <b>\$12,745</b>
<b>+C9608</b>	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft				NA				

BSC currently has no stents FDA-approved for CTOs

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CPT® Code¹	CPT Descriptions	*PHYSICIAN²		ASC³	HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		Possible MS-DRG Assignment	MS-DRG Payment⁵,⁶	
		In-Hospital²	Work RVU Total RVU⁹	ASC Payment³	APC Category	APC Payment³	Possible ICD-10-PCS Codes⁴				
Intravascular Ultrasound (Use physician modifier -26 as appropriate) <a href="#">go to APC list</a> <a href="#">go to ICD-10-PCS list</a>											
+92978	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)	\$99	1.80		Status N, items and services packaged into primary procedure APC rate. No separate payment		B240ZZ3 B241ZZ3	Coronary bypass with PTCA MS-DRG 231 with MCC MS-DRG 232 without MCC	\$51,435		
			2.74						\$37,498		
+92979	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)	\$80	1.44					Percutaneous cardiovascular procedure with drug-eluting stent MS-DRG 246 with MCC or 4+ vessels/stents MS-DRG 247 without MCC	\$19,874		
			2.21						\$12,745		
Fractional Flow Reserve (FFR) (Use physician modifier -26 as appropriate)											
+93571	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)	\$77	1.38	\$0	Status N, items and services packaged into primary procedure APC rate. No separate payment		4A033BC	Percutaneous cardiovascular procedure with non-drug-eluting stent MS-DRG 248 with MCC or 4+ vessels/stents MS-DRG 249 without MCC	\$19,396		
			2.12						\$12,005		
+93572	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)	\$55	1.00	\$0				Percutaneous cardiovascular procedure without coronary artery stent MS-DRG 250 with MCC MS-DRG 251 without MCC	\$15,973		
			1.53						\$10,542		
Circulatory disorders except AMI, with cardiac catheterization											
									MS-DRG 286 with MCC MS-DRG 287 without MCC	\$13,764 \$7,217	

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital <sup>2</sup>	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>4</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>5,6</sup>
Thrombectomy									
+92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	\$185	3.28		NA		02C_3Z_	Percutaneous cardiovascular procedure with drug-eluting stent	
			5.12					MS-DRG 246 with MCC or 4+ vessels/stents	\$19,874
								MS-DRG 247 without MCC	\$12,745
								Percutaneous cardiovascular procedure with non-drug-eluting stent	
								MS-DRG 248 with MCC or 4+ vessels/stents	\$19,396
								MS-DRG 249 without MCC	\$12,005
								Percutaneous cardiovascular procedure without coronary artery stent	
								MS-DRG 250 with MCC	\$15,973
								MS-DRG 251 without MCC	\$10,542
		Moderate (Conscious) Sedation							
99151	Moderate sedation service performed by the same Physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedition supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	\$76	0.5		NA			NA <sup>7</sup>	
			2.1						
99152	Moderate sedation service performed by the same Physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient 5 years or older	\$52	0.25		NA			NA <sup>7</sup>	
			1.43						
99153	Moderate sedation service performed by the same Physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes of intraservice time (List separately in addition to code for primary service)	\$11	0		NA			NA <sup>7</sup>	
			0.3						

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		*PHYSICIAN <sup>2</sup>	ASC <sup>3</sup>	HOSPITAL OUTPATIENT		HOSPITAL INPATIENT			
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital <sup>2</sup>	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>4</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>5,6</sup>
99155	Moderate sedation service provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	\$88	1.9		NA			NA <sup>7</sup>	
			2.43						
99156	Moderate sedation service provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	\$80	1.65		NA			NA <sup>7</sup>	
			2.22						
99157	Moderate sedation service provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes of intraservice time (List separately in addition to code for primary service)	\$65	1.25		NA			NA <sup>7</sup>	
			1.81						
Percutaneous Balloon Valvuloplasty; Aortic Valve									
92986	Percutaneous balloon valvuloplasty; aortic valve	\$1,378	22.6		5192	\$4,953	027F3ZZ	Percutaneous Intracardiac Procedures MS-DRG 273 with MCC MS-DRG 274 without MCC	
			38.18				027F4ZZ		
92987	Percutaneous balloon valvuloplasty; mitral valve	\$1,421	23.38		5193	\$9,907	027G3ZZ		
			39.38				027G4ZZ		
92990	Percutaneous balloon valvuloplasty; pulmonary valve	\$1,135	18.27				027H3ZZ		
			31.46				027H4ZZ		

Select Coronary Interventions

2020 Procedural Payment Guide

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.

**Inpatient** information effective through September 30, 2020 | **APC** and **ASC** information effective through December 31, 2020 | **Physician fee** information effective through December 31, 2020

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		*PHYSICIAN <sup>2</sup>		ASC <sup>3</sup>	HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital <sup>2</sup>	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>3</sup>	Possible ICD-10-PCS Codes <sup>4</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>5,6</sup>
Endovascular or Transthoracic Valves					<a href="#">go to APC list</a>		<a href="#">go to ICD-10-PCS list</a>		
<b>33361</b> <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	\$1,269	22.47 35.16		NA Inpatient Only Procedure		02RF37Z 02RF38Z 02RF3JZ 02RF3KZ	<b>Endovascular Cardiac Valve Replacement</b> MS-DRG 266 with MCC MS-DRG 267 without MCC	
<b>33362</b> <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	\$1,383	24.54 38.31						\$44,607
<b>33363</b> <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	\$1,433	25.47 39.72						\$35,550
<b>33364</b> <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	\$1,434	25.97 39.73						
<b>33365</b> <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	\$1,515	26.59 41.98						
<b>33366</b> <i>Aortic</i>	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	\$1,650	29.35 45.72				02RF3JH		
<b>+33367</b> <i>Aortic</i>	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)	\$660	11.88 18.29				02RF3_Z 5A1221Z		
<b>+33368</b> <i>Aortic</i>	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)	\$778	14.39 21.57				02RF0_Z 5A1221Z		
<b>+33369</b> <i>Aortic</i>	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)	\$1,027	19.00 28.47				02RF3JZ 5A1221Z		



Select Coronary Interventions										2020 Procedural Payment Guide	
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Inpatient information effective through September 30, 2020   APC and ASC information effective through December 31, 2020   Physician fee information effective through December 31, 2020											
*National Average Medicare physician payment rates calculated using the 2020 conversion factor of \$36.0896											
CPT® Code¹	CPT Descriptions	*PHYSICIAN²		ASC³	HOSPITAL OUTPATIENT		HOSPITAL INPATIENT		Possible MS-DRG Assignment	MS-DRG Payment⁵,⁶	
		In-Hospital²	Work RVU Total RVU⁹	ASC Payment³	APC Category	APC Payment³	Possible ICD-10-PCS Codes⁴				
	Endovascular or Transthoracic Valves continued				go to APC list		go to ICD-10-PCS list				
33477 Pulmonary	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Carrier priced	0.00		NA Inpatient Only Procedure		02RH3_Z	Endovascular Cardiac Valve Replacement	MS-DRG 266 with MCC MS-DRG 267 without MCC	\$44,607 \$35,550	
33999	Unlisted procedure, cardiac surgery		0.00				02RH3_H				
			0.00								
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	\$1,882	32.25 52.16				02UG3JZ	Percutaneous Intracardiac Procedures	MS-DRG 266 with MCC MS-DRG 267 without MCC	\$44,607 \$35,550	
+33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	\$445	7.93 12.32								
	Paravalvular Leak Repair				go to APC list		go to ICD-10-PCS list				
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	\$1,127	21.70 31.23		5194	\$15,938	02WG4_Z	MS-DRG 228 with MCC MS-DRG 229 without MCC		\$39,376 \$25,712	
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	\$934	17.97 25.89				02WF4Z				
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	\$411	8.00 11.38				02WF4Z 02WG4_Z				
	WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure				go to APC list						
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	\$828	14.00 22.93		NA Inpatient Only Procedure		02L73DK	Percutaneous Intracardiac Procedures	MS-DRG 273 with MCC MS-DRG 274 without MCC	\$23,240 \$19,792	
WATCHMAN is a registered or unregistered trademark of Boston Scientific Corporation. All other trademarks are the property of their respective owners.											



