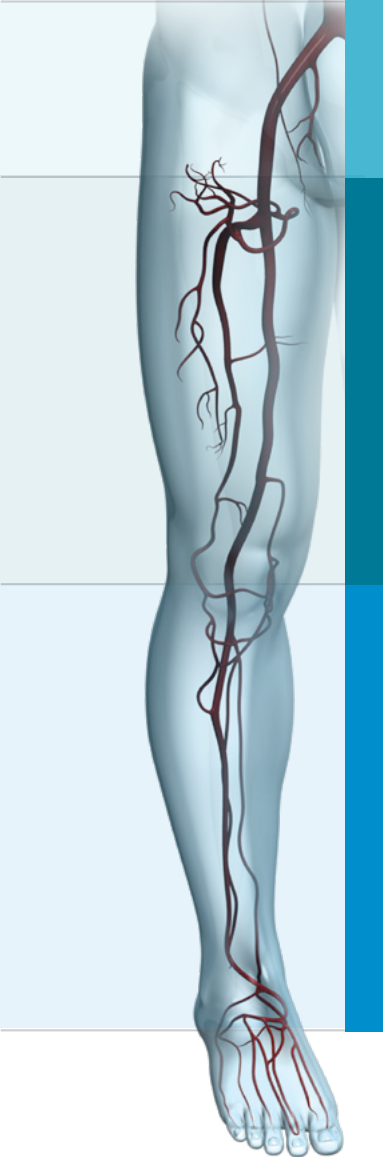


PERIPHERAL ARTERIAL REIMBURSEMENT QUICK REFERENCE — SERVICES IN HOSPITAL

2018 Medicare National Average Payments



Lower Extremity (LE) PI Procedure Abbreviated Description		CPT®	APC	Hospital Outpatient Pay	MS-DRG	Hospital Inpatient Pay	MD Payment for Services in Hospital		
Iliac	PTA	37220 + 37222	5192	\$5,085	<ul style="list-style-type: none"> • 252 • 253 254 	\$19,492	\$422		
	PTA and Stent	37221 + 37223	5193	\$10,510			\$196		
Femoral / Popliteal	PTA	37224	5192	\$5,085			\$467		
	Atherectomy and PTA	37225	5193	\$10,510			\$637		
	PTA and Stent	37226					\$549		
	Atherectomy, PTA and Stent	37227	5194	\$16,019			\$765		
Tibial / Peroneal	PTA	37228 + 37232	5193	\$10,510			\$572		
	Atherectomy and PTA	37229 + 37233	5194	\$16,019			\$212		
	PTA and Stent	37230 + 37234	5194	\$16,019			\$742		
	Atherectomy, PTA and Stent	37231 + 37235	5194	\$16,019			\$346		
								\$735	\$300
								\$798	\$420

+ symbol denotes add-on codes relevant for other recognized vessels within Iliac and Tib-Per territories

• Denotes DRG assigned to patient w. MCC (major complications or comorbidities)
 • Denotes DRG assigned to patient w. CC (complications or comorbidities)
 Hospital in-patient payment rates are based on services rendered as reported with ICD-10 codes and documented diagnosis codes. See Boston Scientific Procedural Payment Guide for common procedure codes.

IMPORTANT NOTES REGARDING VASCULAR TERRITORIES AND ADD-ON CODES

Coding rules recognize three arterial Vascular Territories: Iliac, Femoral/Popliteal and Tibial/Peroneal

EXAMPLE: Atherectomy is used to treat two distinct lesions, one in the Popliteal artery and one in the Anterior Tibial artery. Since the Popliteal artery and the Anterior Tibial artery are in different vascular territories, two codes could be assigned:

CPT® CODE AND PARTIAL DESCRIPTION	Ambulatory Payment Classification (APC)	National Avg. Hospital Outpatient Medicare Reimbursement
37225 Femoral / Popliteal PTA and Atherectomy	5194	\$16,019
37229 Tibial / Peroneal PTA and Atherectomy		

Vascular Territories have recognized vessels applicable to add-on codes:

Iliac – Common Iliac, Internal Iliac and External Iliac

Femoral/Popliteal – One recognized vessel (no add-on codes)

Tibial/Peroneal – Anterior Tibial, Posterior Tibial and Peroneal Tibial

When treating multiple vessels within a territory, report each additional vessel using an add-on code (denoted by the + symbol).

EXAMPLE: Atherectomy is used to treat two distinct lesions, one in the Anterior Tibial and one in the Posterior Tibial:

CPT® CODE AND PARTIAL DESCRIPTION	Ambulatory Payment Classification (APC)	National Avg. Hospital Outpatient Medicare Reimbursement
37229 Tibial / Peroneal PTA and Atherectomy	5194	\$16,019
+37233 Tibial / Peroneal PTA and Atherectomy add-on code		

Atherectomy C-Code = C1724

Physicians and hospitals are encouraged to clearly document the clinical scenario when using add-on codes.

www.bostonscientific.com/en-US/reimbursement/peripheral-interventions.html

For additional PI coding, see the 2018 Procedural Payment Guide

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