

PHILIPS

Coding and Medicare
national payment guide

2018



Peripheral arterial interventions

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1 Hospital inpatient

Hospitals are reimbursed by Medicare for inpatient procedures and services under the FY2018 Inpatient Prospective Payment System (IPPS), which utilizes the Medicare Severity Diagnosis Related Group (MS-DRG) system.

1.1 Hospital inpatient diagnosis codes

Not an all-inclusive list. Refer to ICD-10-CM 2018: The Complete Official Codebook for additional codes. Depending on procedure performed, multiple codes may be reported.

ICD-10-CM ¹	Descriptor
I70.201	Unspecified atherosclerosis of native arteries of right leg
I70.202	Unspecified atherosclerosis of native arteries of left leg
I70.203	Unspecified atherosclerosis of native arteries of bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of other extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration, of thigh
I70.239	Atherosclerosis of native arteries of right leg with ulceration, of unspecified site
I70.241	Atherosclerosis of native arteries of left leg with ulceration, of thigh
I70.249	Atherosclerosis of native arteries of left leg with ulceration, of unspecified site
I70.261	Atherosclerosis of native arteries of extremities with gangrene right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene left leg
I70.263	Atherosclerosis of native arteries of extremities with gangrene bilateral legs
I70.268	Atherosclerosis of native arteries of extremities with gangrene other extremity
I70.269	Atherosclerosis of native arteries of extremities with gangrene unspecified extremity
I70.291	Other atherosclerosis of native arteries of extremities right leg
I70.292	Other atherosclerosis of native arteries of extremities left leg
I70.293	Other atherosclerosis of native arteries of extremities bilateral legs
I70.298	Other atherosclerosis of native arteries of extremities other extremity

continued from 1.1 Hospital inpatient diagnosis codes

ICD-10-CM ¹	Descriptor
170.299	Other atherosclerosis of native arteries of extremities unspecified extremity
170.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities right leg
170.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities left leg
170.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities bilateral legs
170.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities other extremity
170.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities unspecified extremity
170.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication right leg
170.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication left leg
170.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication bilateral legs
170.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication other extremity
170.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication unspecified extremity
170.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain right leg
170.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain left leg
170.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain bilateral legs
170.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain other extremity
170.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain unspecified extremity
170.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
170.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
170.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
170.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene right leg
170.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene left leg
170.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene bilateral legs
170.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene other extremity
170.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene unspecified extremity
170.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities right leg
170.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities left leg
170.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities bilateral legs
170.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities other extremity
170.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities unspecified extremity
170.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication right leg

continued from 1.1 Hospital inpatient diagnosis codes

ICD-10-CM ¹	Descriptor
170.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication left leg
170.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication bilateral legs
170.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication other extremity
170.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication unspecified extremity
170.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities right leg
170.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities left leg
170.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities bilateral legs
170.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities other extremity
170.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities unspecified extremity
170.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
170.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
170.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
170.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
170.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain right leg
170.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain left leg
170.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain bilateral legs
170.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain other extremity
170.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain unspecified extremity
170.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
170.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
170.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
170.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
170.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene right leg
170.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene left leg
170.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene bilateral legs
170.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene other extremity

continued from 1.1 Hospital inpatient diagnosis codes

ICD-10-CM ¹	Descriptor
170.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene unspecified extremity
170.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities right leg
170.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities left leg
170.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities bilateral legs
170.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities other extremity
170.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities unspecified extremity
170.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities right leg
170.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities left leg
170.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities bilateral legs
170.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities other extremity
170.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities unspecified extremity
170.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication right leg
170.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication left leg
170.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication bilateral legs
170.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication other extremity
170.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication unspecified extremity
170.62	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain
170.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain right leg
170.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain left leg
170.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain bilateral legs
170.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain other extremity
170.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain unspecified extremity
170.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene right leg
170.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene left leg
170.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene bilateral legs
170.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene other extremity
170.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene unspecified extremity
170.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities right leg
170.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities left leg
170.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities bilateral legs

