

2012

Effective January 1, 2012 – September 30, 2012

Common Codes for MEDRAD Interventional Therapeutic Devices and Unadjusted Medicare Payment Rates*

*Physician payment rates based on Medicare Physician Fee Schedule, published November 1, 2011

MEDRAD
Interventional®

Mechanical Thrombectomy

Physician and Outpatient Hospital Coding & Unadjusted Medicare Payment Rates

	Physician		Outpatient Hospital		
	CPT®/HCPCS Code	Medicare Physician Fee Schedule Payment: Facility	Medicare Physician Fee Schedule Payment: Non-Facility	APC	Medicare Hospital Outpatient Payment
Coronary Procedures	+92973* Percutaneous transluminal coronary thrombectomy (Use 92973 in conjunction with 92980, 92982)	\$133	\$133	0088 Thrombectomy	\$2,873
	33210 Insertion or replacement of temporary single chamber cardiac electrode or pacemaker catheter (separate procedure)	\$133	\$133	0106 Insertion/ Replacement of Pacemaker Leads and/ or Electrodes	\$3,303
Peripheral Procedures Arterial Codes	37184 Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$338	\$1,730	0088 Thrombectomy	\$2,873
	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.)	\$125	\$565		
	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 mechanical thrombectomy procedure.)	\$190	\$1,112		
Peripheral Procedures Venous Codes	37187 Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$305	\$1,642	0088 Thrombectomy	\$2,873
	37188 Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$217	\$1,384		
	37201 Transcatheter therapy, infusion for thrombolysis other than coronary	\$204	\$204	0103 Miscellaneous Vascular Procedures	\$1,147
AV Access Procedures	36870 Thrombectomy, percutaneous, arteriovenous fistula, autogenous or non-autogenous graft (includes mechanical thrombus extraction and intragraft thrombolysis)	\$224	\$1,407	0653 Vascular Reconstruction/ Fistula Repair with Device	\$3,067

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MEDRAD Interventional Reimbursement Hotline: +1 877 869 4192

Mechanical Thrombectomy

Inpatient Hospital Coding & Unadjusted Medicare Payment Rates

	Related MS-DRG	Medicare Hospital Inpatient Payment	ICD-9-CM Diagnosis Codes	ICD-9-CM Procedure Codes
Coronary	246 Percutaneous cardiovascular procedure with drug-eluting stent with major complications or comorbidities or four or more vessels/stents	\$17,866	410.0-410.9 Acute myocardial infarction 411.0-411.89 Other acute and subacute forms of ischemic heart disease 413.0-413.9 Angina pectoris 414.0 Coronary atherosclerosis 414.8 Other specified forms of chronic ischemic heart disease 414.9 Chronic ischemic heart disease, unspecified	36.09 Other removal of coronary obstruction 37.78 Insertion of temporary transvenous pacemaker system
	247 Percutaneous cardiovascular procedure with drug eluting stent without major complications or comorbidities	\$11,165		
	248 Percutaneous cardiovascular procedure with non drug-eluting stent with major complications or comorbidities or four or more vessels/stents	\$16,553		
	249 Percutaneous cardiovascular procedure with non-drug eluting stent without major complications or comorbidities	\$10,210		
	250 Percutaneous cardiovascular procedure without coronary artery stent or AMI with major complications or comorbidities	\$16,286		
	251 Percutaneous cardiovascular procedure without coronary artery stent or AMI without major complications or comorbidities	\$10,388		
Peripheral	237 Major cardiovascular procedures with major complications or comorbidities, or thoracic aortic aneurysm repair	\$28,843	444 Arterial embolism and thrombosis (Use code 444.xx to reference arterial location contact support line for specific code) 453 Venous embolism and thrombosis (Use code 453.xx to reference arterial location, contact support line for specific code) 997.79 Vascular complications of other vessels	39.79 Other endovascular repair (of aneurysm) or other vessels
	238 Major cardiovascular procedures without major complications or comorbidities	\$17,445		
AV Access	252 Other vascular procedures with major complications or comorbidities	\$16,817	996.73 Other complications of internal prosthetic device, implant, and graft due to renal dialysis	39.49 Other revision of vascular procedure (clotting graft) 39.99 Other operations on vessels
	253 Other vascular procedures with complications or comorbidities	\$13,758		
	254 Other vascular procedures without complications or comorbidities/major complications or comorbidities	\$9,303		

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Manual Thrombectomy/Aspiration

