JANUARY, 2019

Aortic, Peripheral, Venous and Coronary – Renal Denervation
REIMBURSEMENT UPDATE
INTRODUCTION

The purpose of this interactive dashboard is to provide reimbursement updates and information related to Medtronic’s Aortic, Peripheral, Venous and Coronary-Renal Denervation products.

Please note that this document doesn’t include an exhaustive list of all related codes.

For further information please see the links to the Inpatient, Outpatient and ASC rules as well as the Physician Fee Schedule in the bibliography section: here.

Alternatively, please contact the Health Economics Policy and Payment Team at:

- rs.cardiovascularhealth.economics@medtronic.com
- www.medtronic.com/cvreimbursement
Reimbursement information is gathered from the CMS web site and is presented for illustrative purposes only. This information cannot guarantee coverage or reimbursement, and does not constitute reimbursement or legal advice. We strongly recommend that you work with a qualified consultant or attorney to determine the billing practices for your office.

Every effort has been made to ensure that the information provided in this document is accurate. Reimbursement information changes periodically. Service providers should make sure that they are reviewing the most recent update to this document and the most recent reimbursement guidance from their payers. As a result, Medtronic can make no representation or warranty regarding this information or its completeness, accuracy, timeliness, or applicability with respect to any particular patient or third party payer. Medtronic may not carry products used in all procedures listed.

Service providers are responsible for their decisions relating to coding and reimbursement submissions. This document reflects payment estimates only and is not a guarantee of payment.

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## OUR SERVICES

<table>
<thead>
<tr>
<th>THERAPIES</th>
<th>SERVICES</th>
<th>TOOLS</th>
<th>CASE REVIEWS</th>
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<tbody>
<tr>
<td>CRDN</td>
<td>APV</td>
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</tr>
<tr>
<td><strong>CORONARY-RDN</strong></td>
<td><strong>AORTIC</strong></td>
<td><strong>PERIPHERAL</strong></td>
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</tr>
<tr>
<td>Drug Eluting Stents</td>
<td>Abdominal Aortic</td>
<td>Drug-Coated Balloon</td>
<td>RF Ablation</td>
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<tr>
<td>Bare Metal Stents</td>
<td>Thoracic Aortic</td>
<td>Atherectomy</td>
<td>Non-Thermal</td>
</tr>
<tr>
<td>Balloons</td>
<td>Ancillary</td>
<td>Stent</td>
<td>Embolization</td>
</tr>
<tr>
<td>Renal Denervation (RDN)</td>
<td></td>
<td>Balloons</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Embolic Protection</td>
<td></td>
</tr>
</tbody>
</table>

## ECONOMIC VALUE & VALUE BASED HEALTHCARE INITIATIVES

## U.S. REIMBURSEMENT TRAINING & EDUCATION
### Reimbursement Updates
- Medicare coding, coverage and compensation information
- Coding and payment scenarios
- Specific coding guidelines for procedures
- Relevant updates for upcoming payment and policy changes

### Case Analyses
- Case reviews for Medtronic product-related procedures
- Documentation and coding
- Payment reconciliation & appeals reviews

### Analytics
- Benchmarking tools to compare your facility with national data.
- Facility comparison tools

### Contact Info
- Coronary, Aortic, and Peripheral: (877) 347-9662
- Venous: (866) 260-3987
- Email: rs.cardiovascularhealth_economics@medtronic.com
- Website: www.medtronic.com/cvreimbursement

### Coding Resources
- Coding guides
- Charge sheets
- Therapy worksheets
- Coverage Policy Matrix
All tools can be found at our website at: http://www.medtronic.com/us-en/healthcare-professionals/products/cardiovascular/coding-coverage-reimbursement.html
**PURPOSE:**

- Reconcile physician documentation with hospital charges, coding and payment
- Improve documentation, charge capture and coding
- Reduce rework and physician documentation queries

<table>
<thead>
<tr>
<th>PHYSICIAN OP NOTES</th>
<th>HOSPITAL CASE REPORT &amp; CHARGE SHEET</th>
<th>HOSPITAL/PHYSICIAN STANDARDIZED BILL</th>
<th>REMITTANCE NOTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indications</td>
<td>Payer type</td>
<td>Setting of care</td>
<td>Payer type</td>
</tr>
<tr>
<td>Procedure Summary</td>
<td>Procedure Charges</td>
<td>Diagnosis codes</td>
<td>Payment amount</td>
</tr>
<tr>
<td>Procedure Details</td>
<td>Supplies used &amp; device coding</td>
<td>Procedure codes</td>
<td>Payment adjustment reasons</td>
</tr>
<tr>
<td>Findings/Results</td>
<td>Moderate sedation time</td>
<td>Supply coding &amp; charges</td>
<td></td>
</tr>
<tr>
<td>Impressions</td>
<td>Angiograms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Total of 10 de-identified cases 2-3 months prior to review date related to Coronary, Aortic, Peripheral, or Venous
## OUR SERVICES

### THERAPIES

### SERVICES

### TOOLS

### CASE REVIEWS

#### KEY STAKEHOLDERS

<table>
<thead>
<tr>
<th>PHYSICIAN</th>
<th>Documentation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who? MDs involved</td>
<td></td>
</tr>
<tr>
<td>Why? Indications</td>
<td></td>
</tr>
</tbody>
</table>

| What? Procedures performed & findings |

<table>
<thead>
<tr>
<th>CATH LAB TECH/ RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document procedure details</td>
</tr>
<tr>
<td>Capture all equipment/supply charges and procedure charges</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CATH LAB CODER/ ANALYST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update Charge Sheets</td>
</tr>
<tr>
<td>Link Procedure Code to Charges</td>
</tr>
<tr>
<td>Review charges with MD documentation to confirm correct charges and coding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH INFORMATION MANAGEMENT/ CODERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm MD documentation with hospital coding</td>
</tr>
<tr>
<td>Identify and clarify coding edits</td>
</tr>
<tr>
<td>Applies appropriate procedure modifiers and submits bills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REVENUE INTEGRITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review remittance and reconcile charges with payments</td>
</tr>
<tr>
<td>Appeal inappropriate adjustments and denials</td>
</tr>
</tbody>
</table>
REIMBURSEMENT 101

COMPONENTS

CODES

SETTINGS

COVERAGE

TIMELINE

FUTURE

WHAT'S NEW

AORTIC

PERIPHERAL

VENOUS

CORONARY

CONTACT US
## REIMBURSEMENT 101

### CODING
- ICD-10
- HCPCS-CPT®
- POS

### COVERAGE
- NCDs
  (National Coverage Determinations)
- LCDs
  (Local Coverage Determinations)

### PAYMENT
- MS-DRGs
  (Medicare Severity-Diagnosis Related Group)
- APCs
  (Ambulatory Payment Classifications)
- ASCs
  (Ambulatory Surgical Center)
- MPFS
  (Medicare Physician Fee Schedule)

### QUESTIONS
- Why was it done?
- What was done?
- Where was it done?
- Will it be paid for?
- Who pays?
- How much?

### DOCUMENTATION IS KEY!
## REIMBURSEMENT 101

<table>
<thead>
<tr>
<th>Provider</th>
<th>Setting</th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>Facility/Office</td>
<td>ICD-10-CM</td>
<td>CPT®</td>
</tr>
<tr>
<td>Hospitals</td>
<td>Outpatient</td>
<td>ICD-10-CM</td>
<td>CPT®</td>
</tr>
<tr>
<td>ASCs</td>
<td>Outpatient</td>
<td>ICD-10-CM</td>
<td>CPT®</td>
</tr>
<tr>
<td>Hospitals</td>
<td>Inpatient</td>
<td>ICD-10-CM</td>
<td>ICD-10-PCS</td>
</tr>
</tbody>
</table>