continued from 1.1 Hospital inpatient diagnosis codes

ICD-10-CM ¹	Descriptor
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities Other atherosclerosis of nonbiological bypass graft(s) of the extremities other extremity
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities unspecified extremity
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities right leg
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities left leg
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities bilateral legs
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities other extremity
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities unspecified extremity
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication right leg
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication left leg
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication bilateral legs
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication other extremity
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication unspecified extremity
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain right leg
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain left leg
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain bilateral legs
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain other extremity
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain unspecified extremity
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene right leg
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene left leg
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene bilateral legs
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene other extremity
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene unspecified extremity
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I70.92	Chronic total occlusion of artery of the extremities
I73.9	Peripheral vascular disease, unspecified
T82.856A	Stenosis of peripheral vascular stent, initial encounter

1.2 Hospital inpatient procedure codes

Not an all-inclusive list. Refer to ICD-10-PCS 2018: The Complete Official Codebook for additional codes. Depending on procedure performed, multiple codes may be reported.

ICD-10-PCS ²	Descriptor
Non-coronary IVUS, upper arteries	
B34HZZ3	Ultrasonography of Right Upper Extremity Arteries, Intravascular
B34JZZ3	Ultrasonography of Left Upper Extremity Arteries, Intravascular
B34KZZ3	Ultrasonography of Bilateral Upper Extremity Arteries, Intravascular
Non-coronary IVUS, lower arteries	
B44FZZ3	Ultrasonography of Right Lower Extremity Arteries, Intravascular
B44GZZ3	Ultrasonography of Left Lower Extremity Arteries, Intravascular
B44HZZ3	Ultrasonography of Bilateral Lower Extremity Arteries, Intravascular
B44LZZ3	Ultrasonography of Femoral Artery, Intravascular
Drug coated balloons	
047K341	Dilation of right femoral artery with drug eluting intraluminal device using drug coated balloon, percutaneous approach
047K3D1	Dilation of right femoral artery with intraluminal device using drug coated balloon, percutaneous approach
047K3Z1	Dilation of right femoral artery using drug coated balloon, percutaneous approach
047K441	Dilation of right femoral artery with drug eluting intraluminal device using drug coated balloon, percutaneous endoscopic approach
047K4D1	Dilation of right femoral artery with intraluminal device using drug coated balloon, percutaneous endoscopic approach
047K4Z1	Dilation of right femoral artery using drug coated balloon, percutaneous endoscopic approach
047L341	Dilation of left femoral artery with drug eluting intraluminal device using drug coated balloon, percutaneous approach
047L3D1	Dilation of left femoral artery with intraluminal device using drug coated balloon, percutaneous approach
047L3Z1	Dilation of left femoral artery using drug coated balloon, percutaneous approach
047L441	Dilation of left femoral artery with drug eluting intraluminal device using drug coated balloon, percutaneous endoscopic approach
047L4D1	Dilation of left femoral artery with intraluminal device using drug coated balloon, percutaneous endoscopic approach
047L4Z1	Dilation of left femoral artery using drug coated balloon, percutaneous endoscopic approach
047M341	Dilation of right popliteal artery with drug-eluting intraluminal device using drug-coated balloon, percutaneous approach
047M3D1	Dilation of right popliteal artery with intraluminal device using drug-coated balloon, percutaneous approach
047M3Z1	Dilation of right popliteal artery using drug-coated balloon, percutaneous approach
047M441	Dilation of right popliteal artery with drug-eluting intraluminal device using drug-coated balloon, percutaneous endoscopic approach