Physician and Outpatient Hospital Coding & Unadjusted Medicare Payment Rates

	Physician		Outpatient Hospital		
	CPT/HCPCS Code	Medicare Physician Fee Schedule Payment: Facility	Medicare Physician Fee Schedule Payment: Non-Facility	APC	Medicare Hospital Outpatient Payment
Coronary	93799 Unlisted cardiovascular service or procedure	Carrier Priced	Carrier Priced	0097 Level I Noninvasive Physiologic Studies	\$65
Peripheral	37799 Unlisted vasculature procedure	Carrier Priced	Carrier Priced	0624 Phlebotomy and Minor Vascular Access Device Procedures	\$42

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Atherectomy

Physician and Outpatient Hospital Coding & Unadjusted Medicare Payment Rates

	Physician		Outpatient Hospital		
	CPT®/HCPCS Code	Medicare Physician Fee Schedule Payment: Facility	Medicare Physician Fee Schedule Payment: Non-Facility	APC	Medicare Hospital Outpatient Payment
Infra-inguinal Arteries	37225 Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty with atherectomy, includes angioplasty within the same vessel, when performed	\$461	\$8169	0229 Transcatherter Placement of Intravascular Shunt and Stents	\$8,088
	37227 Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$557	\$11,049	0319 Endovascular Revascularization of the Lower Extremity	\$14,217
	37229 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel, with transluminal angioplasty with atherectomy, includes angioplasty within the same vessel, when performed	\$540	\$8,079	0229 Transcatherter Placement of Intravascular Shunt and Stents	\$8,067
	37331 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel, with transluminal angioplasty with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$566	\$10,289	0319 Endovascular Revascularization of the Lower Extremity	\$14,217
	37333 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel: with transluminal angioplasty with atherectomy, includes angioplasty within the same vessel, when performed (Use in conjunction with 37229 & 37231)	\$248	\$1,116	0229 Transcatherter Placement of Intravascular Shunt and Stents	\$8,069
	37335 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel: with transluminal angioplasty with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (Use in conjunction with 37231)	\$293	\$3,140	0083 Coronary or Non-Coronary Angioplasty and Percutaneous Valvuloplasty	\$4,611

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Atherectomy

Inpatient Hospital Coding & Unadjusted Medicare Payment Rates

Related MS-DRG	Medicare Hospital Inpatient Payment	ICD-9-CM Diagnosis Codes	ICD-9-CM Procedure Codes
252 Other vascular procedures with major complications or comorbidities	\$16,817	440.20 Atherosclerosis of native arteries of the extremities, unspecified	17.56 Atherectomy of other non-coronary vessel(s) Code also any: 99.10 Injection or infusion of thrombolytic agent 00.55 Insertion of drug-eluting peripheral vessel stent 39.90 Insertion of non-drug-eluting peripheral vessel stents(s) 00.45 – 00.48 Number of vascular stents inserted 00.40 – 00.43 Number of vessels treated 00.44 Procedure on vessel bifurcation
253 Other vascular procedures with complications or comorbidities	\$13,758	440.21 Atherosclerosis of native arteries of the extremities with intermittent claudication 440.22 Atherosclerosis of native arteries of the extremities with rest pain	
254 Other vascular procedures without complications or comorbidities/major complications or comorbidities	\$9,303	440.23 Atherosclerosis of native arteries of the extremities with ulceration 440.24 Atherosclerosis of native arteries of the extremities with gangrene 440.29 Other atherosclerosis of native arteries of the extremities 440.30 Atherosclerosis of unspecified bypass graft of extremities 440.31 Atherosclerosis of autologous vein bypass graft of extremities 440.32 Atherosclerosis of nonautologous biological bypass graft of extremities 440.4 Chronic total occlusion of artery of the extremities 440.8 Atherosclerosis of other specified arteries 440.9 Generalized and unspecified atherosclerosis 444.22 Embolism and thrombosis of arteries of lower extremity 444.89 Embolism and thrombosis of other specified artery 444.9 Embolism and thrombosis of unspecified artery 445.02 Atheroembolism of lower extremity	

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C Codes

Medicare HCPCS C-Code	Description	MEDRAD Devices
C1769	Guide Wire	GuardDOG® Occlusion System
C1724	Catheter Transluminal Atherectomy, Rotational	JETSTREAM Navitus™ JETSTREAM G3® SF
C1757	Catheter – Embolectomy/thrombectomy	FETCH® Aspiration Catheter AngioJet® Thrombectomy Systems

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Payment rates are associated with Medicare unadjusted values for Calendar Year 2012 for the Outpatient Prospective Payment System and for Fiscal Year 2012 for the Hospital Inpatient Prospective Payment System. Health economic and reimbursement information 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. We encourage 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. Consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. We do not promote the use of products outside their FDA-approved label. Refer to the package insert for a complete description of indications and contraindications for any product mentioned in these materials prior to use.

