

## **CY2018 Final Medicare Rules Issued for Hospital Outpatient, Ambulatory Surgical Center and Physician Fee Schedule** *Interventional Cardiology, Peripheral Interventions & Rhythm Management*

On November 1, 2017, the Centers for Medicare and Medicaid Services (CMS) issued the CY2018 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule. On November 2, 2017, CMS issued the CY2018 Physician Fee Schedule (PFS) final rule. CMS finalized a number of policies intended to support care delivery, reduce burdens for health care providers, lower beneficiary out of pocket drug costs, enhance the patient-doctor relationship and promote transparency, flexibility and innovation in the delivery of care. The finalized policy and payment rates will become effective January 1 2018.

**Hospital Outpatient:** Final payment rates to increase by 1.35%

**Ambulatory Surgical Center:** Final payment rates to increase by 1.2%

**Physician Fee Schedule:** Final physician payments to increase by less than 0.41%

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

Table 1: CY2018 Outpatient Prospective Payment System (OPPS) final payment rate table

Table 2: CY2018 Ambulatory Surgical Center (ASC) final payment rate table

Table 3: CY2018 Physician Fee Schedule (PFS) final payment rate table

### **Hospital Outpatient Prospective Payment System**

For CY2018, CMS estimates that the final policies in this final rule would result in a 1.35% overall increase in OPPS payments to providers, and estimates that total OPPS payments for CY2018, including beneficiary cost-sharing, to the approximate 3,900 facilities paid under the OPPS (including general acute care hospitals, children's hospitals, cancer hospitals, and Community Mental Health Centers) would increase by approximately \$897 million compared to CY2017 payments.

CMS plans to continue to implement a 2.0% reduction in payments to hospitals failing to meet the requirements of the hospital outpatient quality reporting program.

**Transitional Pass-Through Payment (TPTP):** Device pass-through payments are intended to enable access to certain new medical devices that represent a substantial clinical improvement relative to existing diagnostic or therapeutic services. CMS is ending pass-through payments for drug-coated balloons (DCB) for peripheral angioplasty, lung biopsy plugs with delivery system, and high-frequency neurostimulator generator with rechargeable battery on December 31, 2017. The CMS received five applications for TPTP in CY2018, none of which were approved.

**Payment for Drugs Purchased with a 340B Program Discount:** Effective January 1, 2018, CMS will reimburse 340B-covered entities for drugs purchased at discounted rates under the 340B program at average sales price (ASP) minus 22.5%, a significant reduction from the current reimbursement rate of ASP plus 6%.

Drugs Purchased Under the 340B Program	Drugs Not Purchased Under the 340B Program
Average sales price (ASP) minus 22.5%	ASP plus 6%

The 340B program allows enrolled providers (covered entities) who serve larger populations of low-income or vulnerable patients, to purchase separately payable Part B drugs from manufacturers at discounted rates. CMS estimates that this alternative 340B drug payment methodology, which was finalized despite opposition, will save Medicare \$1.6 billion in CY2018. Providers who are impacted by the alternative 340B drug payment methodology must use a "JG" modifier on the same claim line as a drug purchased with a 340B discount, and organizations not impacted must use a "TB" modifier.

Comments on the CY2018 Proposed Rule signaled that, if the 340B methodology is finalized, CMS should redistribute the savings among safety net hospitals, ensuring that the funds go to services for the most vulnerable populations. CMS has chosen to redistribute the \$1.6 billion in savings for all non-drug services furnished by all OPSS reimbursed facilities. CMS' decision, shifts OPSS payments from drug to non-drug services and increases CY2018 OPSS payment rates for non-drug items and services by 3.2%.

**Medicare Inpatient-Only (IPO) List:** The Medicare inpatient-only (IPO) list includes procedures that are only eligible for reimbursement in a hospital inpatient basis and therefore not paid under OPSS. Each year, CMS uses established criteria to review the IPO list and determine whether or not any procedures should be removed from the list. For CY2018, CMS is removing total knee arthroplasty (27447) from the IPO list as well as five other laparoscopic procedures (43282, 43772, 43773, 43774, and 55866).

An important update is that CMS is adding PCI for Acute Myocardial Infarction (AMI) procedure to the IPO after consideration of public comments that this procedure is performed on emergency AMI patients: **92941 - Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary *stent, atherectomy and angioplasty*, including aspiration thrombectomy when performed, single vessel**, to the IPO list in response to public comments.

**Hospital Outpatient Quality Reporting (OQR) Program:** CMS is focused on reducing burden of provider requirements while balancing the value of quality data. CMS is finalizing its proposals to remove 6 measures in CY2020 and CY2021, resulting in an estimated burden reduction of 457,490 hours and saving \$16.7 million in CY2020 for hospitals.

**Radiology and Imaging Procedures and Services:** For CY2018, CMS reviewed the services assigned to the imaging without contrast (APCs 5521 - 5524) and imaging with contrast (APCs 5571 - 5573). Specifically, CMS evaluated the resource costs and clinical coherence of the procedures associated with the four levels of imaging without contrast APCs, and the three levels of imaging with contrast APCs; as well as identified and corrected any 2 times rule violations. After consideration of the public comments and suggestions received, CMS is not finalizing their proposal to add a fifth level to the Imaging without Contrast APC series. Instead, CMS is maintaining the CY2017 APC structure of four levels of Imaging Without Contrast APCs, and making minor reassignments to the HCPCS codes within this series to resolve or mitigate any violations of the 2 times rule or both.

**Comprehensive APCs (C-APCs):** Implemented in CY2015, C-APCs provide a single all-inclusive payment for a primary service and all supporting adjunct services (similar to inpatient MS-DRG payment). For CY2018, CMS is not creating any new C-APCs. As of January 1, 2018, there will be a total of 62 C-APCs. Medicare currently uses C-APCs to pay for pacemaker, ICD and similar procedures, electrophysiological (EP) procedures, and endovascular procedures (coronary and peripheral). CMS believes the current C-APC levels for the endovascular C-APC family provide an appropriate distinction between the resource costs at each level and provide clinical homogeneity and therefore makes no changes for 2018. This policy only impacts the Outpatient Hospital Setting currently and it does not apply to Ambulatory Surgical Centers.

## Payment impact for interventional cardiology, peripheral interventions and rhythm management are as follows:

### Interventional Cardiology

- Payment for Complex Percutaneous Coronary Interventions (Complex PCIs) assigned to APC 5194 (DES CTO PCI, DES AMI PCI, Stent with Atherectomy), will increase by 8.37% to \$16,019.
- Payment for Percutaneous Coronary Interventions (PCIs) assigned to APC 5193 (DES PTCA, BMS PTCA, BMS CTO, Atherectomy without stents) will increase by 7.77% to \$10,510.

### Peripheral Interventions

- Drug-Coated Balloon (DCB) – CMS will discontinue transitional pass-through payment (TPTP) for DCB in CY2018.
- CMS is reassigning venous and arterial percutaneous mechanical thrombectomy to C-APC 5192.
- Percutaneous Transluminal Angioplasty procedures in APC 5192 will see increased reimbursement of 5.38%
- Peripheral stent, atherectomy or embolization procedures will increase by 7.77%
- Reimbursement for combined PTA/stenting/atherectomy procedures will increase by 8.37%

### Rhythm Management

- ICD system implant (including S-ICD) payment rates will increase 1.42% to \$30,960 and ICD replacements will increase 0.50% to \$22,109.
- Pacemaker system implant payment rates will increase by 3.54% to \$9,747 and pacemaker single chamber replacements will increase by 5.65% to \$7,370.
- Payment rates for ablation procedures performed in conjunction with a comprehensive EP study will increase by 10.31% to \$18,515.
- CPT 33215, Reposition pacing-defibrillator lead, changed from APC 5182 Level 1 Vascular Procedures to APC 5183 Level 2 Vascular Procedures resulting in a 5.6% payment increase.

See Table 1 at the end of this document for details on interventional cardiology, peripheral interventions, and rhythm management OPPS procedures.

## Ambulatory Surgical Center (ASC)

For CY2018, CMS finalized an increase in payment rates by 1.2% for ASCs that meet the quality reporting requirements under the Ambulatory Surgical Center Quality Reporting (ASCQR) Program.