<sup>1</sup> Current Procedural Terminology (CPT) © 2018 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

<sup>2</sup> Source: CMS website. Physician Fee Schedule – 2020 National Physician Fee Schedule Relative Value File: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F>

<sup>3</sup> Source: CMS website. 2020 OPPS Addendum B: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1717-FC>

<sup>4</sup> Source CMS ICD-10-CM/PCS MS-DRG v36 Definitions Manual [https://www.cms.gov/ICD10Manual/version36-fullcode-cms/fullcode\\_cms/P0001.html](https://www.cms.gov/ICD10Manual/version36-fullcode-cms/fullcode_cms/P0001.html)

<sup>5</sup> Source: Data tables (FY2020 IPPS Final Rule). CMS Website. National average (wage index greater than one) MS- DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients). <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page>

<sup>6</sup> Not intended as an all inclusive list of MS-DRGs.

<sup>7</sup> Procedure codes do not exist for this procedure because it does not drive the MS-DRG grouping.

<sup>8</sup> MS-DRG grouping is driven by other primary procedures that are performed in conjunction with this procedure.

<sup>9</sup> Total RVU is the relative value unit total for In-Facility calculation

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		*PHYSICIAN <sup>2</sup>			ASC <sup>3</sup>	HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>			
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>67</sup>	
Transluminal Balloon Angioplasty											
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	\$365	\$2,106	7.00	\$2,142	APC 5192	\$4,953	027_3ZZ	Other vascular procedures		
				58.35				037_3ZZ		MS-DRG 252 with MCC	\$20,548
								037_3Z6		MS-DRG 253 with CC	\$16,327
								047_3ZZ		MS-DRG 254 without CC/MCC	\$11,401
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	\$179	\$741	3.50		Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	047_3Z6			
				20.53							
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	\$312	\$1,549	6.00	\$2,142	APC 5192	\$4,953	067_3ZZ			
				42.93							
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	\$153	\$566	2.97		Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment				
				15.67							
Iliac Artery Revascularization											
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$421	\$2,963	7.90	\$2,142	APC 5192	\$4,953	047_3ZZ	Other vascular procedures		
				82.10				047_3Z6			MS-DRG 252 with MCC
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$519	\$4,012	9.75	\$6,179	APC 5193	\$9,907	047_3DZ	MS-DRG 253 with CC	\$16,327	
				111.17				0473D6			MS-DRG 254 without CC/MCC
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	\$196	\$767	3.73		Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment	047_3ZZ			
				21.25				047_3Z6			

Select Peripheral Interventions

2020 Procedural Payment Guide

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		*PHYSICIAN <sup>2</sup>			ASC <sup>3</sup>	HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>			
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>6,7</sup>	
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$223	\$1,965	4.25 54.46	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		047_3DZ 047_3D6	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$20,548 \$16,327 \$11,401	
Femoral/Popliteal Artery Revascularization											
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$467	\$3,524	8.75 97.65	\$3,120	APC 5192	\$4,953	047_3ZZ 047_3Z6 047_3Z1	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$20,548 \$16,327 \$11,401	
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	\$633	\$11,582	11.75 320.92	\$6,675	APC 5193	\$9,907	047_3ZZ 047_3Z6 047_3Z1			
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$546	\$10,286	10.24 285.00	\$6,444	APC 5193	\$9,907	047_3_1 047_3_6 047_3_Z X27_3_5			
37227	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$761	\$14,891	14.25 412.62	\$10,941	APC 5194	\$15,938	047_3_1 047_3_6 047_3_Z 04C_3ZZ			
Tibial/Peroneal Artery Revascularization											
						<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>				
37228	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$570	\$5,072	10.75 140.55	\$5,670	APC 5193	\$9,907	047_3ZZ 047_3Z6 047_3Z1	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$20,548 \$16,327 \$11,401	
37229	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$738	\$11,626	13.80 322.15	\$10,286	APC 5194	\$15,938	04C_3ZZ 047_3Z6 047_3Z1			
37230	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$734	\$10,457	13.55 289.75	\$10,101	APC 5194	\$15,938	047_3_1 047_3_6 047_3_Z			
37231	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$795	\$14,476	14.75 401.11	\$10,649	APC 5194	\$15,938	047_3_1 047_3_6 047_3_Z 04C_3Z6			

Select Peripheral Interventions

2020 Procedural Payment Guide

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>67</sup>
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty. (List separately in addition to code for primary procedure)	\$210	\$1,049	4.00 29.07	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		047_3ZZ 047_3Z6 047_3Z1 047_3Z6	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$20,548 \$16,327 \$11,401
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed. (List separately in addition to code for primary procedure)	\$342	\$1,288	6.50 35.70				047_3ZZ 047_3Z6 047_3Z1 047_3Z6 047_3ZZ		
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed. (List separately in addition to code for primary procedure)	\$300	\$3,985	5.50 110.43				047_3_1 047_3_6 047_3_Z		
37235	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed. (List separately in addition to code for primary procedure	\$422	\$4,199	7.80 116.35				047_3_1 047_3_6 047_3_Z 04C_3Z6 04C_3ZZ		
Transcatheter Placement of Intravascular Stents (Peripheral stenting is covered at local Medicare contractor discretion. Payment amounts assume procedure is covered)										
						go to APC list	go to ICD-10-PCS list			
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	\$467	\$3,460	8.75 95.88	\$5,945	APC 5193	\$9,907	027_3_Z 027_3_6 037_3_Z 037_3_6 047_3_Z	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$20,548 \$16,327 \$11,401
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	\$223	\$1,920	4.25 53.20	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		027_3_Z 027_3_6 037_3_Z 037_3_6 047_3_Z 047_3_6		

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>67</sup>	
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	\$320	\$3,260	6.04	\$6,194	APC 5193	\$9,907	057_3DZ	Other vascular procedures  MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$20,548 \$16,327 \$11,401	
				90.33				067_3DZ			
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	\$160	\$1,510	2.97	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		057_3DZ			
				41.85				067_3DZ			
Transcatheter Placement of Carotid Stents with embolic protection <i>(Boston Scientifics’ carotid WALLSTENT® Monorail® Endoprosthesis device is indicated for carotid artery stenting with embolic protection only. Medicare will not consider payment for the procedure when performed without embolic protection.)</i>											
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection.	\$1,048	NA	17.75	NA	NA  Inpatient only procedure		037_3_Z	Carotid artery stent procedure  MS-DRG 034 with MCC MS-DRG 035 with CC MS-DRG 036 without CC/MCC	\$23,512 \$14,420 \$10,968	
				NA				037_3_6			
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	\$1,020	NA	17.98							037_3_Z
				NA	NA Not paid by Medicare	037_3_6					
Embolization											
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	\$458	\$5,059	8.75	\$4,183	APC 5193	\$9,907	05L_3DZ	Other major cardiovascular procedures  MS-DRG 270 with MCC MS-DRG 271 with CC MS-DRG 272 without CC/MCC	\$32,009 \$22,224 \$16,294	
				140.19							06L_3DZ
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	\$500	\$7,824	9.80				03L_3DZ	Other vascular procedures  MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$20,548 \$16,327 \$11,401	
				216.78				04L_3DZ			