- Physicians, hospitals and all other providers must use ICD-10 diagnosis codes.
- Hospitals must also use ICD-10-PCS procedure codes for inpatient cases.
- Implementation of ICD-10 does not affect use of CPT® codes.
REIMBURSEMENT 101

COMPONENTS  CODES  SETTINGS  COVERAGE  TIMELINE  FUTURE

FACILITY / TECHNICAL FEES

HOSPITAL INPATIENT
MS-DRGs HIPPS
Effective Oct 1st

HOSPITAL OUTPATIENT
APCs HOPPS
Effective Jan 1st

AMBULATORY SURGERY CENTER (ASC)
ASC Fee Schedule
Effective Jan 1st

PROFESSIONAL FEES

PHYSICIAN PROFESSIONAL FEES
Medicare Physician Fee Schedule
Facility Fee Schedule
Resource Based Relative Value System (RBRVS)
Effective Jan 1st

OFFICE BASED LAB (OBL)
Medicare Physician Fee Schedule
Non-Facility Fee Schedule – RBRVS
Effective Jan 1st
A/B MAC Jurisdictions
as of October 2017

Source: https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs.html#MapsandLists
REIMBURSEMENT 101

COMPONENTS | CODES | SETTINGs | COVERAGE | TIMELINE | FUTURE

January 2019
- CY 2019 OPPS, ASC & MPFS updates in effect
- Q1 HCPCS updates

April 2019
- Q2 HCPCS updates
- FY 2020 Proposed IPPS

July 2019
- Q3 HCPCS updates
- Proposed FY 2020 OPPS/ASC & MPFS

October 2019
- Q4 HCPCS updates
- FY 2020 IPPS in effect

September 2019
- Submit final comments for OPPS, ASC & MPFS

August 2019
- Final FY 2020 IPPS

November 2019
- CY 2020 Final OPPS, ASC & MPFS

December 2019
- MDT 2020 Medicare RBT Update Webinars

January 2020
- CY 2020 OPPS, ASC & MPFS updates in effect
- Q1 HCPCS updates
CMS
Centers for Medicare & Medicaid Services
- Medicare Part A
  - Inpatient
- Medicare Part B
  - Outpatient
  - Professional services

MACRA
Medicare Access and CHIP Reauthorization Act of 2015
- Eliminates SGR
- Amends Quality Reporting Programs
- Creates 2 new quality-based payment systems

APM
Alternative Payment Models
- EHR used by at least 50% of clinicians
- Payments based on quality measure and include at least one outcome measure
- Accepts financial risk of 8% of Medicare revenues; or 3% of expected expenditure
- Submit up to 6 quality measures for minimum of 90 days
- Submit quality measures for (>90 days)
- Submit 15 quality measures for full CY 2017

MIPS
Merit-based Incentive Payment System
- Submit up to 6 quality measures for minimum of 90 days
- Submit quality measures for (>90 days)
- Submit 15 quality measures for full CY 2017

QPP
Quality Payment Program
- 2017 – 271 total quality measures
- 2018 – 275 total quality measures
- 3 Vascular Surgery specialty quality measures related to aortic aneurysms
WHAT’S NEW

CORONARY
PERIPHERAL
AORTIC
VENOUS

Note: Medtronic doesn’t offer products with approved indications for all procedures listed.
## WHAT’S NEW

<table>
<thead>
<tr>
<th>CORONARY</th>
<th>PERIPHERAL</th>
<th>AORTIC</th>
<th>VENOUS</th>
</tr>
</thead>
</table>

### CORONARY

#### Diagnostic Caths

11 Diagnostic Cardiac Cath codes (93451-93461) will be reimbursed in the ASC setting of care January 2019.

### PCIs

Medicare only pays for PCIs in the hospital Inpatient and Outpatient setting of care

Hospital outpatient payment reductions due to hospital reported costs and volumes based on 2017 claims
### WHAT’S NEW

#### PERIPHERAL

**Lower Extremity**

No change to DCB payment assignments and the four-level structure for Endovascular Procedures. SFA DCB alone procedures (37224 + C2623) will remain assigned to C-APC 5192 and the CY2019 National Medicare outpatient payment will be $4,679.

CMS acknowledged the stakeholder comments and states the following:

- "...we do share similar concerns with the commenters regarding the significant differential payments between the procedures assigned within the current four-level structure of the Endovascular Procedures APCs and intend to revisit this particular issue in future rulemaking."

**AVF Maintenance**

Reassignment of diagnostic angiography of the dialysis circuit procedure (36901) to a higher valued Level 2 Vascular procedure.
### WHAT’S NEW

<table>
<thead>
<tr>
<th>CORONARY</th>
<th>PERIPHERAL</th>
<th>AORTIC</th>
<th>VENOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AORTIC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Abdominal &amp; Thoracic</strong></td>
<td></td>
<td></td>
<td><strong>Bundled EVAR CPT® Codes</strong></td>
</tr>
<tr>
<td>All the abdominal and thoracic aortic procedures remain on the inpatient only list (Addendum E) and will be only paid as inpatient procedures for CY2019.</td>
<td></td>
<td><strong>Reminder of the 2018 bundling for EVAR procedures:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Endoanchor Code</strong></td>
<td></td>
<td></td>
<td><strong>34701</strong> Aorto-aortic tube endograft</td>
</tr>
<tr>
<td>+34712 - Transcatheter delivery of enhanced fixation device(s) to the endograft (e.g, anchor, screw, tack) and all associated radiological supervision and interpretation</td>
<td></td>
<td><strong>34702</strong> Aorto-aortic tube endograft rupture</td>
<td></td>
</tr>
<tr>
<td><strong>Percutaneous access Code</strong></td>
<td></td>
<td></td>
<td><strong>34703</strong> Aorto-uniliac endograft</td>
</tr>
<tr>
<td>+34713 - Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral</td>
<td></td>
<td><strong>34704</strong> Aorto-uniliac endograft rupture</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>34705</strong> Aorto-biliac endograft</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>34706</strong> Aorto-biliac endograft rupture</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>34707</strong> Ilio-iliac tube endograft</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>34708</strong> Ilio-iliac tube endograft rupture</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>34709</strong> Placement of extension prosthesis</td>
<td></td>
</tr>
</tbody>
</table>
### WHAT'S NEW

<table>
<thead>
<tr>
<th>VENOUS</th>
<th>CORONARY</th>
<th>PERIPHERAL</th>
<th>AORTIC</th>
<th>VENOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Superficial</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the Outpatient setting, Level 3 (RF Ablation) &amp; 4 (Cyanoacrylate) Vascular Procedure payments remain stable with a slight increase.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Embolization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital outpatient payment reductions due to hospital reported costs and volumes based on 2017 claims</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
AORTIC

INPATIENT
OUTPATIENT
ASC
PHYSICIAN
COMPARISON
HCPCS

Note: Medtronic doesn't offer products with approved indications for all procedures listed.
## AAA REPAIR (EVAR) - FY 2019 FINAL PAYMENTS

<table>
<thead>
<tr>
<th>MS - DRG</th>
<th>Description</th>
<th>FY 2018 Weight</th>
<th>FY 2018 Medicare National Payment</th>
<th>FY 2019 Weight</th>
<th>FY 2019 Medicare National Payment</th>
<th>Payment Impact (% change from FY18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>268</td>
<td>Aortic &amp; Heart Assist Procedures (except Pulsation Balloon) w/ MCC</td>
<td>6.5268</td>
<td>$39,334</td>
<td>6.7037</td>
<td>$40,929</td>
<td>4.1%</td>
</tr>
<tr>
<td>269</td>
<td>Aortic &amp; Heart Assist Procedures (except Pulsation Balloon) w/o MCC</td>
<td>4.1556</td>
<td>$25,044</td>
<td>4.1509</td>
<td>$25,343</td>
<td>1.2%</td>
</tr>
<tr>
<td></td>
<td><strong>Average Payment</strong></td>
<td></td>
<td><strong>$27,635</strong></td>
<td></td>
<td><strong>$28,183</strong></td>
<td><strong>2.0%</strong></td>
</tr>
</tbody>
</table>