## Payment impact for interventional cardiology, peripheral interventions and rhythm management are as follows:

### Interventional Cardiology

- CMS received requests for Percutaneous Coronary Interventions (PCIs) to be performed in the ASC. CMS, evaluated and acknowledged that some of the procedures may be “surgery-like.” But for safety reasons, CMS ruled these procedures (PCIs) may impose a significant safety risk to the Medicare population in the ASC. For CY2018, Interventional Cardiology procedures are not allowed in the ASC, so there are no applicable changes.

### Peripheral Interventions

- Payment rates for Lower Extremity Arterial and mechanical thrombectomy procedures performed in the ASC will increase by 4.22%.
- Payment rates Dialysis circuit revascularization procedures performed in the ASC will decrease by 17.95%.

### Rhythm Management

- Pacemaker dual chamber system implant payment rates will increase by 2.86% to \$8,010 and pacemaker single chamber, ventricular lead will increase by 2.95% to \$7,832.
- Payment rates for pacemaker single chamber replacement will increase by 3.57% to \$5,857, dual chamber by 2.57% to \$7,807, and Multiple Lead by 3.21% to \$12,781.
- ICD system implant payment rates will increase by 2.35% to \$27,339 and S-ICD payment will increase by 2.46% to \$27,263.

See Table 2 at the end of this document for details on peripheral interventions, and rhythm management ASC procedures.

## Physician Fee Schedule (PFS)

The overall update to payments under the PFS based on the finalized CY 2018 rates will be +0.41 percent. This update reflects the +0.50 percent update established under the Medicare Access and CHIP Reauthorization Act of 2015, reduced by 0.09 percent, due to the misvalued code target recapture amount, required under the Achieving a Better Life Experience Act of 2014. After applying these adjustments, and the budget neutrality adjustment to account for changes in Relative Value Units, all required by law, the final 2018 PFS conversion factor is \$35.996, an increase to the 2017 PFS conversion factor of \$35.887.

**Malpractice (MP) RVUs:** In the CY2018 PFS proposed rule, CMS asked for comments on their proposal “to use the most recent data for the proposed MP RVUs for CY 2018 and to align the update of MP premium data and MP GPCIs to once every 3 years.”

CMS noted that many commenters identified issues with the MP data, particularly for cardiology, and they are therefore not finalizing their proposal to use the most recent data for the proposed MP RVUs for CY2018; and to align the update of MP premium data and MP GPCIs to once every 3 years.

**Appropriate Use Criteria (AUC):** First introduced in the CY2016 Physician Fee Schedule (PFS) Final Rule. More policies were added to the AUC in the CY2017 PFS Final Rule. The evidence-based AUC will help clinicians who order and furnish advanced diagnostic imaging services make the most appropriate clinical treatment decisions. The impact of this program is extensive as it will apply to every physician or other practitioner who orders or furnishes advanced diagnostic imaging services; such as magnetic resonance imaging (MRI), computer tomography (CT) or positron emission tomography (PET).

For CY2018, CMS is delaying the effective date for the AUC consultation and reporting requirements from this program from January 1, 2019 as proposed to January 1, 2020. On January 1, 2020, the program will begin with an educational and operations testing period and during this time CNS will continue to pay claims whether or not they correctly include such information. Ordering professionals must consult specified applicable AUC through qualified CDSMs for applicable imaging services furnished in an applicable setting, paid for under an applicable payment system and ordered on or after January 1, 2020; and furnishing professionals must report the AUC consultation information on the Medicare claim for these services ordered on or after January 1, 2020.

**Medicare Shared Savings Program:** CMS proposed several modifications to the rules for accountable care organizations (ACOs) participating in the Medicare Shared Savings Program. These modifications are designed to reduce burden and streamline program operations. In the CY2018 Final Rule, CMS is finalizing some of proposed policies below.

- Modifications to how services furnished by RHCs and FQHCs are used for purposes of beneficiary assignment to an ACO as a result of the 21<sup>st</sup> Century Cures Act, including reducing reporting burden for ACOs that include RHCs and FQHCs;
- Modifications to the assignment methodology to include new Chronic Care Management (CCM) and Behavioral Health Integration (BHI) codes in CMS' definition of primary care services;
- Revisions to CMS application requirements to reduce burden for ACO applicants seeking to participate in the Shared Savings Program and for ACOs applying to use the SNF 3-Day Rule Waiver.

**Site Neutral Payments:** CMS is finalizing policies that dictate unless grandfathered, services provided at off-campus PBDs would no longer be paid under OPPS. For CY 2017, these facilities are paid 50% of the OPPS payment rates. For CY2018, CMS proposed cutting these rates to 25% of the OPPS rate. After response from commenters, CMS finalizes the payment cut to a more modest 40% of the OPPS rate for CY2018.

**Physician Quality Programs:** The Physician Quality Reporting System (PQRS) is being replaced by the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program (QPP). To create better alignment between PQRS and the MIPS quality performance requirements, CMS is finalizing their proposal to require reporting only six measures instead of nine for 2018 quality payment calculations. CMS is proposing similar changes under the Medicare Electronic Health Record Incentive Program.

**Medicare Telehealth Services:** CMS is adding several new codes to the list of Medicare telehealth services. Although CMS expects these changes to have the potential to increase access to care in rural areas, based on recent telehealth utilization of services already on the list, including services similar to the proposed additions, CMS estimates there will only be a negligible impact on PFS expenditures from the proposed additions. Additionally, CMS is finalizing the proposal to eliminate the required reporting of the telehealth modifier GT for professional claims in an effort to reduce administrative burden for practitioners.

**Physician Payment impact for interventional cardiology, peripheral interventions and rhythm management are as follows:**

#### **Interventional Cardiology**

- Final payment for chronic total occlusion (CTO) PCIs will increase 0.2% to \$696.
- Final payment for atherectomy with stent is unchanged at \$694.
- Final payment for stent/percutaneous transluminal coronary angioplasty (PTCA) will increase 0.1% to \$620.

#### **Structural Heart**

- Final payment rates for Transcatheter Aortic Valve Replacement (TAVR) is stable with a combined average decrease of 0.2% over a range of \$1,421 - \$2,015.
- Final payment rate for Watchman™ Left Atrial Appendage Closure Device to decrease by 0.3% to \$831.

#### **Peripheral Interventions**

- Physician payments for PI procedures performed in the hospital will increase 1.96%.
- Physician payments for PI procedures performed in physician offices (OBLs) will increase 0.65%.

#### **Rhythm Management**

- ICD system implant payment rates would increase by 0.38% to \$959
- CRT-D system implant payment rates would increase by 0.35% to \$1,451
- S-ICD system implant payment rates would decrease by -3.32% to \$594
- ICD/CRT-D generator replacements payment rates on average would increase on average by .40% with a payment range of \$389-\$423
- Dual chamber pacemaker system implant payment rates would increase by 0.24% to \$545
- Dual chamber pacemaker replacement payment rates would increase by 0.60% to \$370
- Impact on ablation procedures with an EP study would increase on average by 0.22% with a payment range of \$876 -\$1,176
- WATCHMAN Left Atrial Appendage Closure (LAAC) implant procedure would decrease by 0.25% to \$831

See Table 3 at the end of this document for details on interventional cardiology, peripheral interventions, and rhythm management PFS procedures.

## COMMENTS / QUESTIONS

If you have questions or would like additional information contact:

### **Interventional Cardiology (IC), Peripheral Interventions (PI) and Rhythm Management (RM)**

For reimbursement questions - call **1.800.CARDIAC (227-3422)** and request the Reimbursement Customer Support Line. You will need to leave a brief voice mail and your call will be returned with 1-2 business days. Or, email questions to: [CRM.Reimbursement@bsci.com](mailto:CRM.Reimbursement@bsci.com)

## SOURCE INFORMATION

Read the full CY2018 Final OPPI Rule (CMS-1678-FC) at the following link:

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23932.pdf>

Read the full CY2018 Final Physician Fee Schedule (CMS-1676-F) at the following Link:

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23953.pdf>

Read: Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2018: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-24067.pdf>

**Disclaimer:** Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters.

It is always the provider's responsibility to understand and comply with national coverage determinations (NCD), local coverage determinations (LCD) and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific does not promote the use of its products outside their FDA-approved label.