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		*PHYSICIAN <sup>2</sup>			ASC <sup>3</sup>	HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>			
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>67</sup>	
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	\$588	\$9,873	11.74 273.58				03L_3DZ	MS-DRG 987	\$8,146	
								04L_3DZ	MS-DRG 988	\$28,199	
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	\$697	\$7,246	13.75	NA				04LE3DT	MS-DRG 989	\$15,271
				200.77					04LF3DU		
								03L_3DZ	Other female reproductive system procedures		
								04L_3DZ	MS-DRG 749	\$8,338	
									MS-DRG 750	\$11,036	
Catheter Access											
						go to APC list		go to ICD-10-PCS list			
36140	Introduction of needle or intracatheter; extremity artery	\$94	\$493	1.76 13.66	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate		NA	NA <sup>8</sup>		
36160	Introduction of needle or intracatheter, aortic, translumbar	\$130	\$562	2.52 15.58							
36200	Introduction of catheter, aorta	\$147	\$608	2.77 16.85							
Catheter Placement											
						go to APC list		go to ICD-10-PCS list			
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$221	\$1,109	4.17 30.72	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		03H233Z	NA <sup>8</sup>		
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$285	\$1,175	5.27 32.57				03H333Z			
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$344	\$1,947	6.29 53.94				03H733Z			
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	\$54	\$236	1.01 6.54				03H333Z			
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$249	\$1,378	4.65 38.19				04H_33Z			



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CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		Possible ICD-10-PCS Codes⁵	HOSPITAL INPATIENT⁶	MS-DRG Payment⁶⁷
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁹	ASC Payment³	APC Category	APC Payment⁴		Possible MS-DRG Assignment	
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$265	\$886	5.02 24.55	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment			NA ⁸	
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$316	\$1,560	6.04 43.23						
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	\$51	\$141	1.01 3.92						
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed and flush aortogram when performed; unilateral	\$271	\$1,435	5.10 39.76	Status N1 No separate payment	APC 5183	\$2,771	B41_ _ZZ	NA ⁸	



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Catheter Placement <i>continued</i>											<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed and flush aortogram when performed; bilateral	\$376	\$1,545	6.74 42.81	Status N1 No separate payment	APC 5183	\$2,771	B41__ZZ	NA ⁸			
36253	Superselective catheter placement (one or more second order or higher renal artery branches), renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed and flush aortogram when performed; unilateral	\$374	\$2,272	7.30 62.96		APC 5184	\$4,596	B41__ZZ	NA ⁸			
36254	Superselective catheter placement (one or more second order or higher renal artery branches), renal	\$434	\$2,224	7.90 61.63		APC 5183	\$2,771	B41__ZZ	NA ⁸			
Angiography <i>(Use physician modifier -26 as appropriate)</i>											<a href="#">go to APC list</a>	<a href="#">go to ICD-10-PCS list</a>
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	\$88	\$167	1.75 2.45	NA	APC 5183	\$2,771	B31__ZZ B41__ZZ	NA ⁸			
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	\$98	\$178	1.97 2.71		APC 5184	\$4,596	B31__ZZ B41__ZZ	NA ⁸			
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	\$100	\$188	2.05 2.78		APC 5182	\$1,631	B41__ZZ	NA ⁸			
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$58	\$166	1.14 1.62		APC 5183	\$2,771	B41__ZZ	NA ⁸			
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	\$65	\$179	1.31 1.81					NA ⁸			

Select Peripheral Interventions										2020 Procedural Payment Guide	
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Inpatient information effective through September 30, 2020   APC and ASC information effective through December 31, 2020  Physician fee information effective through December 31, 2020											
*National Average Medicare physician payment rates calculated using the 2019 conversion factor of \$36.0896											
		*PHYSICIAN <sup>2</sup>			ASC <sup>3</sup>		HOSPITAL OUTPATIENT <sup>4</sup>		HOSPITAL INPATIENT <sup>6</sup>		
CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>67</sup>	
75736	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation	\$56	\$153	1.14 1.54	NA	APC 5184	\$4,596	B41 __ ZZ	NA <sup>8</sup>		
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	\$50	\$110	1.01 1.38		NA		B31 __ ZZ B41 __ ZZ			
Transhepatic Shunts (TIPS) <a href="#">go to APC list</a> <a href="#">go to ICD-10-PCS list</a>											
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	\$857	NA	16.97 NA	NA	NA	NA	06H43DZ 06H83DZ 06183DY	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$20,548 \$16,327 \$11,401	
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	\$390	\$6,355	7.74 176.09				APC 5192			\$4,953
Dialysis Circuit											
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including 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 inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report	\$177	\$712	3.36 19.73	\$573	APC 5182	\$1,631	B30 __ ZZ B31 __ ZZ	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$20,548 \$16,327 \$11,401	
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including 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 inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$250	\$1,335	4.83 36.98	\$2,142	APC 5192	\$4,953	037_3ZZ 067_3ZZ			Other Kidney and Urinary Tract procedures MS-DRG 673 with MCC MS-DRG 674 with CC MS-DRG 675 without MCC/CC

Select Peripheral Interventions

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CPT® Code¹	CPT Descriptions	*PHYSICIAN²		ASC³		HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁹	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	MS-DRG Payment⁶⁷
Dialysis Circuit continued										
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including 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 inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s) peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	\$332	\$5,281	6.39	\$6,319	APC 5193	\$9,907	037_3_Z	Other vascular procedures	\$20,548 \$16,327 \$11,401
				146.33				067_3DZ		
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)	\$388	\$1,976	7.5	\$2,875	APC 5192	\$4,953	3E0_317	Other Kidney and Urinary Tract procedures	MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC
				54.75				03C_3ZZ		
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$465	\$2,481	9	\$4,183	APC 5193	\$9,907	3E0_317		
				68.75				03C_3ZZ		
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	\$537	\$6,556	10.42	\$10,181	APC 5194	\$15,938	3E0_317		
				181.66				03C_3ZZ		

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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>67</sup>		
Dialysis Circuit <i>continued</i>												
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	\$153	\$710	3	Status N1 No separate payment	NA		037_3ZZ	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$20,548 \$16,327 \$11,401		
				19.66				067_3ZZ				
36908	Transcatheter placement of an intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	\$217	\$2,152	4.25				037_3_Z				
				59.63				067_3DZ				
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	\$210	\$2,051	4.12				05L_3DZ			Other Kidney and Urinary Tract Procedures MS-DRG 673 with MCC MS-DRG 674 with CC MS-DRG 675 without MCC/CC	\$22,390 \$15,310 \$10,222
				56.82								