continued from 1.2 Hospital inpatient procedure codes

ICD-10-PCS ²	Descriptor
047M4D1	Dilation of right popliteal artery with intraluminal device using drug-coated balloon, percutaneous endoscopic approach
047M4Z1	Dilation of right popliteal artery using drug-coated balloon, percutaneous endoscopic approach
047N341	Dilation of left popliteal artery with drug-eluting intraluminal device using drug-coated balloon, percutaneous approach
047N3D1	Dilation of left popliteal artery with intraluminal device using drug-coated balloon, percutaneous approach
047N3Z1	Dilation of left popliteal artery using drug-coated balloon, percutaneous approach
047N441	Dilation of left popliteal artery with drug-eluting intraluminal device using drug-coated balloon, percutaneous endoscopic approach
047N4D1	Dilation of left popliteal artery with intraluminal device using drug-coated balloon, percutaneous endoscopic approach
047N4Z1	Dilation of left popliteal artery using drug-coated balloon, percutaneous endoscopic approach
Peripheral arterial interventions	
047C34Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047C3ZZ	Dilation of Right Common Iliac Artery, Percutaneous Approach
047C44Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047C4DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach
047D34Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach
047D3ZZ	Dilation of Left Common Iliac Artery, Percutaneous Approach
047D44Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047D4DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047D4ZZ	Dilation of Left Common Iliac Artery, Percutaneous Endoscopic Approach
047E34Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047E3DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
047E3ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Approach
047E44Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047E4DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047E4ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Endoscopic Approach
047F34Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach

continued from 1.2 Hospital inpatient procedure codes

ICD-10-PCS ²	Descriptor
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach
047F44Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047F4DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047F4ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Endoscopic Approach
047H34Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047H3DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Approach
047H3ZZ	Dilation of Right External Iliac Artery, Percutaneous Approach
047H44Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047H4DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047H4ZZ	Dilation of Right External Iliac Artery, Percutaneous Endoscopic Approach
047J34Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047J3DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Approach
047J3ZZ	Dilation of Left External Iliac Artery, Percutaneous Approach
047J44Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047J4DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047J4ZZ	Dilation of Left External Iliac Artery, Percutaneous Endoscopic Approach
047K34Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach
047K3ZZ	Dilation of Right Femoral Artery, Percutaneous Approach
047K44Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047K4DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047K4ZZ	Dilation of Right Femoral Artery, Percutaneous Endoscopic Approach
047L34Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047L3DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Approach
047L3ZZ	Dilation of Left Femoral Artery, Percutaneous Approach
047L44Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047L4DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047L4ZZ	Dilation of Left Femoral Artery, Percutaneous Endoscopic Approach
047M34Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047M3DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach

continued from 1.2 Hospital inpatient procedure codes

ICD-10-PCS ²	Descriptor
047M3ZZ	Dilation of Right Popliteal Artery, Percutaneous Approach
047M44Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047M4DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047M4ZZ	Dilation of Right Popliteal Artery, Percutaneous Endoscopic Approach
047N34Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047N3DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Approach
047N3ZZ	Dilation of Left Popliteal Artery, Percutaneous Approach
047N44Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047N4DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047N4ZZ	Dilation of Left Popliteal Artery, Percutaneous Endoscopic Approach
047P34Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047P3DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047P3ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Approach
047P44Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047P4DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047P4ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Endoscopic Approach
047Q34Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047Q3DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047Q3ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Approach
047Q44Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047Q4DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047Q4ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Endoscopic Approach
047R34Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047R3DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach
047R3ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Approach
047R44Z	Dilation of Right Posterior Tibial Artery w Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047R4DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047R4ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Endoscopic Approach
047S34Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047S3DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach

continued from 1.2 Hospital inpatient procedure codes

ICD-10-PCS ²	Descriptor
047S3ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Approach
047S44Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047S4DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047S4ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Endoscopic Approach
047T34Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047T3DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Approach
047T3ZZ	Dilation of Right Peroneal Artery, Percutaneous Approach
047T44Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047T4DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047T4ZZ	Dilation of Right Peroneal Artery, Percutaneous Endoscopic Approach
047U34Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
047U3DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Approach
047U3ZZ	Dilation of Left Peroneal Artery, Percutaneous Approach
047U44Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach
047U4DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach
047U4ZZ	Dilation of Left Peroneal Artery, Percutaneous Endoscopic Approach
04CK3ZZ	Extirpation of right femoral artery, percutaneous approach
04CK4ZZ	Extirpation of right femoral artery, percutaneous endoscopic approach
04CL3ZZ	Extirpation of left femoral artery, percutaneous approach
04CL4ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Endoscopic Approach
04CM3ZZ	Extirpation of right popliteal artery, percutaneous approach
04CM4ZZ	Extirpation of right popliteal artery, percutaneous endoscopic approach
04CN3ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Approach
04CN4ZZ	Extirpation of left popliteal artery, percutaneous endoscopic approach
04CP3ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Approach
04CP4ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Endoscopic Approach
04CQ3ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Approach
04CQ4ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Endoscopic Approach
04CR3ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Approach
04CR4ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Endoscopic Approach
04CT3ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Approach

continued from 1.2 Hospital inpatient procedure codes

ICD-10-PCS ²	Descriptor
04CT4ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Endoscopic Approach
04CU3ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Approach
04CU4ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Endoscopic Approach