CPT® Copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/ DFARS Restrictions apply to Government Use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

**Table 1: CY2018 Hospital Outpatient Final Payment Rates for Select Procedures**

**Final 2018 OPPS Rates Compared to Final 2017**

APC	Status Indicator <sup>1</sup>	Descriptor	CY2018 Final Rate	CY2017 Final Rate	Variance 2018 Final vs. 2017 Final	% YoY Change
<b>Interventional Cardiology</b>						
5191	J1	<b>Level 1 Endovascular Procedures</b> Diagnostic Cardiac Catheterization	\$2,813	\$2,834	-\$20	-0.71%
5192	J1	<b>Level 2 Endovascular Procedures</b> POBA Complexity Adjustments: Right heart cath + Right heart cath (93451 + 93451), Coronary artery angio s&l + Endoluminl ivus oct c 1st ( 93454 + 92978); Coronary art/grft angio s&l + Endoluminl ivus oct c 1st (93455 + 92978); Coronary art/grft angio s&i + Heart flow reserve measure (93455 + 93571), R hrt coronary artery angio + Endoluminl ivus oct c 1st (93456 + 92978); R hrt coronary artery angio + Heart flow reserve measure (93456 + 93571); R hrt art/grft angio + Heart flow reserve measure (93457 + 93571); L hrt artery/ventricle angio + Endoluminl ivus oct c 1st (93458 + 92978); L hrt artery/ventricle angio + Coronary artery angio s&i (93458 + 93454); L hrt artery/ventricle angio + L hrt artery/ventricle angio (93458 + 93458); L hrt artery/ventricle angio + Heart flow reserve measure (93458 + 93571); L hrt art/grft angio + Endoluminl ivus oct c 1st (93459 + 92978); L hrt art/grft angio + Coronary art/grft angio s&i (93459 + 93455); L hrt art/grft angio + Heart flow reserve measure (93459 + 93571); R&l hrt art/ventricle angio + Endoluminl ivus oct c 1st (93460 + 92978); R&l hrt art/ventricle angio + Heart flow reserve measure (93460 + 93571); R&l hrt art/ventricle angio + Heart flow reserve measure (93461 + 93571)	\$5,085	\$4,825	\$259	5.38%
5193	J1	<b>Level 3 Endovascular Procedures</b> DES w/ PTCA (C9600), DES Bypass Graft (C9604), BMS w/ PTCA (92928), BMS Bypass Graft (92937), BMS CTO PCI (92943), PTCA/Atherectomy (92924) Complexity Adjustments: Prq cardiac angioplast 1 art + Prq cardiac angioplast 1 art (92920 + 92920), Revision of aortic valve + R&l hrt cath w/ventriclgrphy (92986 + 93453); Revision of aortic valve + R&l hrt art/ventricle angio (92986 + 93460);	\$10,510	\$9,752	\$757	7.77%
5194	J1	<b>Level 4 Endovascular Procedures</b> DES CTO PCI (C9607), DES AMI PCI (C9606), DES w/Atherectomy (C9602), BMS w/Atherectomy (92933) Complexity Adjustments: Prq card angio/athrect 1 art + DES (92924 + C9600), Perc drug-el cor stent sing + Insrt heart pm atrial & vent (C9600 + 33208); Perc drug-el cor stent sing + Insert electr d/pm cath sngl (C9600 + 33210); Perc drug-el cor stent sing + Implant pat-active ht record (C9600 + 33282); Perc d-e cor revasc t cabg s + Perc drug-el cor stent sing (C9604 + C9600);	\$16,019	\$14,782	\$1,237	8.37%
<b>BSC currently has no stents FDA-approved for CTOs</b>						

See page 6 for important information about the uses and limitations of this document.

CPT® Copyright 2017 American Medical Association.

All rights reserved. CPT is a registered trademark of the American Medical Association

**Table 1: CY2018 Hospital Outpatient Final Payment Rates for Select Procedures**

**Final 2018 OPPS Rates Compared to Final 2017**

APC	Status Indicator <sup>1</sup>	Descriptor	CY2018 Final Rate	CY2017 Final Rate	Variance 2018 Final vs. 2017 Final	% YoY Change
<b>Peripheral Interventions</b>						
5192	J1	<b>Level 2 Endovascular Procedures</b>	\$5,085	\$4,825	\$259	5.38%
		Iliac PTA (37220), FemPop PTA (37224), Dialysis Circuit PTA (36902), Dialysis Circuit Thombectomy (36904), Arterial Mechanical Thrombectomy (37184), Venous Mechanical Thrombectomy (37187)				
5193	J1	<b>Level 3 Endovascular Procedures</b>	\$10,510	\$9,752	\$757	7.77%
		TibPer PTA (37228), Iliac Stent (37221), FemPop Atherectomy (37225), FemPop Stent (37226), Vasc Embolization (37241-37244), Dialysis Circuit Thrombectomy + PTA (36905), Dialysis Circuit Stent + PTA (36903)				
5194	J1	<b>Level 4 Endovascular Procedures</b>	\$16,019	\$14,782	\$1,237	8.37%
		FemPop Stent & Atherectomy (37227), TibPer Atherectomy (37229), TibPer Stent (37230), TibPer Stent & Atherectomy (37231), Dialysis Circuit Thrombectomy + Stent + PTA (36906)				
		Complexity Adjustments: Iliac Stent + Vasc Stent (37221 + 37236), FemPop Ather + Iliac Stent (37225 + 37221), FemPop Ather + FemPop Stent (37225 + 37226), FemPop Ather + Vasc Stent (37225 + 37236), FemPop Stent + Iliac Stent (37226 + 37221), FemPop Stent + FemPop Stent (37226 + 37226), FemPop Stent + Vasc Stent (37226 + 37236), Vasc Stent + Vasc Stent (37238 + 37238), Vasc Stent + Vasc Embolization (37238 + 37241), Vasc Embolization + Iliac Stent (37242 + 37221), Vasc Embolization + Vasc Embolization (37242 + 37243), Iliac Stent + Art Mech. Thromb (37221 +37184), FemPop Ather + Art Mech. Thromb (37225 +37184), FemPop Stent (37226 + 37184), Vasc Stent + Venous Mech Thromb (37238 +37187)				
		Combinations below as listed within CMS' Addendum J: Intro cath dialysis circuit + Stent plmt ctr dialysis seg (369X3 + 368X8), Thrmbc/nfs dialysis circuit + Stent plmt ctr dialysis seg (369X5 + 368X8)				
<b>BSC currently has no stent approved for use in the veins of the lower extremities</b>						

See page 6 for important information about the uses and limitations of this document.

CPT® Copyright 2017 American Medical Association.

All rights reserved. CPT is a registered trademark of the American Medical Association



**Table 1: CY2018 Hospital Outpatient Final Payment Rates for Select Procedures**

**Final 2018 OPPS Rates Compared to Final 2017**

APC	Status Indicator <sup>1</sup>	Descriptor	CY2018 Final Rate	CY2017 Final Rate	Variance 2018 Final vs. 2017 Final	% YoY Change
<b>Rhythm Management</b>						
5191	J1	<b>Diagnostic Cardiac Catheterization</b>	\$2,813	\$2,834	-\$20	-0.71%
5211	J1	<b>Level 1 Electrophysiologic Procedures</b>	\$909	\$867	\$42	4.89%
		Right ventricular recording (93603)				
		Induction of arrhythmia (93618)				
		DFT testing not at implant (93642)				
5212	J1	<b>Level 2 Electrophysiologic Procedures</b>	\$5,314	\$5,006	\$308	6.14%
		Bundle of HIS recording (93600)				
		Intra-atrial recording (93602)				
		Intra-atrial pacing (93610)				
		Intraventricular pacing (93612)				
		Comprehensive EP study without induction (93619)				
		Comprehensive EP study with induction (93620)				
EP follow up study (93624)						
		AV Node Ablation (93650)				
5213	J1	<b>Level 3 Electrophysiologic Procedures</b>	\$18,515	\$16,785	\$1,730	10.30%
		SVT ablation with EP study (93653)				
		VT ablation with EP study (93654)				
		A Fib ablation with EP study (93656)				
5221	T	<b>Level1 Pacemaker and Similar Procedures</b>	\$2,868	\$2,560	\$308	12.04%
		Repair single transvenous electrode (33218)				
		Repair 2 transvenous electrodes (33220)				
		Removal of transvenous pacemaker electrode - single (33234)				
		Removal of transvenous pacemaker electrode - dual (33235)				
		Removal of ICD pulse generator only (33241)				
		Removal of ICD electrode(s) (33244)				
Removal of S-ICD electrode (33272)						
		Repositioning of S-ICD electrode (33273)				
<b>BSC currently has no FDA-approved ablation catheters for the treatment of atrial fibrillation</b>						

See page 6 for important information about the uses and limitations of this document.