NOTE: Average payment is a weighted average based upon historical volumes.
### TAA REPAIR (TEVAR) - FY 2019 FINAL PAYMENTS

<table>
<thead>
<tr>
<th>MS - DRG</th>
<th>Description</th>
<th>FY 2018 Weight</th>
<th>FY 2018 Medicare National Payment</th>
<th>FY 2019 Weight</th>
<th>FY 2019 Medicare National Payment</th>
<th>Payment Impact (% change from FY18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>219</td>
<td>Cardiac Valve &amp; Oth Major Cardiothoracic Proc w/o Cardiac Cath w/ MCC</td>
<td>7.6075</td>
<td>$45,846</td>
<td>7.6916</td>
<td>$46,961</td>
<td>2.4%</td>
</tr>
<tr>
<td>220</td>
<td>Cardiac Valve &amp; Oth Major Cardiothoracic Proc w/o Cardiac Cath w/ CC</td>
<td>5.1403</td>
<td>$30,978</td>
<td>5.2053</td>
<td>$31,781</td>
<td>2.6%</td>
</tr>
<tr>
<td>221</td>
<td>Cardiac Valve &amp; Oth Major Cardiothoracic Proc w/o Cardiac Cath w/o CC/MCC</td>
<td>4.5838</td>
<td>$27,624</td>
<td>4.6074</td>
<td>$28,130</td>
<td>1.8%</td>
</tr>
<tr>
<td></td>
<td><strong>Average Payment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>3.3%</strong></td>
</tr>
</tbody>
</table>

NOTE: Average payment is a weighted average based upon historical volumes.
Medtronic’s aortic products are only covered in an inpatient setting so there will be no outpatient or ASC payments listed.
Medtronic’s aortic products are only covered in an inpatient setting so there will be no outpatient or ASC payments listed.
### AORTIC

#### INPATIENT

#### OUTPATIENT

#### ASC

#### PHYSICIAN

#### COMPARISON

#### HCPCS

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### 2019 NATIONAL PAYMENT RATES

Continued on the next page

<table>
<thead>
<tr>
<th>CPT®</th>
<th>CPT® Description</th>
<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total RVUs</td>
<td>Payment</td>
</tr>
<tr>
<td>33880</td>
<td>Endovasc taa repr incl subcl</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>33881</td>
<td>Endovasc taa repr w/o subcl</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>33883</td>
<td>Insert endovasc prosth taa</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>33884</td>
<td>Endovasc prosth taa add-on</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>33886</td>
<td>Endovasc prosth delayed</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>33889</td>
<td>Artery transpose/endovas taa</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>33891</td>
<td>Car-car bp grft/endovas taa</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34701</td>
<td>Evasc rpr a-a o ndgft</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34702</td>
<td>Evasc rpr a-a o ndgft rpt</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34703</td>
<td>Evasc rpr a-unilac ndgft</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34704</td>
<td>Evasc rpr a-unilac ndgft rpt</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34705</td>
<td>Evac rpr a-biiliac ndgft</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34706</td>
<td>Evasc rpr a-biiliac rpt</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34707</td>
<td>Evasc rpr ilio-iliac ndgft</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34708</td>
<td>Evasc rpr ilio-iliac rpt</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34709</td>
<td>Plmt xtn prosth evasc rpr</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
## AORTIC

### INPATIENT

<table>
<thead>
<tr>
<th>CPT®</th>
<th>CPT® Description</th>
<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Work RVUs</td>
<td>PE RVUs</td>
</tr>
<tr>
<td>33880</td>
<td>Endovasc taa repr incl subcl</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>33881</td>
<td>Endovasc taa repr w/o subcl</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>33883</td>
<td>Insert endovasc prosth taa</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
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<td>Car-car bp grft/endovasc taa</td>
<td>N/A</td>
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<tr>
<td>34701</td>
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<td>34708</td>
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<tr>
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<td>Plmt xtn prosth evasc rpr</td>
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</table>

### OUTPATIENT

## ASC

## PHYSICIAN

## COMPARISON

## HCPCS

2019 NATIONAL RVUs

Continued on the next page
# AORTIC

## 2019 NATIONAL PAYMENT RATES

<table>
<thead>
<tr>
<th>CPT®</th>
<th>CPT® Description</th>
<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total RVUs</td>
<td>Payment</td>
</tr>
<tr>
<td>34710</td>
<td>Dlyd plmt xtn prosth 1st vsl</td>
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</tr>
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<td>34711</td>
<td>Dlyd plmt xtn prosth ea addl</td>
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<td>N/A</td>
</tr>
<tr>
<td>34712</td>
<td>Tcat dlvr enhncl fixj dev</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34713</td>
<td>Perq access &amp; clsr fem art</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>34714</td>
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</tr>
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</tr>
<tr>
<td>34832</td>
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<td>N/A</td>
</tr>
<tr>
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<td>N/A</td>
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<tr>
<td>34834</td>
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### AORTIC

#### INPATIENT

#### OUTPATIENT

#### ASC

#### PHYSICIAN

#### COMPARISON

#### HCPCS

### 2019 NATIONAL RVUs

<table>
<thead>
<tr>
<th>CPT®</th>
<th>CPT® Description</th>
<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Work RVUs</td>
<td>PE RVUs</td>
</tr>
<tr>
<td>34710</td>
<td>Dlyd plmt xtn prosth 1st vsl</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34711</td>
<td>Dlyd plmt xtn prosth ea addl</td>
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<td>N/A</td>
</tr>
<tr>
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<td>Tcat dlvr enhncd fixj dev</td>
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<td>N/A</td>
</tr>
<tr>
<td>34713</td>
<td>Perq access &amp; clsr fem art</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34714</td>
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<td>N/A</td>
</tr>
<tr>
<td>34808</td>
<td>Endovas iliac a device addon</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34812</td>
<td>Opn fem art expos</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>34813</td>
<td>Femoral endovas graft add-on</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
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<td>Opn iliac art expos</td>
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<tr>
<td>34830</td>
<td>Open aortic tube prosth repr</td>
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<td>N/A</td>
</tr>
<tr>
<td>34831</td>
<td>Open aortoiliac prosth repr</td>
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<td>N/A</td>
</tr>
<tr>
<td>34832</td>
<td>Open aortofemor prosth repr</td>
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<td>N/A</td>
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<td>Opn ilac art expos cnrt cntrj</td>
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<td>34834</td>
<td>Opn brach art expos</td>
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Continued on the next page
## 2019 NATIONAL PAYMENT RATES