1.3 FY2018 Hospital inpatient diagnosis related groups (MS-DRG)

For peripheral arterial primary interventional procedures; assignment varies based on patient condition.

DRG	Descriptor	Payment ³
252	Other vascular procedures with MCC ⁴	\$19,486
253	Other vascular procedures with CC ⁵	\$15,277
254	Other vascular procedures without CC/MCC	\$10,924

2 Hospital outpatient and ambulatory surgery center

Hospitals are reimbursed by Medicare for outpatient procedures and services under the Outpatient Prospective Payment System (OPPS), which utilizes the CY2018 Ambulatory Payment Classification (APC) system. Ambulatory Surgery Centers are reimbursed based on a percentage of the OPPS Payment Rates.

2.1 Hospital outpatient and ASC procedure codes

CPT code ⁷	Descriptor	Outpatient hospital ⁶		ASC ⁶
		APC/Status indicator ⁸	Payment	Payment
Selective catheter placement				
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	\$0	\$0
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	\$0	\$0
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	N	\$0	\$0
+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)	N	\$0	\$0

continued from **2.1 Hospital outpatient and ASC procedure codes**

CPT code ⁷	Descriptor	Outpatient hospital ⁶		ASC ⁶
		APC/Status indicator ⁸	Payment	Payment
Diagnostic angiography				
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	5183 / Q2	\$2,493	\$0
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	5183 / Q2	\$2,493	\$0
+75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	N	\$0	\$0
Non-coronary intravascular ultrasound (IVUS)				
+37252	Intravascular ultrasound (non-coronary 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)	N	\$0	\$0
+37253	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional non-coronary vessel (list separately in addition to code for primary procedure)	N	\$0	\$0
Endovascular revascularization—iliac				
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	5192 / J1	\$5,085	\$2,525
37221	; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	5193 / J1	\$10,510	\$6,402
+37222	; with transluminal angioplasty (List separately in addition to code for primary procedure)	N	\$0	\$0
+37223	; with transluminal stent placement(s), incl angioplasty w/in same vessel, when performed (List separately in addition to primary procedure)	N	\$0	\$0
Endovascular revascularization—femoral/popliteal				
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	5192 / J1	\$5,085	\$2,525
37225	; with transluminal angioplasty with atherectomy, includes angioplasty within the same vessel,	5193 / J1	\$10,510	\$7,024
37226	; with transluminal angioplasty with transluminal stent placement(s), includes angioplasty within the same vessel when performed	5193 / J1	\$10,510	\$6,749
37227	; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel	5194 / J1	\$16,020	\$10,864
Endovascular revascularization—tibial/peroneal				
37228	Revascularization, endovascular, open or perc, tibial, peroneal artery, unilateral, initial vessel; w transluminal angioplasty	5193 / J1	\$10,510	\$4,480

continued from **2.1 Hospital outpatient and ASC procedure codes**

CPT code ⁷	Descriptor	Outpatient hospital ⁶		ASC ⁶
		APC/Status indicator ⁸	Payment	Payment
37229	; with atherectomy, includes angioplasty within the same vessel, when performed	5194 / J1	\$16,020	\$10,228
37230	; with transluminal stent placement(s), includes angioplasty within the same vessel	5194 / J1	\$16,020	\$10,207
37231	; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel when performed	5194 / J1	\$16,020	\$10,275
+37232	; with transluminal angioplasty (List separately in addition to primary procedure)	N	\$0	\$0
+37233	; with atherectomy, includes angioplasty w in the same vessel, when performed (List separately in addition to primary procedure)	N	\$0	\$0
+37234	; with transluminal stent placement(s), incl angioplasty w in the same vessel when performed (List separately in addition to code for primary)	N	\$0	\$0
+37235	each addl vessel; with stent placement(s) and atherectomy, including angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	N	\$0	\$0
Secondary thrombectomy/embolectomy				
+37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, inc fluoro guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another perc intervention other than primary mechanical thrombectomy (List separately)	N	\$0	\$0

2.2 HCPCS supply code

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals report C codes. While the supply codes are not paid separately from the procedure, the assignment of charges and reporting these supply codes, identify device-related costs. This information is important for future rate-setting by Medicare. Private payers' policies vary if they accept the use of these C codes.