CPT® Copyright 2017 American Medical Association.

All rights reserved. CPT is a registered trademark of the American Medical Association

**Table 1: CY2018 Hospital Outpatient Final Payment Rates for Select Procedures**

**Final 2018 OPPS Rates Compared to Final 2017**

APC	Status Indicator <sup>1</sup>	Descriptor	CY2018 Final Rate	CY2017 Final Rate	Variance 2018 Final vs. 2017 Final	% YoY Change
5222	J1	<b>Level 2 Pacemaker and Similar Procedures</b>	\$7,370	\$6,977	\$394	5.65%
		Insertion of single chamber pacemaker generator only (33212)				
		Insertion of single transvenous electrode, pacemaker or ICD (33216)				
		Insertion of 2 transvenous electrodes, pacemaker or ICD (33217)				
		Single chamber pacemaker change out (33227)				
		Removal of pacemaker generator only (33233)				
Insertion of S-ICD electrode (33271)						
5223	J1	<b>Level 3 Pacemaker and Similar Procedures</b>	\$9,747	\$9,414	\$334	3.54%
		Insertion of single and dual chamber pacemaker (33206,33207,				
		Insertion of dual chamber pacemaker generator only (33213)				
		Upgrade of single to dual chamber pacemaker (33214)				
		LV lead insertion with attachment to previously placed device (33224)				
		Dual chamber pacemaker change out (33228)				
Removal of PM generator + LV pacing lead add-on (33233 + 33225)						
Implant pat-active ht record + EP Eval (33282 + 93619)						
5224	J1	<b>Level 4 Pacemaker and Similar Procedures</b>	\$17,584	\$16,767	\$817	4.88%
		Insertion of multiple lead pacemaker generator only (33221)				
		Multiple lead pacemaker change out (33229)				
5231	J1	<b>Level 1 ICD and Similar Procedures</b>	\$22,109	\$22,000	\$109	0.50%
		Insertion of single and dual lead defibrillator pulse generator only (33240,33230)				
		Single or dual lead ICD change out (33262, 33263)				
5232	J1	<b>Level 2 ICD and Similar Procedures</b>	\$30,960	\$30,527	\$433	1.42%
		Insertion of multiple lead defibrillator pulse generator only (33231)				
		Insertion of single or dual chamber transvenous ICD system (33249)				
		Multiple lead ICD change out (33264)				
		Insertion of subcutaneous ICD system (33270)				
CRT-D system implant (33249 + 33225)						

<sup>1</sup> Status Indicator (Source: CMS OPPS Addendum D1)

J1 - Hospital part B services paid through comprehensive APC

T - Procedure or service, multiple procedure reduction applies

**Table 2: Ambulatory Surgical Center (ASC)  
ASC CY2018 Final Payment Rates for Select Procedures**

CPT®	Abbreviated (Partial) Description	CY2018 Final Payment	CY2017 Final Payment	Variance 2018 Final vs. 2017 Final	
		\$	\$	\$	%
<b>Peripheral Interventions</b>					
<b>Iliac Artery Revascularization</b>					
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$2,525	\$2,213	\$312	14.11%
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$6,402	\$5,904	\$498	8.43%
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)	\$0	\$0	NA	NA
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)	\$0	\$0	NA	NA
<b>Femoral/Popliteal Artery Revascularization</b>					
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$2,525	\$3,494	(\$969)	-27.73%
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within same vessel, when performed	\$7,024	\$7,177	(\$153)	-2.14%
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$6,749	\$6,425	\$324	5.04%
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	\$10,864	\$10,532	\$332	3.16%

**Table 2: Ambulatory Surgical Center (ASC)  
ASC CY2018 Final Payment Rates for Select Procedures**

CPT®	Abbreviated (Partial) Description	CY2018 Final Payment	CY2017 Final Payment	Variance 2018 Final vs. 2017 Final	
		\$	\$	\$	%
<b>Tibial / Peroneal Artery Revascularization</b>					
37228	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$4,481	\$4,193	\$288	6.87%
37229	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$10,228	\$9,479	\$749	7.90%
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	\$10,207	\$9,508	\$700	7.36%
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	\$10,276	\$9,384	\$892	9.50%
37232	Revascularization, endovascular, open or percutaneous, tibial\peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code fore primary procedure)	\$0	\$0	NA	NA
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 fore primary procedure)	\$0	\$0	NA	NA
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 fore primary procedure)	\$0	\$0	NA	NA
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 fore primary procedure)	\$0	\$0	NA	NA

**Table 2: Ambulatory Surgical Center (ASC)**

**ASC CY2018 Final Payment Rates for Select Procedures**

CPT®	Abbreviated (Partial) Description	CY2018 Final Payment	CY2017 Final Payment	Variance 2018 Final vs. 2017 Final	
		\$	\$	\$	%
<b>Vascular Stent</b>					
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	\$4,481	\$4,193	\$288	6.87%
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)	\$0	\$0	NA	NA
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	\$6,518	\$5,916	\$602	10.18%
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)	\$0	\$0	NA	NA
<b>BSC currently has no stent approved for use in the veins of the lower extremities</b>					

**Table 2: Ambulatory Surgical Center (ASC)  
ASC CY2018 Final Payment Rates for Select Procedures**

CPT®	Abbreviated (Partial) Description	CY2018 Final Payment	CY2017 Final Payment	Variance 2018 Final vs. 2017 Final	
		\$	\$	\$	%
<b>Dialysis Circuit</b>					
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	\$319	\$370	(\$51)	-13.72%
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	\$2,525	\$2,983	(\$458)	-15.37%
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	\$4,481	\$5,653	(\$1,172)	-20.74%

**Table 2: Ambulatory Surgical Center (ASC)  
ASC CY2018 Final Payment Rates for Select Procedures**

CPT®	Abbreviated (Partial) Description	CY2018 Final Payment	CY2017 Final Payment	Variance 2018 Final vs. 2017 Final	
		\$	\$	\$	%
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)	\$2,525	\$2,983	(\$458)	-15.37%
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	\$4,481	\$5,653	(\$1,172)	-20.74%
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	\$6,926	\$8,850	(\$1,925)	-21.75%

**Table 2: Ambulatory Surgical Center (ASC)  
ASC CY2018 Final Payment Rates for Select Procedures**

CPT®	Abbreviated (Partial) Description	CY2018 Final Payment	CY2017 Final Payment	Variance 2018 Final vs. 2017 Final	
		\$	\$	\$	%
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)	\$0	\$0	NA	NA
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)	\$0	\$0	NA	NA
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)	\$0	\$0	NA	NA
<b>Thrombectomy</b>					
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$2,525	\$2,951	(\$426)	-14.43%
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$2,525	\$2,122	\$403	19.00%
<b>Biliary Stenting</b>					
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$2,097	\$3,000	(\$903)	-30.09%
49421	Insert abdom drain, perm	\$1,333	\$1,455	(\$122)	-8.39%
49423	Exchange drainage catheter	\$628	\$609	\$19	3.12%