<table>
<thead>
<tr>
<th>CPT®</th>
<th>CPT® Description</th>
<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Total RVUs</td>
<td>Payment</td>
</tr>
<tr>
<td>35226</td>
<td>Repair blood vessel lesion</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>35371</td>
<td>Rechanneling of artery</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>36200</td>
<td>Place catheter in aorta</td>
<td>16.23</td>
<td>$585</td>
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<tr>
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<td>Place catheter in artery</td>
<td>29.40</td>
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<td>Place catheter in artery</td>
<td>31.68</td>
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<td>36217</td>
<td>Place catheter in artery</td>
<td>53.12</td>
<td>$1,914</td>
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<tr>
<td>36245</td>
<td>Ins cath abd/l-ext art 1st</td>
<td>37.43</td>
<td>$1,349</td>
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<tr>
<td>37235</td>
<td>Tib/per revasc stnt &amp; ather</td>
<td>119.07</td>
<td>$4,291</td>
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<tr>
<td>37236</td>
<td>Open/perq place stent 1st</td>
<td>101.62</td>
<td>$3,662</td>
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<tr>
<td>37242</td>
<td>Vasc embolize/occlude artery</td>
<td>211.50</td>
<td>$7,622</td>
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<td>37252</td>
<td>Intrvasc us noncoronary 1st</td>
<td>35.78</td>
<td>$1,289</td>
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<tr>
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<td>Xray endovasc thor ao repr</td>
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<td>$354</td>
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<td>Xray endovasc thor ao repr</td>
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<td>$304</td>
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<tr>
<td>75958-26</td>
<td>Xray place prox ext thor ao</td>
<td>5.60</td>
<td>$202</td>
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<td>Xray place dist ext thor ao</td>
<td>4.88</td>
<td>$176</td>
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Continued on the next page.
## 2019 NATIONAL RVUs

<table>
<thead>
<tr>
<th>CPT®</th>
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<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Work RVUs</td>
<td>PE RVUs</td>
</tr>
<tr>
<td>35226</td>
<td>Repair blood vessel lesion</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>35371</td>
<td>Rechanneling of artery</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>36200</td>
<td>Place catheter in aorta</td>
<td>2.77</td>
<td>12.87</td>
</tr>
<tr>
<td>36215</td>
<td>Place catheter in artery</td>
<td>4.17</td>
<td>24.64</td>
</tr>
<tr>
<td>36216</td>
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</tr>
<tr>
<td>36217</td>
<td>Place catheter in artery</td>
<td>6.29</td>
<td>45.62</td>
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<td>36245</td>
<td>Ins cath abd/l-ext art 1st</td>
<td>4.65</td>
<td>32.01</td>
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<tr>
<td>37235</td>
<td>Tib/per revasc stnt &amp; ather</td>
<td>7.80</td>
<td>109.64</td>
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<td>37236</td>
<td>Open/perq place stent 1st</td>
<td>8.75</td>
<td>91.10</td>
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<td>37242</td>
<td>Vasc embolize/occlude artery</td>
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<td>200.36</td>
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<td>1.33</td>
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<tr>
<td>75958-26</td>
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<td>0.89</td>
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<tr>
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<td>Xray place dist ext thor ao</td>
<td>3.50</td>
<td>0.77</td>
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</table>
Medtronic’s aortic products are only covered in an inpatient setting and therefore no comparisons have been shown.
## AORTIC

### INTRODUCTION

### OUR SERVICES

### REIMBURSEMENT 101

### WHAT’S NEW

### AORTIC

<table>
<thead>
<tr>
<th>HCPCS (C-Code)</th>
<th>HCPCS Code Description</th>
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</thead>
<tbody>
<tr>
<td>C1887</td>
<td>Catheter, guiding (may include infusion/perfusion capability)</td>
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PERIPHERAL

INPATIENT
OUTPATIENT
ASC
PHYSICIAN
COMPARISON
HCPCS

Note: Medtronic doesn't offer products with approved indications for all procedures listed.
### INPATIENT

<table>
<thead>
<tr>
<th>MS - DRG</th>
<th>Description</th>
<th>FY 2018 Weight</th>
<th>FY 2018 Medicare National Payment</th>
<th>FY 2019 Weight</th>
<th>FY 2019 Medicare National Payment</th>
<th>Payment Impact (% change from FY18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>252</td>
<td>Other Vascular Procedures w/ MCC</td>
<td>3.2334</td>
<td>$19,486</td>
<td>3.2598</td>
<td>$19,903</td>
<td>2.1%</td>
</tr>
<tr>
<td>253</td>
<td>Other Vascular Procedures w/ CC</td>
<td>2.5350</td>
<td>$15,277</td>
<td>2.5943</td>
<td>$15,839</td>
<td>3.7%</td>
</tr>
<tr>
<td>254</td>
<td>Other Vascular Procedures w/o CC/MCC</td>
<td>1.8127</td>
<td>$10,924</td>
<td>1.8100</td>
<td>$11,051</td>
<td>1.2%</td>
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<tr>
<td></td>
<td>Average Payment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$16,429</td>
<td></td>
<td>$16,889</td>
<td>2.8%</td>
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</table>

**NOTE:** Average payment is a weighted average based upon historical volumes
## CAROTID ARTERY STENTING - FY 2019 FINAL PAYMENTS

<table>
<thead>
<tr>
<th>MS - DRG</th>
<th>Description</th>
<th>FY 2018 Weight</th>
<th>FY 2018 Medicare National Payment</th>
<th>FY 2019 Weight</th>
<th>FY 2019 Medicare National Payment</th>
<th>Payment Impact (% change from FY18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>034</td>
<td>Carotid Artery Stent w/ MCC</td>
<td>3.9918</td>
<td>$24,057</td>
<td>3.5998</td>
<td>$21,979</td>
<td>-8.6%</td>
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<tr>
<td>035</td>
<td>Carotid Artery Stent w/ CC</td>
<td>2.2278</td>
<td>$13,426</td>
<td>2.2203</td>
<td>$13,556</td>
<td>1.0%</td>
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<tr>
<td>036</td>
<td>Carotid Artery Stent w/o CC/MCC</td>
<td>1.7636</td>
<td>$10,628</td>
<td>1.7260</td>
<td>$10,538</td>
<td>-0.8%</td>
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<tr>
<td><strong>Average Payment</strong></td>
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<td><strong>$13,154</strong></td>
<td><strong>$12,984</strong></td>
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<td><strong>-1.3%</strong></td>
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</table>

NOTE: Average payment is a weighted average based upon historical volumes
<table>
<thead>
<tr>
<th>C-APCs</th>
<th>CY 2019 National Payments</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5192</strong> Level II Endovascular procedures (Cor &amp; Per PTAs)</td>
<td>$4,679</td>
<td>-8.0%</td>
</tr>
<tr>
<td><strong>5193</strong> Level III Endovascular procedures (Cor &amp; Per interventions)</td>
<td>$9,669</td>
<td>-8.0%</td>
</tr>
<tr>
<td><strong>5194</strong> Level IV Endovascular procedures (Complex Cor &amp; Per interventions)</td>
<td>$15,355</td>
<td>-4.1%</td>
</tr>
</tbody>
</table>

CLICK HERE FOR HCPCS CODES PAYABLE UNDER THE 2019 OPPS APCS 5192-5194
## PERIPHERAL

### INPATIENT  OUTPATIENT  ASC  PHYSICIAN  COMPARISON  HCPCS

### PROCEDURES THAT MAP TO EACH OF THE APCS

#### APC 5192 - Level 2 Endovascular Procedures

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Short Descriptor</th>
<th>HCPCS</th>
<th>Short Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0338T</td>
<td>Trnscth renal symp denrv u</td>
<td>37220</td>
<td>Iliac revasc</td>
</tr>
<tr>
<td>0339T</td>
<td>Trnscth renal symp denrv b</td>
<td>37224</td>
<td>Fem/popl revas w/tla</td>
</tr>
<tr>
<td>36902</td>
<td>Intro cath dialysis circui</td>
<td>37246</td>
<td>Trluml balo angiop 1st art</td>
</tr>
<tr>
<td>36904</td>
<td>Thrmbc/nfs dialysis circui</td>
<td>37248</td>
<td>Trluml balo angiop 1st vei</td>
</tr>
<tr>
<td>37183</td>
<td>Remove hepatic shunt (tips)</td>
<td>92920</td>
<td>Prq cardiac angioplast 1 a</td>
</tr>
<tr>
<td>37184</td>
<td>Prim art m-thrmbc 1st vsl</td>
<td>92986</td>
<td>Revision of aortic valve</td>
</tr>
<tr>
<td>37187</td>
<td>Venous mech thrombectomy</td>
<td></td>
<td></td>
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</tbody>
</table>