HCPCS code	Descriptor	Device name	APC/Status indicator	Payment
C1724	Catheter, transluminal atherectomy, rotational	Phoenix atherectomy catheter	N	\$0
C1725	Catheter, transluminal angioplasty, non-laser (may inc guidance, infusion/ perfusion capability)	AngioSculpt PTA scoring balloon catheter	N	\$0
C1753	Catheter, intravascular ultrasound	Visions PV intravascular ultrasound catheter	N	\$0
C1757	Catheter, thrombectomy/ embolectomy	QuickCat extraction catheter	N	\$0
C1773	Retrieval device, insertable	Quick-Cross capture guidewire retriever	N	\$0
C1885	Catheter, transluminal angioplasty, laser	<ul style="list-style-type: none"> • Turbo-Power laser atherectomy catheter* • Turbo-Elite laser atherectomy catheter** 	N	\$0
C1887	Catheter, guiding (may include infusion/perfusion capability)	<ul style="list-style-type: none"> • Pioneer Plus IVUS guided re-entry catheter • Quick-Cross support • Quick-Cross extreme support • Quick-Cross select support catheters 	N	\$0
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	Quick-Access needle holder	N	\$0
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	Stellarex drug-coated balloon	N	\$0

3 Physician

Physician services are paid by Medicare based on the CY2018 Physician Fee Schedule.

3.1 Physician procedure codes - inpatient, outpatient, ASC and office

CPT code ⁷	Descriptor	Work RVU ⁹	Facility payment ¹⁰ (hospital or ASC) ¹¹		Non-facility (in-office, OBL) ¹²	
			Payment ^{13,14}	Total RVU ⁹	Payment ^{13,14}	Total RVU ⁹
Selective catheterization						
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	4.65	\$249	6.93	\$1,337	37.14
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.02	\$267	7.41	\$840	23.32
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	6.04	\$317	8.81	\$1,530	42.51
+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)	1.01	\$51	1.42	\$156	4.33
Diagnostic angiography						
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	1.75	\$88	2.45	\$175	4.87
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	1.97	\$99	2.74	\$199	5.53
+75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	.36	\$18	.49	\$88	2.45
Non-coronary intravascular ultrasound (IVUS)						
+37252	Intravascular ultrasound (non-coronary 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)	1.80	\$96	2.66	\$1,398	38.83
+37253	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional non-coronary vessel (list separately in addition to code for primary procedure)	1.44	\$77	2.14	\$211	5.86

continued from **3.1 Physician procedure codes - inpatient, outpatient, ASC and office**