**Table 2: Ambulatory Surgical Center (ASC)  
ASC CY2018 Final Payment Rates for Select Procedures**

CPT®	Abbreviated (Partial) Description	CY2018 Final Payment	CY2017 Final Payment	Variance 2018 Final vs. 2017 Final	
		\$	\$	\$	%
<b>Rhythm Management</b>					
33206	Pacemaker - single chamber system, atrial lead	\$7,778	\$7,730	\$49	0.63%
33207	Pacemaker - single chamber system, ventricular lead	\$7,832	\$7,608	\$224	2.95%
33208	Pacemaker - dual chamber system implant	\$8,010	\$7,787	\$223	2.86%
33240	Insertion of ICD / S-ICD pulse generator only with existing lead	\$20,002	\$19,348	\$654	3.38%
33249	ICD system implant	\$27,339	\$26,712	\$628	2.35%
33270	S-ICD system implant	\$27,263	\$26,609	\$655	2.46%
33249 + 33225	CRT-D System implant (33249 & 33225 when performed on the same day)	\$27,339	\$26,712	\$628	2.35%
33227	Pacemaker - single chamber replacement	\$5,857	\$5,655	\$202	3.57%
33228	Pacemaker - dual chamber replacement	\$7,807	\$7,612	\$196	2.57%
33229	Pacemaker - multiple lead replacement	\$12,781	\$12,383	\$398	3.21%
33262	Defibrillator - single chamber replacement	\$19,387	\$19,173	\$214	1.12%
33263	Defibrillator - dual chamber replacement	\$19,514	\$19,364	\$150	0.77%
33264	Defibrillator - multiple lead replacement	\$27,390	\$26,832	\$558	2.08%

**Table 3: Physician Fee Schedule (PFS) CY2018 Final Rule Payment Rates**

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			Rate	Variance vs. 2017 Final	%	Rate	Variance vs. 2017 Final	%
			\$	\$	%	\$	\$	%
<b>Interventional Cardiology</b>								
<b>Diagnostic Catheterization</b>								
93451	26	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	\$136	\$0	0.05%	NA	NA	NA
93451			NA	NA	NA	\$745	\$8	1.09%
93452	26	Left heart catheterization including intraprocedural injection(s) for left ventriculography; imaging supervision and	\$249	\$1	0.31%	NA	NA	NA
93452			NA	NA	NA	\$847	\$8	1.00%
93453	26	Combined right heart cath and left heart catheterization including intraprocedural injection(s) for left ventriculography,	\$333	\$1	0.31%	NA	NA	NA
93453			NA	NA	NA	\$1,101	\$12	1.10%
93454	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$252	\$0	0.02%	NA	NA	NA
93454			NA	NA	NA	\$859	\$8	0.94%
93455	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$294	\$1	0.31%	NA	NA	NA
93455			NA	NA	NA	\$1,006	\$11	1.07%
93456	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$328	\$1	0.20%	NA	NA	NA
93456			NA	NA	NA	\$1,088	\$12	1.08%
93457	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$369	\$0	0.11%	NA	NA	NA
93457			NA	NA	NA	\$1,232	\$12	1.02%
93458	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$311	\$1	0.19%	NA	NA	NA
93458			NA	NA	NA	\$1,036	\$11	1.05%
93459	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$353	\$1	0.31%	NA	NA	NA
93459			NA	NA	NA	\$1,148	\$12	1.04%
93460	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$395	\$1	0.31%	NA	NA	NA
93460			NA	NA	NA	\$1,237	\$12	1.01%
93461	26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary	\$436	\$1	0.14%	NA	NA	NA
93461			NA	NA	NA	\$1,416	\$14	1.03%
93462		Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$220	\$1	0.64%	\$220	\$1	0.64%
93463		Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	\$101	(\$0)	-0.05%	\$101	(\$0)	-0.05%
93464	26	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and	\$90	\$0	0.31%	NA	NA	NA
93464			NA	NA	NA	\$261	\$2	0.86%
93531	26	Combined right heart catheterization and retrograde left heart cath, for congenital cardiac anomalies	\$446	(\$0)	-0.09%	\$446	(\$0)	-0.09%
93532	26	Combined right heart catheterization and transseptal left heart cath through intact septum with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$537	(\$19)	-3.38%	\$537	(\$19)	-3.38%
93533	26	Combined right heart catheterization and transseptal left heart cath through existing septal opening, with or w/o retrograde left heart catheterization, for congenital cardiac anomalies	\$361	(\$10)	-2.60%	\$361	(\$10)	-2.60%

See page 6 for important information about the uses and limitations of this document.

CPT® Copyright 2017 American Medical Association.

All rights reserved. CPT is a registered trademark of the American Medical Association

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility			2018 Final In-Office		
			Rate	Variance vs. 2017 Final		Rate	Variance vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Diagnostic Cath Injection</b>								
93565		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective left ventricular or left arterial angiography (List separately in addition to code for primary procedure)	\$47	(\$0)	-0.45%	\$47	(\$0)	-0.45%
93566		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	\$49	\$0	0.31%	\$166	\$2	1.19%
93567		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for supravalvular aotography (List separately in addition to code for primary procedure)	\$55	\$0	0.31%	\$140	\$1	0.83%
93568		Injection procedure during cardiac catheterization including imaging supervision and interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	\$50	\$0	0.31%	\$149	\$2	1.04%
<b>Angioplasty without Stent</b>								
92920		Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	\$557	\$1	0.18%	NA	NA	NA
92921		Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
<b>Atherectomy without Stent</b>								
92924		Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	\$664	\$0	0.04%	NA	NA	NA
92925		Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
<b>Stent with Angioplasty</b>								
92928		Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	\$620	\$1	0.13%	NA	NA	NA
92929		Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final			2018 Final		
			In-Facility Rate	Variance vs. 2017 Final		In-Office Rate	Variance vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Stent with Atherectomy</b>								
92933		Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	\$694	\$0	0.05%	NA	NA	NA
92934		Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
<b>Bypass Graft</b>								
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	\$619	\$0	0.08%	NA	NA	NA
92938		Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
<b>Chronic Total Occlusion</b>								
92943		Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	\$696	\$1	0.15%	NA	NA	NA
92944		Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	\$0	\$0	NA	\$0	\$0	NA
<b>Thrombectomy</b>								
92973		Percutaneous transluminal coronary thrombectomy mechanical	\$185	\$1	0.31%	NA	NA	NA

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			Rate	Variance vs. 2017 Final	%	Rate	Variance vs. 2017 Final	%
			\$	\$	%	\$	\$	%
<b>IVUS</b>								
92978	26	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	\$100	(\$0)	-0.05%	\$100	(\$0)	-0.05%
92979	26	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	\$80	\$0	0.31%	\$80	\$0	0.31%
<b>FFR</b>								
93571	26	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	\$100	(\$0)	-0.05%	\$100	(\$0)	-0.05%
93572	26	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	\$80	\$0	0.31%	\$80	\$0	0.31%
<b>Valvuloplasty</b>								
92986		Percutaneous balloon valvuloplasty; aortic valve	\$1,380	\$2	0.18%	NA	NA	NA
92987		Percutaneous balloon valvuloplasty; mitral valve	\$1,423	\$2	0.13%	NA	NA	NA
92990		Percutaneous balloon valvuloplasty; pulmonary valve	\$1,137	\$4	0.31%	NA	NA	NA
<b>Transcatheter Aortic Valve Replacement</b>								
33361		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	\$1,421	(\$0)	-0.02%	NA	NA	NA
33362		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	\$1,551	\$0	0.03%	NA	NA	NA
33363		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	\$1,608	(\$24)	-1.46%	NA	NA	NA
33364		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	\$1,694	\$2	0.10%	NA	NA	NA
33365		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)	\$1,863	\$1	0.08%	NA	NA	NA
33366		Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	\$2,015	\$2	0.08%	NA	NA	NA

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final			2018 Final		
			In-Facility	Variance 2018 Final		In-Office	Variance 2018 Final	
			Rate	\$	%	Rate	\$	%
33367		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (e.g., femoral vessels) (list separately in addition to code for primary procedure)	\$657	\$4	0.64%	NA	NA	NA
33368		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (e.g., femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	\$781	\$1	0.17%	NA	NA	NA
33369		Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (e.g., aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	\$1,031	(\$0)	-0.01%	NA	NA	NA
<b>Paravalvular Leak Repair</b>								
93590		Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	\$1,119	(\$127)	-10.18%	NA	NA	NA
93591		Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	\$929	(\$105)	-10.14%	NA	NA	NA
93592		Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	\$409	(\$47)	-10.28%	NA	NA	NA
<b>Watchman™ Left Atrial Appendage Closure (LAAC) Procedure</b>								
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	\$831	(\$2)	-0.25%	NA	NA	NA

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			Rate	Variance vs. 2017 Final	%	Rate	Variance vs. 2017 Final	%
			\$	\$	%	\$	\$	%
<b>Peripheral Interventions</b>								
<b>Non-Coronary Angioplasty</b>								
37246		Transluminal balloon angioplasty (except lower extremity artery(s) 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	(\$4)	-1.15%	\$2,182	\$7	0.33%
37247		Transluminal balloon angioplasty (except lower extremity artery(s) 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	(\$4)	-2.05%	\$882	\$2	0.19%
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	(\$5)	-0.50%	\$1,514	\$7	2.50%
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)	\$152	(\$3)	-0.30%	\$648	\$3	1.60%
<b>Dialysis Circuit</b>								
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	\$176	\$25	16.75%	\$611	\$31	5.27%
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	\$251	\$26	11.67%	\$1,272	\$37	3.02%

See page 6 for important information about the uses and limitations of this document.