#### APC 5193 - Level 3 Endovascular Procedures

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Short Descriptor</th>
<th>HCPCS</th>
<th>Short Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0234T</td>
<td>Trluml perip athrc renal a</td>
<td>37244</td>
<td>Vasc embolize/occlude blee</td>
</tr>
<tr>
<td>0236T</td>
<td>Trluml perip athrc abd aor</td>
<td>61623</td>
<td>Endovasc tempory vessel oc</td>
</tr>
<tr>
<td>0237T</td>
<td>Trluml perip athrc brchioc</td>
<td>61626</td>
<td>Transcath occlusion non-cn</td>
</tr>
<tr>
<td>0505T</td>
<td>Ev fempop artl revsc</td>
<td>92924</td>
<td>Prq card angio/athrect 1 a</td>
</tr>
<tr>
<td>36903</td>
<td>Intro cath dialysis circui</td>
<td>92928</td>
<td>Prq card stent w/angio 1 v</td>
</tr>
<tr>
<td>36905</td>
<td>Thrmbc/nfs dialysis circui</td>
<td>92937</td>
<td>Prq revasc byp graft 1 vsl</td>
</tr>
<tr>
<td>37221</td>
<td>Iliac revasc w/stent</td>
<td>92943</td>
<td>Prq card revasc chronic 1v</td>
</tr>
<tr>
<td>37225</td>
<td>Fem/popl revas w/ather</td>
<td>92987</td>
<td>Revision of mitral valve</td>
</tr>
<tr>
<td>37226</td>
<td>Fem/popl revasc w/stent</td>
<td>92990</td>
<td>Revision of pulmonary valv</td>
</tr>
<tr>
<td>37228</td>
<td>Tib/per revasc w/tla</td>
<td>92997</td>
<td>Pul art balloon repr percu</td>
</tr>
<tr>
<td>37236</td>
<td>Open/perq place stent 1st</td>
<td>C9600</td>
<td>Perc drug-el cor stent sing</td>
</tr>
<tr>
<td>37238</td>
<td>Open/perq place stent same</td>
<td>C9604</td>
<td>Perc d-e cor revasc t cabg</td>
</tr>
<tr>
<td>37241</td>
<td>Vasc embolize/occlude veno</td>
<td>C9754</td>
<td>Perc av fistula, direct</td>
</tr>
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<td>37242</td>
<td>Vasc embolize/occlude arte</td>
<td>C9755</td>
<td>Rf magnetic-guide av fistul</td>
</tr>
<tr>
<td>37243</td>
<td>Vasc embolize/occlude orga</td>
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<td></td>
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Source: Addendum C - CY2019 NFRM Addendum C.1101201 [LINK]
### PROCEDURES THAT MAP TO EACH OF THE APCS

#### APC 5194 - Level 4 Endovascular Procedures

<table>
<thead>
<tr>
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<th>Short Descriptor</th>
<th>HCPCS</th>
<th>Short Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0238T</td>
<td>Trluml perip athrc iliac a</td>
<td>93580</td>
<td>Transcath closure of asd</td>
</tr>
<tr>
<td>33274</td>
<td>Tcat insj/rpl perm Idls pm</td>
<td>93581</td>
<td>Transcath closure of vsd</td>
</tr>
<tr>
<td>36906</td>
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<td>93582</td>
<td>Perq transcath closure pda</td>
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<tr>
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<td>Fem/popl revasc stnt &amp; ath</td>
<td>93590</td>
<td>Perq transcath cls mitral</td>
</tr>
<tr>
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<td>Tib/per revasc w/ather</td>
<td>93591</td>
<td>Perq transcath cls aortic</td>
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<tr>
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<td>Tib/per revasc w/stent</td>
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<tr>
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<td>Tib/per revasc stent &amp; ath</td>
<td>C9607</td>
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<tr>
<td>92933</td>
<td>Prq card stent/ath/angio</td>
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Source: Addendum C - CY2019 NFRM Addendum C.1101201 Link
### 2019 PERIPHERAL NATIONAL PAYMENTS

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<th>% Change</th>
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<tr>
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<td>Iliac revasc w/stent</td>
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<tr>
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<td>Fem/popl revas w/ather</td>
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<tr>
<td>37226</td>
<td>Fem/popl revasc w/stent</td>
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<td>37233</td>
<td>Tib/per revasc ather add-on</td>
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<tr>
<td>37235</td>
<td>Tib/per revasc stent + ather</td>
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### 2019 PERIPHERAL NATIONAL PAYMENTS

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<td>37238</td>
<td>Open/perq place stent same</td>
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<td>Vasc embolize/occlude venous</td>
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<td>37242</td>
<td>Vasc embolize/occlude artery</td>
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<tr>
<td>37243</td>
<td>Vasc embolize/occlude organ</td>
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<td>37246</td>
<td>Trluml balo angiop 1st art</td>
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<tr>
<td>37248</td>
<td>Trluml balo angiop 1st vein</td>
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<td>N/A</td>
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<tr>
<td>37253</td>
<td>Intravasc ultrasound noncor addtl vessel</td>
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<td>93668</td>
<td>Peripheral vascular rehab</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>0238T</td>
<td>Trluml perip athrc iliac art</td>
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## 2019 PERIPHERAL NATIONAL PAYMENTS - AV FISTULA MAINTENANCE

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<td>Intro cath dialysis circuit</td>
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<td>Intro cath dialysis circuit</td>
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<td>36903</td>
<td>Intro cath dialysis circuit</td>
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<td>36904</td>
<td>Thrmbc/nfs dialysis circuit</td>
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<td>Thrmbc/nfs dialysis circuit</td>
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### 2019 NATIONAL PAYMENT RATES

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## 2019 NATIONAL RVUs

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<td>331.00</td>
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<td>Fem/pop revasc w/stent</td>
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<td>Tib/per revasc w/ stent</td>
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## 2019 NATIONAL PAYMENT RATES

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## 2019 NATIONAL RVUs

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## PERIPHERAL

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<th>CY 2019 Facility</th>
<th>CY 2019 Facility</th>
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<td>(Diagnostics)</td>
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<tr>
<td></td>
<td>(PTA)</td>
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<td>(Stent)</td>
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<tr>
<td>36908</td>
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2019 NATIONAL PAYMENT RATES – AV FISTULA MAINTENANCE

Continued on the next page
## 2019 NATIONAL RVUs - AV FISTULA MAINTENANCE

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<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
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<tbody>
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<td></td>
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<td>Work RVUs</td>
<td>PE RVUs</td>
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<td>17.01</td>
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## PERIPHERAL

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<th>ASC</th>
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<td>Ambulatory Surgery Ctr (ASCs - POS - 24)</td>
<td>Hospital Outpt (C-APCs – POS - 22)</td>
<td>Hospital Inpt (MS-DRGs – POS - 21)</td>
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<tr>
<td>37220 – Iliac PTA</td>
<td>$2,598 (-3.8%)</td>
<td>$2,002 (-20.7%)</td>
<td>$4,679 (-8.0%)</td>
<td>$19,903 +2.1% (252)</td>
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</tr>
<tr>
<td>37221 – Iliac Stent</td>
<td>$3,764 (-8.4%)</td>
<td>$5,834 (-8.9%)</td>
<td>$9,669 (-8.0%)</td>
<td>$15,839 +3.7% (253)</td>
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<tr>
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<td>$0</td>
<td>$11,051 +1.2% (254)</td>
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</tr>
<tr>
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<td>$0</td>
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<tr>
<td>37224 – Fem/pop PTA</td>
<td>$3,162 (-4.9%)</td>
<td>$2,887 (14.3%)</td>
<td>$4,679 (-8.0%)</td>
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<td></td>
</tr>
<tr>
<td>37225 – Fem/pop Atherectomy</td>
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<td>$9,669 (-8.0%)</td>
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<td></td>
</tr>
<tr>
<td>37226 – Fem/pop Stent</td>
<td>$10,246 (19.8%)</td>
<td>$6,223 (-7.8%)</td>
<td>$9,669 (-8.0%)</td>
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<td></td>
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<tr>
<td>37227 – Fem/pop Stent &amp; Atherectomy</td>
<td>$15,270 (6.8%)</td>
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*POS = Place of Service code
## 2019 NATIONAL PAYMENT COMPARISONS