CPT code ⁷	Descriptor	Work RVU ⁹	Facility payment ¹⁰ (hospital or ASC) ¹¹		Non-facility (in-office, OBL) ¹²	
			Payment ^{13,14}	Total RVU ⁹	Payment ^{13,14}	Total RVU ⁹
Endovascular revascularization—iliac						
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	7.90	\$422	11.72	\$3,122	86.71
37221	; with transluminal stent placement(s), includes angioplasty within same vessel, when performed	9.75	\$521	14.46	\$4,631	128.63
+37222	; with transluminal angioplasty (List separately in addition to code for primary procedure)	3.73	\$196	5.45	\$877	24.37
+37223	; with transluminal stent placement(s), incl angioplasty w/in same vessel, when performed (List separately in addition to primary procedure)	4.25	\$224	6.23	\$2,595	72.08
Endovascular revascularization—femoral/popliteal						
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	8.75	\$467	12.97	\$3,790	105.29
37225	; with transluminal angioplasty with atherectomy, includes angioplasty within the same vessel,	11.75	\$637	17.69	\$11,130	309.18
37226	; with transluminal angioplasty with transluminal stent placement(s), includes angioplasty within the same vessel when performed	10.24	\$549	15.25	\$9,100	252.77
37227	; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel	14.25	\$765	21.26	\$15,062	418.38
Endovascular revascularization—tibial/peroneal						
37228	Revascularization, endovascular, open or perc, tibial, peroneal artery, unilateral, initial vessel; w transluminal angioplasty	10.75	\$572	15.88	\$5,424	150.68
37229	; with atherectomy, includes angioplasty within the same vessel, when performed	13.80	\$742	20.62	\$10,976	304.89
37230	; with transluminal stent placement(s), includes angioplasty within the same vessel	13.55	\$735	20.41	\$8,389	233.03
37231	; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel when performed	14.75	\$798	22.17	\$13,605	377.93
+37232	; with transluminal angioplasty (List separately in addition to primary procedure)	4.00	\$212	5.89	\$1,210	33.62
+37233	; with atherectomy, includes angioplasty w in the same vessel, when performed (List separately in addition to primary procedure)	6.50	\$346	9.60	\$1,464	40.68

continued from 3.1 Physician procedure codes – inpatient, outpatient, ASC and office

CPT code ⁷	Descriptor	Work RVU ⁹	Facility payment ¹⁰ (hospital or ASC) ¹¹		Non-facility (in-office, OBL) ¹²	
			Payment ^{13,14}	Total RVU ⁹	Payment ^{13,14}	Total RVU ⁹
+37234	; with transluminal stent placement(s), incl angioplasty w in the same vessel when performed (List separately in addition to code for primary)	5.50	\$300	8.33	\$3,969	110.25
+37235	each addl vessel; with stent placement(s) and atherectomy, including angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	7.80	\$420	11.68	\$4,194	116.51
Secondary thrombectomy/embolectomy						
+37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, inc fluoro guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another perc intervention other than primary mechanical thrombectomy	4.92	\$257	7.14	\$1,361	37.80

4 Moderate sedation

Also known as conscious sedation.

Effective January 1, 2017

Moderate sedation was removed from all procedural services it was previously inherently included. CPT codes have been revised to reflect the removal of the moderate sedation CPT symbol indicating which procedure included moderate sedation. Moderate sedation is now separately billed using the new moderate sedation codes. Six new CPT codes CPT 99151-99157 were created. Providers should report the appropriate moderate sedation code(s) in addition to the procedure CPT codes when moderate sedation is performed. For further coding instructions, please refer to the coding guidelines and moderate sedation table in 2018 CPT Professional.

Highlights

For complete guidance, refer to CPT Medicare and private payer edits and rules..

Angiography

- Angiography/venography is included in the description of the interventional codes unless it meets the following criteria for diagnostic angiogram/venogram.
 - › No prior or recent angiogram/venogram is available to guide therapy
 - › The patient's condition has changed or the treatment plan may be affected
 - › Other vessels may be identified for treatment
 - CPT Assistant Archives, 2011 - Coding Communication: Lower Extremity Revascularization

Intravascular ultrasound

- Services described by the IVUS CPT codes include all transducer manipulations and repositioning within the specific vessel being examined during a diagnostic procedure or before, during, and/or after therapeutic intervention (e.g., stent or stent graft placement, angioplasty, atherectomy, embolization, thrombolysis, transcatheter biopsy).
 - CPT Copyright© 2017 American Medical Association
 - CPT Changes: An Insider's View, Surgery, 2016
- IVUS is designated as an add-on procedure and is always performed in conjunction with a primary procedure.
 - CPT Copyright© 2017 American Medical Association
 - CPT Changes: An Insider's View, Surgery, 2016
- The catheter supply cost is packaged into the facility payment for the primary procedure. IVUS codes 37252, 37253 are designated as status "N" in the facility setting by Medicare, which means the payment for IVUS has been packaged into other services and there is no separate payment.
 - Medicare Claims Processing Manual Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPTS): 10.4
- If a lesion extending across the margins of one vessel into another is imaged with IVUS, report using only 37252 (first vessel) despite imaging more than one vessel.
 - CPT Copyright© 2017 American Medical Association
 - CPT Changes: An Insider's View, Surgery, 2016

Drug coated balloons

- Hospital outpatient and Ambulatory Surgery Centers should always use HCPCS code C2623 when coding and billing for Stellarex, Drug Coated Balloon. The number of units (DCBs) used per each case and associated costs, should be indicated on the claim form.