CPT® Copyright 2017 American Medical Association.

All rights reserved. CPT is a registered trademark of the American Medical Association

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			Variance 2018 Final vs. 2017 Final			Variance 2018 Final vs. 2017 Final		
			\$	\$	%	\$	\$	%
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	\$333	\$25	8.03%	\$5,725	\$62	1.10%
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	\$33	9.45%	\$1,849	\$48	2.69%
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	\$466	\$21	4.68%	\$2,344	\$40	1.72%
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	\$538	\$19	3.64%	\$6,949	\$81	1.18%



**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			Variance vs. 2017 Final			Variance vs. 2017 Final		
			\$	\$	%	\$	\$	%
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)	\$154	\$25	18.93%	\$770	\$31	4.21%
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)	\$220	\$25	13.10%	\$2,763	\$41	1.51%
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)	\$217	\$33	17.87%	\$2,008	\$23	1.14%
<b>Iliac Artery Revascularization</b>								
37220		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$422	(\$1)	-0.20%	\$3,122	\$8	0.25%
37221		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	\$521	(\$2)	-0.38%	\$4,631	\$14	0.29%
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	(\$0)	-0.24%	\$877	\$3	0.39%
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)	\$224	(\$1)	-0.49%	\$2,595	\$4	0.17%

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final			2018 Final		
			In-Facility Rate	Variance vs. 2017 Final		In-Office Rate	Variance vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Femoral/Popliteal Artery Revascularization</b>								
37224		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$467	(\$0)	-0.08%	\$3,790	\$14	0.37%
37225		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within same vessel, when performed	\$637	(\$1)	-0.20%	\$11,130	\$67	0.61%
37226		Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$549	(\$2)	-0.34%	\$9,100	\$34	0.38%
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	\$765	(\$4)	-0.49%	\$15,062	\$75	0.50%
<b>Tibial / Peroneal Artery Revascularization</b>								
37228		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$572	(\$1)	-0.19%	\$5,424	\$16	0.29%
37229		Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$742	(\$4)	-0.51%	\$10,976	\$70	0.64%

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			Variance 2018 Final vs. 2017 Final			Variance 2018 Final vs. 2017 Final		
			\$	\$	%	\$	\$	%
37230		Revascularization, endovascular, open or percutaneous, tibeal\peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$735	(\$2)	-0.28%	\$8,389	\$56	0.68%
37231		Revascularization, endovascular, open or percutaneous, tibeal\peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$798	(\$1)	-0.19%	\$13,605	\$113	0.83%
37232		Revascularization, endovascular, open or percutaneous, tibeal\peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code fore primary procedure)	\$212	(\$1)	-0.54%	\$1,210	\$3	0.28%
37233		Revascularization, endovascular, open or percutaneous, tibeal\peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code fore primary procedure)	\$346	(\$1)	-0.21%	\$1,464	\$6	0.38%
37234		Revascularization, endovascular, open or percutaneous, tibeal\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 fore primary procedure)	\$300	(\$0)	-0.05%	\$3,969	\$20	0.52%
37235		Revascularization, endovascular, open or percutaneous, tibeal\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 fore primary procedure)	\$420	\$5	1.09%	\$4,194	(\$48)	-1.13%

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final			2018 Final		
			In-Facility	Variance 2018 Final		In-Office	Variance 2018 Final	
			Rate	\$	%	Rate	\$	%
<b>Vascular Stent</b>								
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	\$468	\$4	0.93%	\$3,923	(\$94)	-2.34%
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)	\$224	(\$0)	-0.17%	\$2,469	\$14	0.59%
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	\$314	(\$0)	-0.03%	\$4,250	\$60	1.43%
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)	\$159	\$1	0.54%	\$2,058	\$22	1.10%
<b>BSC currently has no stent approved for use in the veins of the lower extremities</b>								

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final			2018 Final		
			In-Facility Rate	Variance 2018 Final vs. 2017 Final		In-Office Rate	Variance 2018 Final vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Catheter Access</b>								
36140		Introduction of needle or intracatheter; extremity artery	\$95	\$0	0.31%	\$436	\$6	1.40%
36160		Introduction of needle or intracatheter, aortic, translumbar	\$129	\$0	0.03%	\$503	\$3	0.60%
36200		Introduction of catheter, aorta	\$146	(\$1)	-0.43%	\$572	\$1	0.1%
<b>Catheter Placement</b>								
36215		Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$222	(\$22)	-8.97%	\$1,031	(\$112)	-9.77%
36216		Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$286	\$3	0.94%	\$1,118	(\$63)	-5.36%
36217		Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$342	\$4	1.27%	\$1,899	(\$35)	-1.79%
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	\$0	0.31%	\$258	\$69	36.47%
36245		Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$249	(\$1)	-0.41%	\$1,337	\$13	0.96%
36246		Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$267	(\$1)	-0.36%	\$840	\$2	0.22%
36247		Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$317	(\$1)	-0.37%	\$1,530	\$7	0.45%
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	(\$0)	-0.39%	\$156	\$0	0.31%
<b>Carotid Artery Stenting</b>								
37215		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	\$1,050	\$6	0.62%	NA	NA	NA
37216		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	\$1,055	\$1,055	NA	NA	NA	NA

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final			2018 Final		
			In-Facility Rate	Variance vs. 2017 Final		In-Office Rate	Variance vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Vena Cava Filters</b>								
37191		Insertion of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$235	(\$1)	-0.45%	\$2,618	\$9	0.35%
37192		Repositioning of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$368	(\$12)	-3.11%	\$1,381	(\$247)	-15.17%
37193		Retrieval (removal) of inferior vena cava filter, endovascular approach including vascular access, vessel selection and radiological supervision and interpretation (including ultrasound) when performed.	\$367	(\$1)	-0.38%	\$1,562	\$7	0.47%
<b>Thrombectomy</b>								
37184		Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$471	(\$1)	-0.15%	\$2,261	\$1	0.04%
37185		Primary percutaneous transluminal mechanical thrombectomy, noncoronary, 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	\$176	(\$0)	-0.10%	\$719	\$1	0.16%
37186		Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, 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)	\$257	(\$2)	-0.80%	\$1,361	\$2	0.12%
37187		Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$411	(\$1)	-0.13%	\$2,025	\$21	1.03%
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	\$293	\$1	0.19%	\$1,708	(\$3)	-0.15%

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final			2018 Final		
			In-Facility	Variance 2018 Final		In-Office	Variance 2018 Final	
			Rate	\$	%	Rate	\$	%
			\$	\$	%	\$	\$	%
<b>Thrombolysis</b>								
37211		Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	\$404	(\$1)	-0.14%	NA	NA	NA
37212		Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$354	\$1	0.31%	NA	NA	NA
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	(\$1)	-0.28%	NA	NA	NA
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	\$128	(\$1)	-0.53%	NA	NA	NA
<b>Non-Coronary IVUS</b>								
37252		Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention; including radiological supervision and interpretation; initial non-coronary vessel (List separately in addition to code for primary procedure)	\$96	(\$1)	-0.81%	\$1,398	(\$4)	-0.26%
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)	\$77	(\$1)	-1.08%	\$211	(\$0)	-0.03%
<b>Angiograms</b>								
75710	26	Angiography, extremity, unilateral, radiological supervision and interpretation	\$88	\$31	53.60%	\$88	\$31	53.60%
75710			NA	NA	NA	\$175	\$11	6.66%
75716	26	Angiography, extremity, bilateral, radiological supervision and interpretation	\$99	\$33	51.01%	\$99	\$33	51.01%
75716			NA	NA	NA	\$199	\$10	5.26%
75726	26	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	\$57	(\$0)	-0.33%	\$57	(\$0)	-0.33%
75726			NA	NA	NA	\$152	\$0	0.31%
75731	26	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	\$59	\$0	0.31%	\$59	\$0	0.31%
75731			NA	NA	NA	\$175	\$1	0.72%
75733	26	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	\$65	\$0	0.31%	\$65	\$0	0.31%
75733			NA	NA	NA	\$188	(\$0)	-0.07%
75736	26	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	\$56	(\$0)	-0.33%	\$56	(\$0)	-0.33%
75736			NA	NA	NA	\$163	\$1	0.31%

See page 6 for important information about the uses and limitations of this document.