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<th>Hospital Outpt (C-APCs – POS - 22)</th>
<th>Hospital Inpt (MS-DRGs – POS - 21)</th>
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</thead>
<tbody>
<tr>
<td>37228-Tib/per PTA</td>
<td>$4,690 (-3.4%)</td>
<td>$5,484 (22.4%)</td>
<td>$9,669 (-8.0%)</td>
<td>$19,903 +2.1% (252)</td>
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<td>37229-Tib/per Ather</td>
<td>$11,710 (14.4%)</td>
<td>$9,787 (-4.3%)</td>
<td>$15,355 (-4.1%)</td>
<td>$15,839 +3.7% (253)</td>
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<td>N/A</td>
<td>N/A</td>
<td>$11,051 +1.2% (254)</td>
</tr>
<tr>
<td>37233-Tib/per Ather add-on</td>
<td>$1,024 (-8.5%)</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>37234-Tib/per Stent add-on</td>
<td>$3,655 (-0.4%)</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>37235-Tib/per Stent &amp; Atherectomy add-on</td>
<td>$3,870 (2.6%)</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

*POS = Place of Service code
## PERIPHERAL

<table>
<thead>
<tr>
<th>HCPCS (C-Code)</th>
<th>HCPCS Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1714</td>
<td>Catheter transluminal atherectomy, directional</td>
</tr>
<tr>
<td>C1725</td>
<td>Catheter, transluminal angioplasty, non-laser (may include infusion/perfusion capability)</td>
</tr>
<tr>
<td>C1751</td>
<td>Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)</td>
</tr>
<tr>
<td>C1769</td>
<td>Guide wire</td>
</tr>
<tr>
<td>C1773</td>
<td>Retrieval device, insertable</td>
</tr>
<tr>
<td>C1876</td>
<td>Stent, non-coated/non-covered, w/ delivery system</td>
</tr>
<tr>
<td>C1884</td>
<td>Embolization protective system</td>
</tr>
<tr>
<td>C1887</td>
<td>Catheter, guiding (may include infusion/perfusion capability)</td>
</tr>
<tr>
<td>C1894</td>
<td>Introducer</td>
</tr>
<tr>
<td>C2623</td>
<td>Catheter, transluminal angioplasty, drug-coated, non-laser</td>
</tr>
</tbody>
</table>
VENOUS

INPATIENT

OUTPATIENT

ASC

PHYSICIAN

COMPARISON

HCPCS

Note: Medtronic doesn't offer products with approved indications for all procedures listed.
**VENOUS**

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
<th>ASC</th>
<th>PHYSICIAN</th>
<th>COMPARISON</th>
<th>HCPCS</th>
</tr>
</thead>
</table>

Medtronic’s Venous products are rarely performed in an inpatient setting (unless due to certain comorbidities) and therefore do not have a MS-DRG list display.
### 2019 VENOUS NATIONAL OUTPATIENT PAYMENTS

<table>
<thead>
<tr>
<th>C-APCs</th>
<th>CY 2019 National Payments</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>5183 Level III Vascular procedures</td>
<td>$2,642</td>
<td>6.0%</td>
</tr>
<tr>
<td>5184 Level IV Vascular procedures</td>
<td>$4,377</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

NOTE: For a full list of what CPT® codes map to each APC see Addendum C. - HCPCS Codes Payable Under the 2019 OPPS by APC [LINK](#).
## 2019 VENOUS NATIONAL PAYMENTS

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>CPT® Description</th>
<th>CY 2019 Payments</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>36465</td>
<td>Njx noncmpnd sclrsnt 1 vein</td>
<td>$798</td>
<td>-2.4%</td>
</tr>
<tr>
<td>36466</td>
<td>Njx noncmpnd sclrsnt mlt vn</td>
<td>$798</td>
<td>-2.4%</td>
</tr>
<tr>
<td>36470</td>
<td>Njx sclrsnt 1 incmptnt vein</td>
<td>$77</td>
<td>1.1%</td>
</tr>
<tr>
<td>36471</td>
<td>Njx sclrsnt mlt incmptnt vn</td>
<td>$134</td>
<td>2.3%</td>
</tr>
<tr>
<td>36473</td>
<td>Endovenous mchnchem 1st vein</td>
<td>$1,305</td>
<td>0.5%</td>
</tr>
<tr>
<td>36474</td>
<td>Endovenous mchnchem add-on</td>
<td>$0</td>
<td>-</td>
</tr>
<tr>
<td>36475</td>
<td>Endovenous rf 1st vein</td>
<td>$1,305</td>
<td>0.5%</td>
</tr>
<tr>
<td>36476</td>
<td>Endovenous rf vein add-on</td>
<td>$0</td>
<td>-</td>
</tr>
<tr>
<td>36478</td>
<td>Endovenous laser 1st vein</td>
<td>$1,305</td>
<td>0.5%</td>
</tr>
<tr>
<td>36479</td>
<td>Endovenous laser, subsequent vein; add-on</td>
<td>$0</td>
<td>-</td>
</tr>
<tr>
<td>36482</td>
<td>Endoven ther chem adhes 1st</td>
<td>$2,247</td>
<td>1.1%</td>
</tr>
<tr>
<td>36483</td>
<td>Endoven ther chem adhes sbsq</td>
<td>$0</td>
<td>-</td>
</tr>
<tr>
<td>37765</td>
<td>Stab phleb veins xtr 10-20</td>
<td>$333</td>
<td>-1.0%</td>
</tr>
<tr>
<td>37766</td>
<td>Phleb veins - extrem 20+</td>
<td>$375</td>
<td>-1.1%</td>
</tr>
</tbody>
</table>
## Introduction

### Reimbursement 101

### What's New

### Aortic

### Peripheral

### Venous

## Inpatient

## Outpatient

## ASC

## Physician

## Comparison

## HCPCS

### 2019 National Payments Rates

<table>
<thead>
<tr>
<th>CPT®</th>
<th>CPT® Description</th>
<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total RVUs</td>
<td>Payment</td>
</tr>
<tr>
<td>36465</td>
<td>Njx concmpnd sclrsnt 1 vein</td>
<td>43.64</td>
<td>$1,573</td>
</tr>
<tr>
<td>36466</td>
<td>Njx noncmpnd sclrsnt mult vein</td>
<td>45.87</td>
<td>$1,653</td>
</tr>
<tr>
<td>36470</td>
<td>Njx sclrsnt 1 incmptnt vein</td>
<td>3.02</td>
<td>$109</td>
</tr>
<tr>
<td>36471</td>
<td>Njx sclrsnt mlt incmptnt vn</td>
<td>5.47</td>
<td>$197</td>
</tr>
<tr>
<td>36473</td>
<td>Endovenous mechanochemical, 1st vein</td>
<td>41.4</td>
<td>$1,492</td>
</tr>
<tr>
<td>36474</td>
<td>Endovenous mechanochemical, mechanochemical 2nd/subsequent veins; add-on</td>
<td>7.87</td>
<td>$284</td>
</tr>
<tr>
<td>36475</td>
<td>Endovenous ablation incomplete vein, 1st vein</td>
<td>40.6</td>
<td>$1,463</td>
</tr>
<tr>
<td>36476</td>
<td>Endovenous ablation incomplete vein RF 2nd/subsequent veins; add on</td>
<td>8.55</td>
<td>$308</td>
</tr>
</tbody>
</table>