Arterial interventions

- The lower extremity arterial system is considered 3 separate territories for interventional coding purposes; Iliac, Femoral/Popliteal and Tibial/Peroneal.
 - CPT Copyright© 2017 American Medical Association (diagram)
 - CPT Changes: An Insider's View: Cardiovascular System, 2011
- Use modifier 59 (or applicable distinct procedural modifiers) to denote that different legs are being treated, even if the mode of therapy is different.
 - CPT Copyright© 2017 American Medical Association
- The intervention should be reported only once (first vessel CPT code) if a lesion extends across the margins of one vessel into another, but can be treated with a single therapy.
 - CPT Copyright© 2017 American Medical Association

- When treating multiple vessels within a territory report each additional vessel using an add-on code as applicable. Select the base code that represents the most complex service.
 - *CPT Copyright© 2017 American Medical Association*
- When treating multiple lesions within the same vessel report one service that reflects the combined procedures whether done on one lesion or different lesions using the same hierarchy.
 - *CPT Copyright© 2017 American Medical Association*
 - *CPT Changes: An Insider's View: Cardiovascular System, 2011*

Third-party sources

- 2018 CPT Professional Edition
- 2016 CPT Changes, An Insider's View
- 2017 CPT Changes, An Insider's View
- CPT Assistant
- 2018 ICD-10-CM and ICD-10-PCS: The Complete Official Codebook

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1. Refer to ICD-10-CM 2018: The Complete Official Codebook for a complete list of diagnosis codes and specific character codes.
 2. Refer to ICD-10-PCS 2018: The Complete Official Codebook for a complete list of procedure codes and specific character codes.
 3. Medicare Inpatient Prospective Payment System 2018 Final Rule (CMS-1677-CN) Federal Register Vol 82 No. 191, October 4, 2017. Table 5 CN. Payment rates assume full update amount for hospitals which have submitted quality data and hospitals have a wage index greater than 1.
 4. Major complications and comorbidities
 5. Complications and comorbidities
 6. Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs. 2018 Final Rule (CMS-1678-CN), Published in the Federal Register December 14, 2017, OPPS Addendum B and ASC Addendas AA-EE.
 7. 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.
 8. Status J1: Comprehensive APC – accounts for all costs and component services typically involved in the provision of the complete primary procedure; Status N: No separate APC payment. Packaged into payment for other services; Status Q2: T-Packaged Codes – Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator “T” or “J1”. In other circumstances, payment is made through a separate APC payment.
 9. RVU: Relative Value Units assigned under the Medicare Physician Fee Schedule, Addendum B. For each CPT code, RVUs are assigned to account for the relative resource costs used to provide the service.
 10. Medicare Physician Fee Schedule. Final Policy, Payment, and Quality Provisions in the Medicare Physician Fee Schedule for Calendar Year 2018, (CMS-1676-F), November 2, 2017. Federal Register Vol. 82, No. 219. Addendum B, 2018 conversion factor 35.9996.
 11. Procedures performed in the facility setting (hospital or ASC) are reimbursed at the Medicare facility rate.
 12. Procedures performed in the physician office setting are reimbursed at the Medicare non-facility rate.
 13. Standard payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure (with fee schedule indicator 1, 2, or 3) rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 50%, 50% and by report). Payment based on the lower of: (a) the actual charge or (b) the fee schedule amount reduced by the appropriate percentage. (Modifier -51).
 14. 150% payment adjustment for bilateral procedures applies. If the code is billed with the bilateral modifier or is reported twice on the same day by any other means (e.g., with RT and LT modifiers, or with a 2 in the units field), base the payment for these codes when reported as bilateral procedures on the lower of: (a) the total actual charge for both sides or (b) 150% of the fee schedule amount for a single code. If the code is reported as a bilateral procedure and is reported with other procedure codes on the same day, apply the bilateral adjustment before applying any multiple procedure rules.

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