CPT® Copyright 2017 American Medical Association.

All rights reserved. CPT is a registered trademark of the American Medical Association

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			Rate	Variance vs. 2017 Final		Rate	Variance vs. 2017 Final	
			\$	\$	%	\$	\$	%
<b>Bronchoscopy</b>								
31631		Bronchoscopy; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	\$237	(\$1)	-0.30%	NA	NA	NA
<b>Biliary Stenting</b>								
47556		Biliary endoscopy, percutaneous via T-Tube or other tract; with dilation of biliary duct stricture(s) with stent	\$384	(\$49)	-11.39%	NA	NA	NA
<b>Radiological S&amp;I (Biliary stenting)</b>								
74363	26	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	\$44	(\$0)	-0.51%	\$44	(\$0)	-0.51%
<b>Transhepatic Shunts (TIPS)</b>								
37182		Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein cath, portography with hemodynamic evaluation, intrahepatic tract formation/dilation, stent placement and all associated imaging and guidance and documentation)	\$860	(\$4)	-0.48%	NA	NA	NA
37183		Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS)(includes venous access, hepatic and portal vein cath, portography with hemodynamic evaluation, intrahepatic tract recanalization / dilation, stent placement and all associated imaging and guidance and documentation)	\$392	(\$3)	-0.69%	\$5,934	\$26	0.44%
<b>Embolization</b>								
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	\$465	\$1	0.15%	\$4,830	\$13	0.26%
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	\$502	(\$2)	-0.40%	\$7,474	(\$80)	-1.06%
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	\$590	(\$5)	-0.90%	\$9,900	\$84	0.85%
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	(\$3)	-0.46%	\$6,901	\$55	0.80%



**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			Rate	Variance vs. 2017 Final	%	Rate	Variance vs. 2017 Final	%
			\$	\$	%	\$	\$	%
<b>Drainage</b>								
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	\$75	\$1	0.80%	\$324	\$5	1.66%
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	(\$1)	-0.50%	\$815	(\$2)	-0.26%
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	\$280	(\$1)	-0.33%	\$1,260	(\$0)	-0.01%
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	\$390	(\$1)	-0.24%	\$1,506	\$5	0.31%
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	\$207	(\$1)	-0.38%	\$1,040	\$4	0.41%
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	(\$0)	-0.21%	\$705	\$3	0.36%
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	(\$0)	-0.40%	\$375	\$2	0.50%
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, each stent; existing access	\$248	\$0	0.02%	\$4,422	\$30	0.69%

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			Variance 2018 Final vs. 2017 Final			Variance 2018 Final vs. 2017 Final		
			\$	\$	%	\$	\$	%
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, each stent; new access, without placement of separate biliary drainage catheter	\$449	(\$0)	-0.01%	\$4,899	\$39	0.80%
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, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	\$463	(\$2)	-0.39%	\$5,006	\$24	0.49%
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	\$349	(\$1)	-0.31%	\$1,201	\$6	0.49%
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)	\$142	(\$0)	-0.20%	\$473	\$3	0.54%
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)	\$151	(\$16)	-9.40%	\$488	(\$100)	-16.97%
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)	\$167	(\$2)	-0.97%	\$1,100	(\$8)	-0.70%

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			Rate	Variance vs. 2017 Final	%	Rate	Variance vs. 2017 Final	%
			\$	\$	%	\$	\$	%
<b>Rhythm Management</b>								
<b>Device Implant Procedures</b>								
33206		Insertion of heart pacemaker and atrial electrode	\$472	\$3	0.62%	NA	NA	NA
33207		Insertion of heart pacemaker and ventricular electrode	\$503	\$2	0.45%	NA	NA	NA
33208		Insertion of heart pacemaker, atrial and ventricular electrodes	\$545	\$1	0.24%	NA	NA	NA
33212		Insertion of pulse generator only with existing single lead	\$335	\$2	0.53%	NA	NA	NA
33213		Insertion of pulse generator only with existing dual lead	\$350	\$2	0.52%	NA	NA	NA
33221		Insertion of pulse generator only with existing multiple leads	\$376	\$1	0.21%	NA	NA	NA
33214		Upgrade of pacemaker system	\$500	\$3	0.60%	NA	NA	NA
33215		Reposition pacing-defib lead	\$325	\$1	0.42%	NA	NA	NA
33216		Insert lead pace-defib, one	\$387	\$2	0.50%	NA	NA	NA
33217		Insert lead pace-defib, dual	\$380	\$3	0.69%	NA	NA	NA
33218		Repair of single lead, pacer or ICD	\$405	\$1	0.13%	NA	NA	NA
33220		Repair of 2 leads, pacer or ICD	\$409	\$4	0.93%	NA	NA	NA
33222		Revise/relocate pocket, pacemaker	\$352	\$3	0.82%	NA	NA	NA
33223		Revise pocket, defib	\$427	\$3	0.65%	NA	NA	NA
33225		L ventric pacing lead (add-on)	\$492	\$1	0.16%	NA	NA	NA
33227		Removal and replacement of pacemaker gen, single lead	\$353	\$2	0.51%	NA	NA	NA
33228		Removal and replacement of pacemaker gen, dual lead	\$370	\$2	0.60%	NA	NA	NA
33229		Removal and replacement of pacemaker gen, multiple lead	\$391	\$2	0.49%	NA	NA	NA
33230		Insert ICD pulse generator with existing dual leads	\$399	\$1	0.22%	NA	NA	NA
33231		Insert ICD pulse generator with existing multiple leads	\$419	\$1	0.14%	NA	NA	NA
33233		Removal of pacemaker system gen only	\$240	\$1	0.61%	NA	NA	NA
33234		Removal of pacemaker system lead, single	\$507	\$2	0.38%	NA	NA	NA
33235		Removal pacemaker electrode, dual lead	\$667	\$3	0.47%	NA	NA	NA
33240		Insertion of implantable defibrillator pulse generator only; with existing single lead	\$382	\$2	0.50%	NA	NA	NA
33241		Remove pulse generator only	\$225	\$1	0.63%	NA	NA	NA
33262		Removal and replacement of defib gen, single lead	\$389	\$1	0.31%	NA	NA	NA
33263		Removal and replacement of defib gen, dual lead	\$406	\$2	0.49%	NA	NA	NA
33264		Removal and replacement of defib gen, multiple lead	\$423	\$2	0.39%	NA	NA	NA
33244		Remove eltrd, transven	\$900	\$4	0.43%	NA	NA	NA
33249		Eltrd/insert pace-defib	\$959	\$4	0.38%	NA	NA	NA
33270		Insertion or replacement of permanent S-ICD system, with subcutaneous electrode, including DFT, when performed	\$594	(\$20)	-3.32%	NA	NA	NA
33271		Insertion of S-ICD electrode	\$478	(\$37)	-7.11%	NA	NA	NA
33272		Removal of S-ICD electrode	\$365	\$2	0.61%	NA	NA	NA
33273		Repositioning of previously implanted S-ICD electrode	\$421	(\$3)	-0.79%	NA	NA	NA
<b>Watchman™ Left Atrial Appendage Closure (LAAC) Procedure</b>								
33340		Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transeptal puncture, catheter placement(s) left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	\$831	(\$2)	-0.25%	NA	NA	NA

See page 6 for important information about the uses and limitations of this document.