Continued on the next page...
### VENOUS

<table>
<thead>
<tr>
<th>CPT®</th>
<th>CPT® Description</th>
<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Work RVUs</td>
<td>PE RVUs</td>
</tr>
<tr>
<td>36465</td>
<td>Njx concmpnd sclrsnt 1 vein</td>
<td>2.35</td>
<td>40.82</td>
</tr>
<tr>
<td>36466</td>
<td>Njx noncmpnd sclrsnt mult vein</td>
<td>3.00</td>
<td>42.27</td>
</tr>
<tr>
<td>36470</td>
<td>Njx sclrsnt 1 incmptnt vein</td>
<td>0.75</td>
<td>2.13</td>
</tr>
<tr>
<td>36471</td>
<td>Njx sclrsnt mlt incmptnt vn</td>
<td>1.50</td>
<td>3.71</td>
</tr>
<tr>
<td>36473</td>
<td>Endovenous mechanochemical, 1st vein</td>
<td>3.50</td>
<td>37.21</td>
</tr>
<tr>
<td>36474</td>
<td>Endovenous mechanochemical, mechanochemical 2nd/subsequent veins; add-on</td>
<td>1.75</td>
<td>5.76</td>
</tr>
<tr>
<td>36475</td>
<td>Endovenous ablation incomplete vein, 1st vein</td>
<td>5.30</td>
<td>34.22</td>
</tr>
<tr>
<td>36476</td>
<td>Endovenous ablation incomplete vein RF 2nd/subsequent veins; add on</td>
<td>2.65</td>
<td>5.35</td>
</tr>
</tbody>
</table>
## 2019 NATIONAL PAYMENTS RATES

<table>
<thead>
<tr>
<th>CPT®</th>
<th>CPT® Description</th>
<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total RVUs</td>
<td>Payment</td>
</tr>
<tr>
<td>36478</td>
<td>Endovenous laser, 1st vein</td>
<td>32.10</td>
<td>$1,157</td>
</tr>
<tr>
<td>36479</td>
<td>Endovenous laser, subsequent vein; add-on</td>
<td>9.03</td>
<td>$325</td>
</tr>
<tr>
<td>36482</td>
<td>Endovenous ther chem adhes 1st vein</td>
<td>57.99</td>
<td>$2,090</td>
</tr>
<tr>
<td>36483</td>
<td>Endovenous ther chem adhes sbsq vein</td>
<td>4.26</td>
<td>$154</td>
</tr>
<tr>
<td>37765</td>
<td>Stab phleb veins xtr 10-20</td>
<td>18.52</td>
<td>$667</td>
</tr>
<tr>
<td>37766</td>
<td>Phleb veins - extrem 20+</td>
<td>22.01</td>
<td>$793</td>
</tr>
</tbody>
</table>
### 2019 NATIONAL RVUs

<table>
<thead>
<tr>
<th>CPT®</th>
<th>CPT® Description</th>
<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Work RVUs</td>
<td>PE RVUs</td>
</tr>
<tr>
<td>36478</td>
<td>Endovenous laser, 1st vein</td>
<td>5.30</td>
<td>25.8</td>
</tr>
<tr>
<td>36479</td>
<td>Endovenous laser, subsequent vein; add-on</td>
<td>2.65</td>
<td>5.87</td>
</tr>
<tr>
<td>36482</td>
<td>Endovenous ther chem adhes 1st vein</td>
<td>3.50</td>
<td>53.79</td>
</tr>
<tr>
<td>36483</td>
<td>Endovenous ther chem adhes sbsq vein</td>
<td>1.75</td>
<td>2.16</td>
</tr>
<tr>
<td>37765</td>
<td>Stab phleb veins xtr 10-20</td>
<td>7.71</td>
<td>9.24</td>
</tr>
<tr>
<td>37766</td>
<td>Phleb veins - extrem 20+</td>
<td>9.66</td>
<td>10.4</td>
</tr>
</tbody>
</table>

Continued on the next page
### 2019 NATIONAL PAYMENTS RATES

<table>
<thead>
<tr>
<th>CPT®</th>
<th>CPT® Description</th>
<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total RVUs</td>
<td>Payment</td>
</tr>
<tr>
<td>37241</td>
<td>Vasc embolize/occlude venous</td>
<td>137.34</td>
<td>$4,950</td>
</tr>
<tr>
<td>37242</td>
<td>Vasc embolize/occlude artery</td>
<td>211.50</td>
<td>$7,622</td>
</tr>
<tr>
<td>37243</td>
<td>Vasc embolize/occlude organ</td>
<td>273.62</td>
<td>$9,861</td>
</tr>
<tr>
<td>37244</td>
<td>Vasc embolize/occlude bleed</td>
<td>195.67</td>
<td>$7,052</td>
</tr>
</tbody>
</table>
## VENOUS

### 2019 NATIONAL RVUs

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Description</th>
<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Work RVUs</td>
<td>PE RVUs</td>
</tr>
<tr>
<td>37241</td>
<td>Vasc embolize/occlude venous</td>
<td>8.75</td>
<td>127.12</td>
</tr>
<tr>
<td>37242</td>
<td>Vasc embolize/occlude artery</td>
<td>9.80</td>
<td>200.36</td>
</tr>
<tr>
<td>37243</td>
<td>Vasc embolize/occlude organ</td>
<td>11.74</td>
<td>260.86</td>
</tr>
<tr>
<td>37244</td>
<td>Vasc embolize/occlude bleed</td>
<td>13.75</td>
<td>180.66</td>
</tr>
<tr>
<td>CPT®</td>
<td>Physician Office Based Lab (Non-Facility MPFS-POS - 11) (Tech. only)</td>
<td>Ambulatory Surgery Ctr (ASCs - POS - 24)</td>
<td>Hospital Outpt (C-APCs – POS - 22)</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>36465 - Njx concmpnd sclrsnt 1 vein</td>
<td>$1,448 -3%</td>
<td>$798 -2.4%</td>
<td>$1,549 -1.2%</td>
</tr>
<tr>
<td>36466 - Njx noncmpnd sclrsnt mult vein</td>
<td>$1,495 -3%</td>
<td>$798 -2.4%</td>
<td>$1,549 -1.2%</td>
</tr>
<tr>
<td>36470 - Njx sclrsnt 1 incmptnt vein</td>
<td>$69 1%</td>
<td>$77 1.1%</td>
<td>$314 1.1%</td>
</tr>
<tr>
<td>36471 - Njx sclrsnt mlt incmptnt vn</td>
<td>$117 3%</td>
<td>$134 2.3%</td>
<td>$314 1.1%</td>
</tr>
<tr>
<td>36473 - Endovenous mechanochemical, 1st vein</td>
<td>$1,306 -4%</td>
<td>$1,305 0.5%</td>
<td>$2,642 6.0%</td>
</tr>
<tr>
<td>36474 - Endovenous mechanochemical, mechanochemical 2nd/ subsequent veins; add-on</td>
<td>$191 0%</td>
<td>$0 -</td>
<td>$0 -</td>
</tr>
<tr>
<td>36475 - Endovenous ablation incomplete vein, 1st vein</td>
<td>$1,171 -7%</td>
<td>$1,305 0.5%</td>
<td>$2,642 6.0%</td>
</tr>
<tr>
<td>36476 - Endovenous ablation incomplete vein RF 2nd/subsequent veins; add on</td>
<td>$167 5%</td>
<td>$0 -</td>
<td>$0 -</td>
</tr>
<tr>
<td>36478 - Endovenous laser, 1st vein</td>
<td>$866 -8%</td>
<td>$1,305 0.5%</td>
<td>$2,642 6.0%</td>
</tr>
<tr>
<td>36479 - Endovenous laser, subsequent vein; add-on</td>
<td>$183 4%</td>
<td>$0 -</td>
<td>$0 -</td>
</tr>
<tr>
<td>36482 - Endovenous therapy chem adhes 1st vein</td>
<td>$1,905 -4%</td>
<td>$2,247 1.1%</td>
<td>$4,377 2.6%</td>
</tr>
<tr>
<td>36483 - Endovenous therapy chem adhes sbsq vein</td>
<td>$61 11%</td>
<td>$0 -</td>
<td>$0 -</td>
</tr>
<tr>
<td>37765 - Stab phleb veins xtr 10-20</td>
<td>$200 -1%</td>
<td>$333 -1.0%</td>
<td>$2,642 6.0%</td>
</tr>
<tr>
<td>37766 - Phleb veins - extrem 20+</td>
<td>$223 -1%</td>
<td>$375 -1.1%</td>
<td>$2,642 6.0%</td>
</tr>
</tbody>
</table>