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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁹	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	MS-DRG Payment⁶⁷
Arterial Mechanical Thrombectomy										
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$456	\$2,021	8.41	\$6,429	APC 5193	\$9,907	3E0_317  03C_3ZZ 03C_3Z6 04C_3ZZ 04C_3Z6 05C_3ZZ	Other major cardiovascular procedures MS-DRG 270 with MCC MS-DRG 271 with CC MS-DRG 272 without CC/MCC	\$32,009 \$22,224 \$16,294
				56.01						
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	\$172	\$611	3.28 16.92	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment				
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	\$256	\$1,357	4.92 37.60						
Venous Mechanical Thrombectomy										
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$412	\$1,987	7.78	\$3,103	APC 5192	\$4,953	05C_3ZZ	Other major cardiovascular procedures MS-DRG 270 with MCC MS-DRG 271 with CC MS-DRG 272 without CC/MCC	\$32,009 \$22,224 \$16,294
				55.05						
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	\$292	\$1,672	5.46 46.32	\$1,341	APC 5183	\$2,771			

Select Peripheral Interventions										2020 Procedural Payment Guide	
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		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁹	ASC Payment³	APC Category	APC Payment⁴		Possible MS-DRG Assignment		
	Thrombolysis	go to APC list go to ICD-10-PCS list									
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	\$405	NA	7.75 NA	\$2,322	APC 5184	\$4,596	3E05317 3E06317	Peripheral vascular disorders MS-DRG 299 with MCC MS-DRG 300 with CC MS-DRG 301 without MCC/CC	\$9,081	
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$354	NA	6.81 NA	\$1,341	APC 5183	\$2,771	3E03317 3E04317		\$6,437	
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed	\$244	NA	4.75 NA	NA	APC 5182	\$1,631	3E03317 3E04317 3E05317 3E06317		\$4,546	
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	\$129	NA	2.49 NA	NA	APC 5182	\$1,631				
Vena Cava Filters											
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	\$234	\$2,456	4.46 68.05	NA	APC 5184	\$4,596	06H03DZ	Other vascular procedures MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$20,548	
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	\$362	\$1,382	7.10 38.29	NA	APC 5183	\$2,771	06WY3DZ		\$16,327	
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	\$366	\$1,627	7.10 45.09	NA			06PY3DZ		\$11,401	



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CPT® Code <sup>1</sup>	CPT Descriptions	In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU <sup>9</sup>	ASC Payment <sup>3</sup>	APC Category	APC Payment <sup>4</sup>	Possible ICD-10-PCS Codes <sup>5</sup>	Possible MS-DRG Assignment	MS-DRG Payment <sup>67</sup>
Intravascular Ultrasound										
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	\$95	\$1,201	1.80 33.29	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		B34_ZZ3 B44_ZZ3 B54_ZZ3	Other vascular procedures  MS-DRG 252 with MCC MS-DRG 253 with CC MS-DRG 254 without CC/MCC	\$20,548
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	\$76	\$194	1.44 5.38						\$16,327 \$11,401
Biliary Procedures										
Diagnostic										
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	\$74	\$397	1.30 10.99	Status N1 No separate payment	APC 5341	\$3,109	BF0__ZZ BF1__ZZ	Disorders of the biliary tract  MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC/MCC	\$5,847 \$4,261 \$10,185
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	\$222	\$871	4.25 24.14		APC 5341	\$3,109	BF0__ZZ BF1__ZZ		
Drainage (Internal Stent/External Cathether)										
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	\$279	\$1,292	5.38 35.80	\$1,377	APC 5341	\$3,109	0F9_30Z	Disorders of the biliary tract  MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC/MCC	\$5,847 \$4,261 \$10,185
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	\$389	\$1,468	7.60 40.69	\$1,377			0F9_30Z		
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	\$205	\$1,017	3.95 28.19	\$1,377			0F2BX0Z		



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CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁹	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment	MS-DRG Payment⁶⁷
<div><div>Biliary Procedures</div><div>Drainage (Internal Stent/External Cathether) continued</div><div>go to ICD-10-PCS list</div><div>go to APC list</div></div>										
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	\$139	\$716	2.61 19.85	\$1,377	APC 5341	\$3,109	0F2BX0Z	Disorders of the biliary tract MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC/MCC	\$5,847
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	\$101	\$462	1.84 12.81	\$397	APC 5301	\$786	0FP_30Z		\$4,261
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	\$248	\$4,398	4.75 121.87	\$3,329	APC 5361	\$4,833	0F7_3DZ		\$10,185
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	\$445	\$4,849	8.75 134.37	\$2,194			0F7_3DZ		
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	\$462	\$4,948	9.03 137.09	\$3,119			0F7_3DZ 0F9_30Z		
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	\$348	\$1,249	6.75 34.62	\$1,377	APC 5341	\$3,109	NA		

Select Peripheral Interventions										2020 Procedural Payment Guide	
Payer policies will vary and should be verified prior to treatment for limiations 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.											
Inpatient information effective through September 30, 2020   APC and ASC information effective through December 31, 2020   Physician fee information effective through December 31, 2020											
*National Average Medicare physician payment rates calculated using the 2019 conversion factor of \$36.0896											
CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		HOSPITAL INPATIENT⁶		MS-DRG Payment⁶⁷	
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁹	ASC Payment³	APC Category	APC Payment⁴	Possible ICD-10-PCS Codes⁵	Possible MS-DRG Assignment		
Biliary Procedures											
Drainage (Internal Stent/External Cathether) continued											
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	\$143	\$533	2.85 14.78	Status N1 No separate payment	Status N, items and services packaged into primary procedure APC rate. No separate payment		0F7_3DZ	Disorders of the biliary tract MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC/MCC	\$5,847	
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	\$152	\$476	3.00 13.19				0FB_3ZX		\$4,261	
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	\$164	\$1,021	3.28 28.30				0FC_3ZZ		\$10,185	
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	\$240	NA	4.21 NA	\$1,377	APC 5341	\$3,109	0WHG03Z	N/A⁸		
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	\$74	\$613	1.46 16.98	\$663	APC 5302	\$1,557	0D2_X0Z 0W2_X0Z			
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	\$36	\$36	0.72 0.99		Status N, items and services packaged into primary procedure APC rate. No separate payment		BF1__ZZ			

Select Peripheral Interventions										2020 Procedural Payment Guide	
Payer policies will vary and should be verified prior to treatment for limiations 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.											
Inpatient information effective through September 30, 2020   APC and ASC information effective through December 31, 2020  Physician fee information effective through December 31, 2020											
*National Average Medicare physician payment rates calculated using the 2019 conversion factor of \$36.0896											
CPT® Code¹	CPT Descriptions	*PHYSICIAN²			ASC³	HOSPITAL OUTPATIENT⁴		Possible ICD-10-PCS Codes⁵	HOSPITAL INPATIENT⁶	MS-DRG Payment⁶⁷	
		In-Hospital (-26)	In-Office (Global)	Work RVU Total RVU⁹	ASC Payment³	APC Category	APC Payment⁴		Possible MS-DRG Assignment		
Biliary Stenting											
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$391	NA	8.55 NA	\$3,252	APC 5361	\$4,833	0F7_4DZ	Disorders of the biliary tract MS-DRG 444 with MCC MS-DRG 445 with CC MS-DRG 446 without CC/MCC	\$5,847	
										\$4,261	
										\$10,185	
Radiological S&I Codes – Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)											
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	\$45	\$45	0.88 1.24	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment		BF00_ZZ BF10_ZZ BF12_ZZ		N/A ⁸	
Radiofrequency Ablation											
						go to APC list		go to ICD-10-PCS list			
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	\$1,314	NA	20.80	NA	APC 5362	\$8,412	0F5_4ZZ	Pancreas, Liver and Shunt Procedures MS-DRG 405 with MCC MS-DRG 406 with CC MS-DRG 407 without CC/MCC	\$5,876	
				NA						\$4,099	
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	\$775	\$4,522	14.97 125.30	\$2,194	APC 5361	\$4,833	0F5_3ZZ		\$33,995	
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	\$1,520	NA	24.56 NA	NA		NA	0F5_0ZZ			
Radiological S&I Codes – Billed in Conjunction with Procedure Code (Use physician modifier -26 as appropriate)											
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	\$106	\$106	2.00 2.93	NA	Status N, items and services packaged into primary procedure APC rate. No separate payment		BF4_ZZZ		N/A ⁸	