CPT® Copyright 2017 American Medical Association.

All rights reserved. CPT is a registered trademark of the American Medical Association

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			Variance vs. 2017 Final			Variance vs. 2017 Final		
			\$	\$	%	\$	\$	%
<b>Device Evaluation</b>								
93641	26	Electrophysiology evaluation -ICD system	\$327	\$1	0.31%	\$327	\$1	0.31%
93260		S-ICD Programming device evaluation (in person)	NA	NA	NA	\$67	\$1	0.85%
93260	TC		NA	NA	NA	\$22	\$1	3.65%
93260	26		\$44	(\$0)	-0.50%	\$44	(\$0)	-0.50%
93261		S-ICD Interrogation device evaluation (in person)	NA	NA	NA	\$60	(\$0)	-0.28%
93261	TC		NA	NA	NA	\$22	\$0	1.98%
93261	26		\$39	(\$1)	-1.53%	\$39	(\$1)	-1.53%
93288		PM Interrogation in person all lead configurations	NA	NA	NA	\$39	\$1	3.15%
93288	TC		NA	NA	NA	\$17	\$1	7.00%
93288	26		\$22	\$0	0.31%	\$22	\$0	0.31%
93279		PM Programming eval 1 lead	NA	NA	NA	\$50	(\$1)	-1.10%
93279	TC		NA	NA	NA	\$17	(\$1)	-3.70%
93279	26		\$33	\$0	0.31%	\$33	\$0	0.31%
93280		PM Programming eval 2 lead	NA	NA	NA	\$59	\$0	0.31%
93280	TC		NA	NA	NA	\$20	\$0	0.31%
93280	26		\$39	\$0	0.31%	\$39	\$0	0.31%
93281		PM Programming eval 3 lead	NA	NA	NA	\$64	(\$5)	-7.45%
93281	TC		NA	NA	NA	\$21	(\$3)	-13.37%
93281	26		\$44	(\$2)	-4.39%	\$44	(\$2)	-4.39%
93289		ICD interrogation in person all lead configurations	NA	NA	NA	\$55	(\$11)	-16.95%
93289	TC		NA	NA	NA	\$17	(\$3)	-14.02%
93289	26		\$38	(\$8)	-18.21%	\$38	(\$8)	-18.21%
93282		ICD Programming eval 1 lead	NA	NA	NA	\$62	(\$2)	-3.05%
93282	TC		NA	NA	NA	\$19	(\$2)	-10.07%
93282	26		\$44	\$0	0.31%	\$44	\$0	0.31%
93283		ICD Programming eval 2 lead	NA	NA	NA	\$80	(\$3)	-4.03%
93283	TC		NA	NA	NA	\$21	(\$4)	-14.66%
93283	26		\$59	\$0	0.31%	\$59	\$0	0.31%
93284		ICD Programming eval 3 lead	NA	NA	NA	\$87	(\$5)	-5.57%
93284	TC		NA	NA	NA	\$22	(\$5)	-19.23%
93284	26		\$64	\$0	0.31%	\$64	\$0	0.31%
93291		ILR Innterrogation in person	NA	NA	NA	\$33	(\$4)	-10.30%
93291	TC		NA	NA	NA	\$15	(\$0)	-2.08%
93291	26		\$19	(\$4)	-15.87%	\$19	(\$4)	-15.87%
93285		ILR Programming eval	NA	NA	NA	\$44	\$1	1.99%
93285	TC		NA	NA	NA	\$17	\$0	2.54%
93285	26		\$27	\$0	1.66%	\$27	\$0	1.66%
93290		ICM Interrogation in person	NA	NA	NA	\$37	\$5	17.22%
93290	TC		NA	NA	NA	\$15	\$5	56.04%
93290	26		\$22	\$0	0.31%	\$22	\$0	0.31%
93292		Wearable defib Interrogation in person	NA	NA	NA	\$37	\$4	13.39%
93292	TC		NA	NA	NA	\$15	\$4	39.14%
93292	26		\$22	\$0	0.31%	\$22	\$0	0.31%

See page 6 for important information about the uses and limitations of this document.

CPT® Copyright 2017 American Medical Association.

All rights reserved. CPT is a registered trademark of the American Medical Association

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			Variance 2018 Final vs. 2017 Final			Variance 2018 Final vs. 2017 Final		
			\$	\$	%	\$	\$	%
93286		PM Peri-px eval and programming	NA	NA	NA	\$31	\$3	10.73%
93286	TC		NA	NA	NA	\$15	\$3	23.91%
93286	26		\$15	\$0	0.31%	\$15	\$0	0.31%
93287		ICD Peri-px eval and programming	NA	NA	NA	\$39	\$2	4.17%
93287	TC		NA	NA	NA	\$15	\$1	10.87%
93287	26		\$24	\$0	0.31%	\$24	\$0	0.31%
93293		TTM rhythm strip pacemaker eval	NA	NA	NA	\$54	(\$0)	-0.35%
93293	TC		NA	NA	NA	\$39	\$0	1.25%
93293	26		\$15	(\$1)	-4.15%	\$15	(\$1)	-4.15%
93228		Wearable defib mobile telemetry w/phy r&l w/report	\$27	\$0	0.31%	\$27	\$0	0.31%
93294		PM Remote Interrogation 90 days all lead config	\$31	(\$3)	-9.09%	\$31	(\$3)	-9.09%
93295		ICD Remote interrogation 90 days all lead config	\$56	(\$13)	-18.50%	\$56	(\$13)	-18.50%
93296		PE- Remote data aquisition PM or ICD	NA	NA	NA	\$27	\$0	1.66%
93297		ICM Remote interrogation eval 30 days	\$27	\$0	0.31%	\$27	\$0	0.31%
93298		ILR Remote interrogation eval 30 days	\$27	\$0	0.31%	\$27	\$0	0.31%
93299		ICM and ILR Remote interr 30 days, tech	\$0	\$0	NA	Contractor Priced		
<b>Electrophysiology Procedures</b>								
93462		L hrt cath trnsptl puncture	\$220	\$1	0.64%	\$220	\$1	0.64%
93609	26	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (add on)	\$291	\$1	0.43%	\$291	\$1	0.43%
93613		Intracardiac electrophysiologic 3-dimensional mapping (add on)	\$338	(\$78)	-18.75%	NA	NA	NA
93619	26	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	\$409	\$2	0.40%	\$409	\$2	0.40%
93620	26	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	\$657	\$2	0.25%	\$657	\$2	0.25%
93621	26	with left atrial pacing and recording from coronary sinus or left atrium (add on)	\$123	\$0	0.02%	\$123	\$0	0.02%
93622	26	with left ventricular pacing and recording (add on)	\$180	\$1	0.31%	\$180	\$1	0.31%
93623	26	Programmed stimulation and pacing after intravenous drug infusion (add on)	\$166	(\$0)	-0.12%	\$166	(\$0)	-0.12%
93644		EP Evaluation of S-ICD	NA	NA	NA	\$209	(\$13)	-5.70%
93650		Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	\$619	\$2	0.25%	NA	NA	NA

**Final 2018 PFS Rates Compared to Final 2017**

CPT®	Modifier	Abbreviated (Partial) Description	2018 Final In-Facility Rate			2018 Final In-Office Rate		
			\$	Variance vs. 2017 Final		\$	Variance vs. 2017 Final	
				\$	%		\$	%
93653		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, HIS recording, with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry.	\$876	\$2	0.23%	NA	NA	NA
93654		with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	\$1,173	\$3	0.25%	NA	NA	NA
93655		Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (add on)	\$446	\$1	0.23%	NA	NA	NA
93656		Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, HIS bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation	\$1,176	\$2	0.19%	NA	NA	NA
93657		Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (add on)	\$446	\$2	0.39%	NA	NA	NA
93662	26	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (add on)	\$147	\$0	0.06%	\$147	\$0	0.06%

**BSC currently has no FDA-approved ablation catheters for the treatment of atrial fibrillation**

**WATCHMAN is a registered or unregistered trademark of Boston Scientific Corporation**

CPT Copyright 2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

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