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Medicare Inpatient Prospective Payment System - Federal Register. Vol. 76, No. 160. August 18, 2011.

Medicare Physician Fee Schedule - The payment amounts indicated are based upon data elements published in CMS-1524-FC and CMS-1436-F on 11/1/11. These changes are effective for services provided from 1/1/12 through 12/31/12.

Medicare Hospital Outpatient Prospective Payment System - The payment amounts indicated are based upon data elements published in CMS-1525-FC on 11/1/11. These changes are effective for services provided from 1/1/12 through 12/31/12. CMS may make adjustments to any or all of the data inputs from time to time.

Hospital ICD-9-CM 2012 Volumes 1,2, & 3, 9th Revision-Clinical Modification, Ingenix. Copyright © 2011 Ingenix, Inc.

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AngioJet® Thrombectomy Systems

Indications/Contraindications

AngioJet and AngioJet Ultra peripheral indications include: breaking up and removing thrombus from infra-inguinal peripheral arteries, upper and lower extremity peripheral arteries, upper extremity peripheral veins, iliofemoral and lower extremity veins, A-V access conduits, and for use with the AngioJet Ultra Power Pulse Kit for the control and selective infusion of physician specified fluids, including thrombolytic agents, into the peripheral vascular system. Coronary indications include: removing thrombus in the treatment of patients with symptomatic coronary artery or saphenous vein graft lesions prior to balloon angioplasty or stent placement. Do not use in patients: who are contraindicated for intracoronary or endovascular procedures, who cannot tolerate contrast media, and in whom the lesion cannot be accessed with the wire guide.

Warnings and Precautions

The system has not been evaluated for treatment of pulmonary embolism or for use in the carotid or cerebral vasculature. Some AngioJet devices have not been evaluated for use in coronary vasculature. Operation of the catheter may cause embolization of some thrombus and/or thrombotic particulate debris. Cardiac arrhythmias may occur and cardiac rhythm should be monitored during catheter use and appropriate management employed, if needed. Systemic heparinization is advisable to avoid pericatheterization thrombus and acute rethrombosis. Operation of the system causes transient hemolysis. Large thrombus burdens may result in significant hemoglobinemia which should be monitored. Consider hydration, as appropriate. Before coronary AngioJet treatment, verify the presence of thrombus because routine use of AngioJet in every STEMI patient, without proper selection for thrombus, has been associated with increased mortality risk. Do not use the system in the coronary vasculature without placing a temporary pacing catheter to support the patient through hemodynamically significant arrhythmias which may occur.

Potential Adverse Events

Potential adverse events (in alphabetical order) which may be associated with use of the system are similar to those associated with other interventional procedures and include but are not limited to the following: abrupt closure of treated vessel, acute myocardial infarction, acute renal failure, arrhythmias (including VF and VT), bleeding from access site, death, dissection, embolization (proximal or distal), emergent CABG, hematoma, hemolysis, hemorrhage requiring transfusion, hypotension/hypertension, infection at access site, myocardial ischemia, pain, pancreatitis, perforation, pseudoaneurysm, reactions to contrast medium, stroke/CVA, thrombosis/occlusion, total occlusion of treated vessel, vascular aneurysm, vascular spasm, vessel wall or valve damage.

Refer to product labeling for device-specific indications, contraindications, warnings/precautions, and adverse events. Rx only. – COM January 2011

The Fetch2 Aspiration catheter is indicated for the removal of fresh, soft emboli and thrombi from vessels in the peripheral and coronary vasculature. See product *Information for Use* for specific and complete prescribing information for the Fetch Aspiration Catheter.

The GuardDOG® Occlusion System is intended for use in the peripheral vasculature to facilitate the localized infusion of therapeutic or diagnostic fluids, with or without vessel occlusion. The safety and effectiveness of this instrument has not been established in the coronary, cerebral, or carotid vasculature. Refer to product *Instructions for Use* for specific and complete prescribing information.

The JETSTREAM System is intended for use in atherectomy of the peripheral vasculature and to break apart and remove thrombus from upper and lower extremity peripheral arteries. It is not intended for use in coronary, carotid, iliac or renal vasculature. See product *Information for Use* for specific and complete prescribing information. 2516-001 1/2012

MEDRAD[®]
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