<sup>1</sup> Current Procedural Terminology (CPT) © 2019 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association

<sup>2</sup> Source: CMS website. Physician Fee Schedule – 2020 National Physician Fee Schedule Relative Value File: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F>

<sup>3</sup> Source: CMS website. ASC Addenda Updates: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1717-FC>

<sup>4</sup> Source: CMS website. 2020 OPPS Addendum B: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1717-FC>

<sup>5</sup> Source: CMS ICD-10-CM/PCS MS-DRG v36 Definitions Manual [https://www.cms.gov/ICD10Manual/version36-fullcode-cms/fullcode\\_cms/P0001.html](https://www.cms.gov/ICD10Manual/version36-fullcode-cms/fullcode_cms/P0001.html)

<sup>6</sup> Not intended as an all inclusive list of MS-DRGs.

<sup>7</sup> Procedure codes do not exist for this procedure because it does not drive the MS-DRG grouping.

<sup>8</sup> MS-DRG grouping is driven by other primary procedures that are performed in conjunction with this procedure.

<sup>9</sup> Total RVU is the relative value unit total for In-Facility calculation

APPENDIX A

APC Reference Table

APC Category	APC Payment	APC Description
5181	\$630	Level 1 Vascular Procedures
5182	\$1,631	Level 2 Vascular Procedures
5183	\$2,771	Level 3 Vascular Procedures
5191	\$2,850	Level 1 Endovascular Procedures
5192	\$4,953	Level 2 Endovascular Procedures
5193	\$9,907	Level 3 Endovascular Procedures
5194	\$15,938	Level 4 Endovascular Procedures
5211	\$987	Level 1 Electrophysiologic Procedures
5212	\$5,885	Level 2 Electrophysiologic Procedures
5213	\$20,433	Level 3 Electrophysiologic Procedures
5221	\$2,984	Level1 Pacemaker and Similar Procedures
5222	\$7,641	Level 2 Pacemaker and Similar Procedures
5223	\$10,251	Level 3 Pacemaker and Similar Procedures
5224	\$18,311	Level 4 Pacemaker and Similar Procedures
5231	\$22,710	Level 1 ICD and Similar Procedures
5232	\$32,279	Level 2 ICD and Similar Procedures
5301	\$699	Level 1 Upper GI Procedures
5302	\$1,334	Level 2 Upper GI Procedures
5341	\$3,109	Abdominal/Peritoneal/Biliary and Related Procedures
5341	\$2,862	Abdominal/Peritoneal/Biliary and Related Procedures
5361	\$4,197	Level 1 Laparoscopy and Related Services
5362	\$8,412	Level 2 Laparoscopy and Related Services
5723	\$416	Level 3 Diagnostic Tests and Related Services
5732	\$33	Level 2 Minor Procedures
5741	\$36	Level 1 Electronic Analysis of Devices

APPENDIX B

Category Code (C-Code) Reference Guide 2020

[BSC C-Code Finder Website](#)

C-Codes are VERY important to future reimbursement. Use of all applicable C-Codes on a claim allows identification of device(s) utilized in a procedure and may affect future payment rates.

Rhythm Management	
Category Codes	Category Code Description
C1721	Cardioverter-defibrillator, dual chamber (implantable)
C1729	Catheter, drainage
C1730	Catheter, electrophysiology, diagnostic, other than 3-D mapping (19 or fewer electrodes)
C1731	Catheter, electrophysiology, diagnostic, other than 3-D mapping (20 or more electrodes)
C1732	Catheter, electrophysiology, diagnostic/ablation, 3-D or vector mapping
C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3-D or vector mapping, other than cool-tip
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away
C1769	Guide Wire
C1772	Cardioverter-defibrillator, single chamber (implantable)
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
C1779	Lead, pacemaker, transvenous VDD Single pass
C1785	Pacemaker, dual chamber, rate-responsive (implantable)
C1786	Pacemaker, single chamber, rate-responsive (implantable)
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
C1887	Catheter, guiding (may include infusion/perfusion capability)
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed curve, other than peel-away
C1894	Introducer/sheath, other than guiding, intracardiac electrophysiological, non-laser
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
C1898	Lead, pacemaker, other than transvenous VDD single pass
C1900	Lead, coronary venous
C2621	Pacemaker, other than single or dual chamber (implantable)
C2628	Catheter, occlusion
C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3-D or vector mapping cool-tip



Interventional Cardiology	
Category Codes	Category Code Description
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1753	Catheter, intravascular ultrasound
C1757	Catheter, embolectomy/thrombectomy
C1769	Guide wire
C1874	Stent, coated/covered, with delivery system
C1876	Stent, noncoated/noncovered, with delivery system
C1884	Embolization protective system
C1887	Catheter, guiding (may include infusion/perfusion capability)
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser

Peripheral	
Category Codes	Category Code Description
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1753	Catheter, intravascular ultrasound
C1757	Catheter, thrombectomy, embolectomy
C1769	Guide wire
C1874	Stent, coated/covered, with delivery system
C1876	Stent, non-coated/non-covered, with delivery system
C1880	Vena cava filter
C1884	Embolization protective system
C1887	Catheter, guiding (may include infusion/perfusion capability)
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser
C2628	Catheter, occlusion

APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Rhythm Management	
Pacemaker Procedures	
0JH604Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH605Z	Insertion of Pacemaker, Single Chamber - Rate Responsive into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH606Z	Insertion of Pacemaker, Dual Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63JZ	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Approach
02H73JZ	Insertion of Pacemaker Lead into Left Atrium, Percutaneous Approach
02HK3JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach
02HL3JZ	Insertion of Pacemaker Lead into Left Ventricle, Percutaneous Approach
02H43JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Approach
0JPT0PZ	Removal of permanent pacemaker pulse generator only
4B02XSZ	Measurement of Cardiac Pacemaker, External Approach
CRT-P	
0JH607Z	Insertion of Cardiac Resynchronization Pacemaker Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63JZ	Insertion of Pacemaker Lead into Right Atrium, Percutaneous Approach
02HK3JZ	Insertion of Pacemaker Lead into Right Ventricle, Percutaneous Approach
02H43JZ	Insertion of Pacemaker Lead into Coronary Vein, Percutaneous Approach
Defibrillator Procedures	
0JH608Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
02H73KZ	Insertion of Defibrillator Lead into Left Atrium, Percutaneous Approach
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02HL3KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Approach
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach
0JH60FZ	Insertion of Subcuaneous Defibrillaor Lead into Chest Subcutaneous Tissue and Fascia, Open Approach
4B02XTZ	Measurement of Cardiac Defibrillator, External Approach
CRT-D	
0JH609Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach
Subcuataneous Cardiac Rhythm Monitor	
0JH632Z	Insertion of Monitoring Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT32Z	Removal of Monitoring Device from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach

APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Insertion of Cardiac Rhythm Related Device	
0JH60PZ	Insertion of Cardiac Rhythm Related Device into Chest Subcutaneous Tissue and Fascia, Open Approach
Removal of Cardiac Lead	
02PA0MZ	Removal of Cardiac Lead from Heart, Open Approach
02PA3MZ	Removal of Cardiac Lead from Heart, Percutaneous Approach
Revision of Cardiac Lead	
02WA0MZ	Revision of Cardiac Lead in Heart, Open Approach
02WA3MZ	Revision of Cardiac Lead in Heart, Percutaneous Approach
Removal of Cardiac Rhythm Related Device	
0JPT0PZ	Removal of Cardiac Rhythm Related Device from Trunk Subcutaneous Tissue and Fascia, Open Approach
Revision of Cardiac Rhythm Related Device in Trunk	
0JWT0PZ	Revision of Cardiac Rhythm Related Device in Trunk Subcutaneous Tissue and Fascia, Open Approach
WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure	
02L73DK	Occlusion of Left Atrial Appendage with Intraluminal Device, Percutaneous Approach
Programming ILR and Remote Interrogation of ICM and ILR (Professional and Technical Components)	
4A02X4Z	Measurement of Cardiac Electrical Activity, External Approach
In Person Interrogation of transvenous ICD, ICM and ILR	
4A12X42	Monitoring of Cardiac Electrical Activity, External Approach
4A02X9Z	Measurement of Cardiac Electrical Activity, External Approach
Electrophysiology Studies	
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
4A02X4Z	Measurement of Cardiac Electrical Activity, External Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
3E043GC	Introduction of Other Therapeutic Substance into Central Vein, Percutaneous Approach
3E033GC	Introduction of Other Therapeutic Substance into Peripheral Vein, Percutaneous Approach
3E043GC	Introduction of Other Therapeutic Substance into Central Vein, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach
02583ZZ	Destruction of Conduction Mechanism, Percutaneous Approach
02K83ZZ	Map Conduction Mechanism, Percutaneous Approach
02583ZZ	Destruction of Conduction Mechanism, Percutaneous Approach
4A0234Z	Measurement of Cardiac Electrical Activity, Percutaneous Approach

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APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
3E033KZ	Introduction of Other Diagnostic Substance into Peripheral Vein, Percutaneous Approach
3E043KZ	Introduction of Other Diagnostic Substance into Central Vein, Percutaneous Approach
4A12X9Z	Monitoring of Cardiac Output, External Approach
B244ZZ3	Ultrasonography of Right Heart, Intravascular
B245ZZ3	Ultrasonography of Left Heart, Intravascular
B246ZZ3	Ultrasonography of Right and Left Heart, Intravascular
B24BZZ3	Ultrasonography of Heart with Aorta, Intravascular
B24DZZ3	Ultrasonography of Pediatric Heart, Intravascular
B244ZZ4	Ultrasonography of Right Heart, Transesophageal
B245ZZ4	Ultrasonography of Left Heart, Transesophageal
B246ZZ4	Ultrasonography of Right and Left Heart, Transesophageal
B24BZZ4	Ultrasonography of Heart with Aorta, Transesophageal
B24CZZ4	Ultrasonography of Pericardium, Transesophageal
B24DZZ4	Ultrasonography of Pediatric Heart, Transesophageal
02563ZZ	Destruction of Right Atrium, Percutaneous Approach
02573ZZ	Destruction of Left Atrium, Percutaneous Approach

APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Interventional Cardiology	
Diagnostic Cardiac Catheterization	
4A020N6	Measurement of Cardiac Sampling and Pressure, Right Heart, Open Approach
4A020N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Open Approach
4A020N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Open Approach
4A023N6	Measurement of Cardiac Sampling and Pressure, Right Heart, Percutaneous Approach
4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach
4A023N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Percutaneous Approach
4A027N6	Measurement of Cardiac Sampling and Pressure, Right Heart, Via Natural or Artificial Opening
4A027N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Via Natural or Artificial Opening
4A027N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Via Natural or Artificial Opening
4A028N6	Measurement of Cardiac Sampling and Pressure, Right Heart, Via Natural or Artificial Opening Endoscopic
4A028N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Via Natural or Artificial Opening Endoscopic
4A028N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Via Natural or Artificial Opening Endoscopic
Angiography	
B2000ZZ	Plain Radiography of Single Coronary Artery using High Osmolar Contrast
B2001ZZ	Plain Radiography of Single Coronary Artery using Low Osmolar Contrast
B200YZZ	Plain Radiography of Single Coronary Artery using Other Contrast
B2010ZZ	Plain Radiography of Multiple Coronary Arteries using High Osmolar Contrast
B2011ZZ	Plain Radiography of Multiple Coronary Arteries using Low Osmolar Contrast
B201YZZ	Plain Radiography of Multiple Coronary Arteries using Other Contrast
B2020ZZ	Plain Radiography of Single Coronary Artery Bypass Graft using High Osmolar Contrast
B2021ZZ	Plain Radiography of Single Coronary Artery Bypass Graft using Low Osmolar Contrast
B202YZZ	Plain Radiography of Single Coronary Artery Bypass Graft using Other Contrast
B2030ZZ	Plain Radiography of Multiple Coronary Artery Bypass Grafts using High Osmolar Contrast
B2031ZZ	Plain Radiography of Multiple Coronary Artery Bypass Grafts using Low Osmolar Contrast
B203YZZ	Plain Radiography of Multiple Coronary Artery Bypass Grafts using Other Contrast
B2040ZZ	Plain Radiography of Right Heart using High Osmolar Contrast
B2041ZZ	Plain Radiography of Right Heart using Low Osmolar Contrast
B204YZZ	Plain Radiography of Right Heart using Other Contrast
B2050ZZ	Plain Radiography of Left Heart using High Osmolar Contrast
B2051ZZ	Plain Radiography of Left Heart using Low Osmolar Contrast
B205YZZ	Plain Radiography of Left Heart using Other Contrast
B2060ZZ	Plain Radiography of Right and Left Heart using High Osmolar Contrast
B2061ZZ	Plain Radiography of Right and Left Heart using Low Osmolar Contrast
B206YZZ	Plain Radiography of Right and Left Heart using Other Contrast

APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
B2070ZZ	Plain Radiography of Right Internal Mammary Bypass Graft using High Osmolar Contrast
B2071ZZ	Plain Radiography of Right Internal Mammary Bypass Graft using Low Osmolar Contrast
B207YZZ	Plain Radiography of Right Internal Mammary Bypass Graft using Other Contrast
B2080ZZ	Plain Radiography of Left Internal Mammary Bypass Graft using High Osmolar Contrast
B2081ZZ	Plain Radiography of Left Internal Mammary Bypass Graft using Low Osmolar Contrast
B208YZZ	Plain Radiography of Left Internal Mammary Bypass Graft using Other Contrast
B20F0ZZ	Plain Radiography of Other Bypass Graft using High Osmolar Contrast
B20F1ZZ	Plain Radiography of Other Bypass Graft using Low Osmolar Contrast
B20FYZZ	Plain Radiography of Other Bypass Graft using Other Contrast
B2100ZZ	Fluoroscopy of Single Coronary Artery using High Osmolar Contrast
B2101ZZ	Fluoroscopy of Single Coronary Artery using Low Osmolar Contrast
B210YZZ	Fluoroscopy of Single Coronary Artery using Other Contrast
B2110ZZ	Fluoroscopy of Multiple Coronary Arteries using High Osmolar Contrast
B2111ZZ	Fluoroscopy of Multiple Coronary Arteries using Low Osmolar Contrast
B211YZZ	Fluoroscopy of Multiple Coronary Arteries using Other Contrast
B2120ZZ	Fluoroscopy of Single Coronary Artery Bypass Graft using High Osmolar Contrast
B2121ZZ	Fluoroscopy of Single Coronary Artery Bypass Graft using Low Osmolar Contrast
B212YZZ	Fluoroscopy of Single Coronary Artery Bypass Graft using Other Contrast
B2130ZZ	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using High Osmolar Contrast
B2131ZZ	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using Low Osmolar Contrast
B213YZZ	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using Other Contrast
B2140ZZ	Fluoroscopy of Right Heart using High Osmolar Contrast
B2141ZZ	Fluoroscopy of Right Heart using Low Osmolar Contrast
B214YZZ	Fluoroscopy of Right Heart using Other Contrast
B2150ZZ	Fluoroscopy of Left Heart using High Osmolar Contrast
B2151ZZ	Fluoroscopy of Left Heart using Low Osmolar Contrast
B215YZZ	Fluoroscopy of Left Heart using Other Contrast
B2160ZZ	Fluoroscopy of Right and Left Heart using High Osmolar Contrast
B2161ZZ	Fluoroscopy of Right and Left Heart using Low Osmolar Contrast
B216YZZ	Fluoroscopy of Right and Left Heart using Other Contrast
B2170ZZ	Fluoroscopy of Right Internal Mammary Bypass Graft using High Osmolar Contrast
B2171ZZ	Fluoroscopy of Right Internal Mammary Bypass Graft using Low Osmolar Contrast
B217YZZ	Fluoroscopy of Right Internal Mammary Bypass Graft using Other Contrast
B2180ZZ	Fluoroscopy of Left Internal Mammary Bypass Graft using High Osmolar Contrast
B2181ZZ	Fluoroscopy of Left Internal Mammary Bypass Graft using Low Osmolar Contrast
B218YZZ	Fluoroscopy of Left Internal Mammary Bypass Graft using Other Contrast



APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
B21F0ZZ	Fluoroscopy of Other Bypass Graft using High Osmolar Contrast
B21F1ZZ	Fluoroscopy of Other Bypass Graft using Low Osmolar Contrast
B21FYZZ	Fluoroscopy of Other Bypass Graft using Other Contrast
Injection Diagnostic Cardiac Catheterization	
4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach
3E073KZ	Introduction of Other Diagnostic Substance into Coronary Artery, Percutaneous Approach
3E083KZ	Introduction of Other Diagnostic Substance into Heart, Percutaneous Approach
3E053KZ	Introduction of Other Diagnostic Substance into Peripheral Artery, Percutaneous Approach
3E063KZ	Introduction of Other Diagnostic Substance into Central Artery, Percutaneous Approach
3E073KZ	Introduction of Other Diagnostic Substance into Coronary Artery, Percutaneous Approach
3E083KZ	Introduction of Other Diagnostic Substance into Heart, Percutaneous Approach
3E053KZ	Introduction of Other Diagnostic Substance into Peripheral Artery, Percutaneous Approach
3E063KZ	Introduction of Other Diagnostic Substance into Central Artery, Percutaneous Approach
Coronary Angioplasty (PTCA), without stent	
02703Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Approach
02703ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Approach
02704Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach
02704ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Endoscopic Approach
02713Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach
02713ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Approach
02714Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach
02714ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach
02723Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach
02723ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Approach
02724Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach
02724ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach
02733Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach
02733ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Approach
02734Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach
02734ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach
Coronary Atherectomy, without stent	
02C03Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C04Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach
02C04ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Endoscopic Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach

APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C14Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach
02C14ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C24Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach
02C24ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach
02C33Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C34Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach
02C34ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach
<b>Bare Metal Coronary Stent with Angioplasty</b>	
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach
02703E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach
02703EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Approach
02703F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach
02703FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Approach
02703G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
02703GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Approach
02703T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach
02703TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Approach
02704D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02704DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Endoscopic Approach
02704E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach
02704EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach
02704F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach
02704FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach
02704G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
02704GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
02704T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02704TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02713D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02713DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach
02713EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Approach

APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
02713F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach
02713FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Approach
02713G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
02713GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Approach
02713T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach
02713TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Approach
02714D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02714DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Endoscopic Approach
02714E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach
02714EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach
02714F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach
02714FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach
02714G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
02714GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
02714T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02714TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02723D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02723DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach
02723E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach
02723EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Approach
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach
02723FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Approach
02723G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
02723GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Approach
02723T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach
02723TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Approach
02724D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02724DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Endoscopic Approach
02724E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach
02724EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach
02724F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach
02724FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach
02724G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
02724GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
02724T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02724TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach

APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
02733D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach
02733DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach
02733E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach
02733EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Approach
02733F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach
02733FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Approach
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
02733GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Approach
02733T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach
02733TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Approach
02734D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach
02734DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Endoscopic Approach
02734E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach
02734EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach
02734F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach
02734FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach
02734G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
02734GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach
02734T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
02734TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach
Drug-Eluting Coronary Stent with Angioplasty	
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0270356	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
0270366	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
0270376	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
0270446	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
0270456	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0270466	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0270476	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0271346	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
0271366	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
0271376	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
0271446	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
0271456	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0271466	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach

APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
0271476	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0272346	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0272356	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
0272376	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
0272446	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
0272456	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0272466	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0272476	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0273346	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
0273356	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
0273366	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
0273376	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
0273446	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
0273456	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0273466	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
0273476	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
027035Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
027036Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
027037Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
027044Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
027045Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
027046Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
027047Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
027134Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027135Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
027136Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
027137Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
027144Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
027145Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
027146Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
027147Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
027234Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027235Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
027236Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach



APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
027237Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
027244Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
027245Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
027246Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
027247Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
027334Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach
027335Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
027336Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
027337Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
027344Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
027345Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
027346Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
027347Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach
Intravascular Ultrasound	
B240ZZ3	Ultrasonography of Single Coronary Artery, Intravascular
B241ZZ3	Ultrasonography of Multiple Coronary Arteries, Intravascular
Fractional Flow Reserve	
4A033BC	Measurement of Arterial Pressure, Coronary, Percutaneous Approach
Thrombectomy	
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
Paravalvular Leak Repair	
02WF07Z	Revision of Autologous Tissue Substitute in Aortic Valve, Open Approach
02WF08Z	Revision of Zooplastic Tissue in Aortic Valve, Open Approach
02WF0JZ	Revision of Synthetic Substitute in Aortic Valve, Open Approach
02WF0KZ	Revision of Nonautologous Tissue Substitute in Aortic Valve, Open Approach
02WF47Z	Revision of Autologous Tissue Substitute in Aortic Valve, Percutaneous Endoscopic Approach
02WF48Z	Revision of Zooplastic Tissue in Aortic Valve, Percutaneous Endoscopic Approach
02WF4JZ	Revision of Synthetic Substitute in Aortic Valve, Percutaneous Endoscopic Approach
02WF4KZ	Revision of Nonautologous Tissue Substitute in Aortic Valve, Percutaneous Endoscopic Approach
02WG07Z	Revision of Autologous Tissue Substitute in Mitral Valve, Open Approach
02WG08Z	Revision of Zooplastic Tissue in Mitral Valve, Open Approach
02WG0JZ	Revision of Synthetic Substitute in Mitral Valve, Open Approach
02WG0KZ	Revision of Nonautologous Tissue Substitute in Mitral Valve, Open Approach



APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
02WG47Z	Revision of Autologous Tissue Substitute in Mitral Valve, Percutaneous Endoscopic Approach
02WG48Z	Revision of Zooplasic Tissue in Mitral Valve, Percutaneous Endoscopic Approach
02WG4JZ	Revision of Synthetic Substitute in Mitral Valve, Percutaneous Endoscopic Approach
02WG4KZ	Revision of Nonautologous Tissue Substitute in Mitral Valve, Percutaneous Endoscopic Approach
Structural Heart Procedures	
02RF37H	Replacement of Aortic Valve with Autologous Tissue Substitute, Transapical, Percutaneous Approach
02RF37Z	Replacement of Aortic Valve with Autologous Tissue Substitute, Percutaneous Approach
02RF38H	Replacement of Aortic Valve with Zooplasic Tissue, Transapical, Percutaneous Approach
02RF38Z	Replacement of Aortic Valve with Zooplasic Tissue, Percutaneous Approach
02RF3JH	Replacement of Aortic Valve with Synthetic Substitute, Transapical, Percutaneous Approach
02RF3JZ	Replacement of Aortic Valve with Synthetic Substitute, Percutaneous Approach
02RF3KH	Replacement of Aortic Valve with Nonautologous Tissue Substitute, Transapical, Percutaneous Approach
02RF3KZ	Replacement of Aortic Valve with Nonautologous Tissue Substitute, Percutaneous Approach
02RG37H	Replacement of Mitral Valve with Autologous Tissue Substitute, Transapical, Percutaneous Approach
02RG37Z	Replacement of Mitral Valve with Autologous Tissue Substitute, Percutaneous Approach
02RG38H	Replacement of Mitral Valve with Zooplasic Tissue, Transapical, Percutaneous Approach
02RG38Z	Replacement of Mitral Valve with Zooplasic Tissue, Percutaneous Approach
02RG3JH	Replacement of Mitral Valve with Synthetic Substitute, Transapical, Percutaneous Approach
02RG3JZ	Replacement of Mitral Valve with Synthetic Substitute, Percutaneous Approach
02RG3KH	Replacement of Mitral Valve with Nonautologous Tissue Substitute, Transapical, Percutaneous Approach
02RG3KZ	Replacement of Mitral Valve with Nonautologous Tissue Substitute, Percutaneous Approach
02UF37J	Supplement Aortic Valve created from Truncal Valve with Autologous Tissue Substitute, Percutaneous Approach
02UF37Z	Supplement Aortic Valve with Autologous Tissue Substitute, Percutaneous Approach
02UF38J	Supplement Aortic Valve created from Truncal Valve with Zooplasic Tissue, Percutaneous Approach
02UF38Z	Supplement Aortic Valve with Zooplasic Tissue, Percutaneous Approach
02UF3JJ	Supplement Aortic Valve created from Truncal Valve with Synthetic Substitute, Percutaneous Approach
02UF3JZ	Supplement Aortic Valve with Synthetic Substitute, Percutaneous Approach
02UF3KJ	Supplement Aortic Valve created from Truncal Valve with Nonautologous Tissue Substitute, Percutaneous Approach
02UF3KZ	Supplement Aortic Valve with Nonautologous Tissue Substitute, Percutaneous Approach
02UG37E	Supplement Mitral Valve created from Left Atrioventricular Valve with Autologous Tissue Substitute, Percutaneous Approach
02UG37Z	Supplement Mitral Valve with Autologous Tissue Substitute, Percutaneous Approach
02UG38E	Supplement Mitral Valve created from Left Atrioventricular Valve with Zooplasic Tissue, Percutaneous Approach
02UG38Z	Supplement Mitral Valve with Zooplasic Tissue, Percutaneous Approach
02UG3JE	Supplement Mitral Valve created from Left Atrioventricular Valve with Synthetic Substitute, Percutaneous Approach

APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
02UG3JZ	Supplement Mitral Valve with Synthetic Substitute, Percutaneous Approach
02UG3KE	Supplement Mitral Valve created from Left Atrioventricular Valve with Nonautologous Tissue Substitute, Percutaneous Approach
02UG3KZ	Supplement Mitral Valve with Nonautologous Tissue Substitute, Percutaneous Approach
X2RF332	Replacement of Aortic Valve using Zooplastic Tissue, Rapid Deployment Technique, Percutaneous Approach, New Technology Group 2
WATCHMAN™ Left Atrial Appendage Closure (LAAC) Procedure	
02L73DK	Occlusion of Left Atrial Appendage with Intraluminal Device, Percutaneous Approach

APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
Peripheral Interventions	
Percutaneous Transluminal Balloon Angioplasty	
04793ZZ	Dilation of Right Renal Artery, Percutaneous Approach
047A3ZZ	Dilation of Left Renal Artery, Percutaneous Approach
027W3ZZ	Dilation of Thoracic Aorta, Percutaneous Approach
04703ZZ	Dilation of Abdominal Aorta, Percutaneous Approach
03773ZZ	Dilation of Right Brachial Artery, Percutaneous Approach
03783ZZ	Dilation of Left Brachial Artery, Percutaneous Approach
03Q73ZZ	Repair Right Brachial Artery, Percutaneous Approach
03Q83ZZ	Repair Left Brachial Artery, Percutaneous Approach
B3110ZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using High Osmolar Contrast
B3111ZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using Low Osmolar Contrast
B311YZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using Other Contrast
B4120ZZ	Fluoroscopy of Hepatic Artery using High Osmolar Contrast
B4121ZZ	Fluoroscopy of Hepatic Artery using Low Osmolar Contrast
B412YZZ	Fluoroscopy of Hepatic Artery using Other Contrast
B51B0ZA	Fluoroscopy of Right Lower Extremity Veins using High Osmolar Contrast, Guidance
B51B1ZA	Fluoroscopy of Right Lower Extremity Veins using Low Osmolar Contrast, Guidance
B51BYZA	Fluoroscopy of Right Lower Extremity Veins using Other Contrast, Guidance
Iliac Artery Revascularization	
047C3ZZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
Femoral/Popliteal Artery Revascularization	
04CK3ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Approach
04CL3ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Approach
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach
047L3DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Approach
047M3DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach
047N3DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Approach
047K3Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Approach
047L3Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Percutaneous Approach
047M3Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach
047N3Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach

APPENDIX C

ICD-10-PCS Reference Table - Note that some procedures may require multiple procedure codes to be reported

ICD-10-PCS	Description
X27H385	Dilation of Right Femoral Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach
X27H395	Dilation of Right Femoral Artery with Three Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach
X27H3B5	Dilation of Right Femoral Artery with Four or More Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach
X27H3C5	Dilation of Right Femoral Artery with Two Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach
X27J385	Dilation of Left Femoral Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach
X27J395	Dilation of Left Femoral Artery with Three Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach
X27J3B5	Dilation of Left Femoral Artery with Four or More Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach
X27J3C5	Dilation of Left Femoral Artery with Two Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach
X27K385	Dilation of Proximal Right Popliteal Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach
X27K395	Dilation of Proximal Right Popliteal Artery with Three Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach
X27K3B5	Dilation of Proximal Right Popliteal Artery with Four or More Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach
X27K3C5	Dilation of Proximal Right Popliteal Artery with Two Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach
X27L385	Dilation of Proximal Left Popliteal Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach

**Disclaimer**

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