*POS = Place of Service code
<table>
<thead>
<tr>
<th>HCPCS (C-Code)</th>
<th>HCPCS Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1888</td>
<td>Endovascular non-cardiac ablative catheter</td>
</tr>
<tr>
<td>C1894</td>
<td>Introducer/sheath, non-laser</td>
</tr>
</tbody>
</table>
CORONARY

INPATIENT
OUTPATIENT
ASC
PHYSICIAN
COMPARISON
HCPCS

Note: Medtronic doesn't offer products with approved indications for all procedures listed.
## CORONARY

### INPATIENT  OUTPATIENT  ASC  PHYSICIAN  COMPARISON  HCPCS

#### DRUG ELUTING STENTS – FY 2019 FINAL PAYMENTS

<table>
<thead>
<tr>
<th>MS - DRG</th>
<th>Description</th>
<th>FY 2018 Weight</th>
<th>FY 2018 Medicare National Payment</th>
<th>FY 2019 Weight</th>
<th>FY 2019 Medicare National Payment</th>
<th>Payment Impact (% change from FY18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>246</td>
<td>Perc Cardiovascular Proc with DES w/MCC or 4+ vessels/stents</td>
<td>3.2103</td>
<td>$19,347</td>
<td>3.2388</td>
<td>$19,774</td>
<td>2.2%</td>
</tr>
<tr>
<td>247</td>
<td>Perc Cardiovascular Proc with DES w/o MCC</td>
<td>2.1156</td>
<td>$12,750</td>
<td>2.0771</td>
<td>$12,682</td>
<td>-0.5%</td>
</tr>
<tr>
<td></td>
<td>Average Payment</td>
<td></td>
<td>$14,757</td>
<td></td>
<td>$15,119</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

**NOTE:** Average payment is a weighted average based upon historical volumes.

**NOTE:** Coronary AMI (CPT® 92941), that previously tracked to 5194, is an inpatient only procedure.
## BARE METAL STENTS – FY 2019 FINAL PAYMENTS

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>Description</th>
<th>FY 2018 Weight</th>
<th>FY 2018 Medicare National Payment</th>
<th>FY 2019 Weight</th>
<th>FY 2019 Medicare National Payment</th>
<th>Payment Impact (% change from FY18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>248</td>
<td>Perc Cardiovascular Proc w/non-DES w/MCC or 4+ vessels/stents</td>
<td>3.0476</td>
<td>$18,366</td>
<td>3.1726</td>
<td>$19,370</td>
<td>5.5%</td>
</tr>
<tr>
<td>249</td>
<td>Perc Cardiovascular Proc w/non-DES w/o MCC</td>
<td>1.9567</td>
<td>$11,792</td>
<td>1.9901</td>
<td>$12,151</td>
<td>3.0%</td>
</tr>
<tr>
<td></td>
<td><strong>Average Payment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>5.7%</strong></td>
</tr>
</tbody>
</table>

**NOTE:** Average payment is a weighted average based upon historical volumes

**NOTE:** Coronary AMI (CPT® 92941), that previously tracked to 5194, is an inpatient only procedure
## CORONARY

### PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY – FY 2019 FINAL PAYMENTS

<table>
<thead>
<tr>
<th>MS - DRG</th>
<th>Description</th>
<th>FY 2018 Weight</th>
<th>FY 2018 Medicare National Payment</th>
<th>FY 2019 Weight</th>
<th>FY 2019 Medicare National Payment</th>
<th>Payment Impact (% change from FY18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>250</td>
<td>Perc Cardiovascular Proc w/o Coronary Artery Stent w/MCC</td>
<td>2.5059</td>
<td>$15,102</td>
<td>2.5868</td>
<td>$15,794</td>
<td>4.6%</td>
</tr>
<tr>
<td>251</td>
<td>Perc Cardiovascular Proc w/o Coronary Artery Stent w/o MCC</td>
<td>1.6627</td>
<td>$10,020</td>
<td>1.6778</td>
<td>$10,244</td>
<td>2.2%</td>
</tr>
<tr>
<td></td>
<td><strong>Average Payment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>4.3%</strong></td>
</tr>
</tbody>
</table>

NOTE: Average payment is a weighted average based upon historical volumes

NOTE: Coronary AMI (CPT® 92941), that previously tracked to 5194, is an inpatient only procedure
NOTE: Coronary AMI (CPT® 92941), that previously tracked to 5194, is an inpatient only procedure effective January 1, 2018.

<table>
<thead>
<tr>
<th>C-APCs</th>
<th>CY 2019 National Payments</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>5191 Level I Endovascular procedures</td>
<td>$2,810</td>
<td>-0.1%</td>
</tr>
<tr>
<td>(Dx cardiac caths)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5192 Level II Endovascular procedures</td>
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<tr>
<td>(Cor &amp; Per PTAs)</td>
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<td>(Cor &amp; Per interventions)</td>
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<tr>
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<tr>
<td>(Complex Cor &amp; Per interventions)</td>
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## PROCEDURES THAT MAP TO EACH OF THE APCS

### APC 5191 – Level 1 Endovascular Procedures

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<th>HCPCS</th>
<th>Short Descriptor</th>
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<tbody>
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<td>Right heart cath</td>
<td>93459</td>
<td>L hrt art/grft angio</td>
</tr>
<tr>
<td>93452</td>
<td>Left hrt cath w/ventrclgrp</td>
<td>93460</td>
<td>R&amp;I hrt art/ventricle angi</td>
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<td>R&amp;I hrt cath w/ventrcligrp</td>
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<td>R&amp;I hrt art/ventricle angi</td>
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<td>93530</td>
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<td>R &amp; I heart cath congenita</td>
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<td>R &amp; I heart cath congenita</td>
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<tr>
<td>93457</td>
<td>R hrt art/grft angio</td>
<td>93533</td>
<td>R &amp; I heart cath congenita</td>
</tr>
<tr>
<td>93458</td>
<td>L hrt artery/ventricle ang</td>
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### APC 5192 – Level 2 Endovascular Procedures

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<th>Short Descriptor</th>
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<td>37220</td>
<td>Iliac revas</td>
</tr>
<tr>
<td>0339T</td>
<td>Trnscrh renal symp denrv b</td>
<td>37224</td>
<td>Fem/popl revas w/tla</td>
</tr>
<tr>
<td>36902</td>
<td>Intro cath dialysis circui</td>
<td>37246</td>
<td>Trluml balo angioi 1st art</td>
</tr>
<tr>
<td>36904</td>
<td>Thrmc/nfs dialysis circui</td>
<td>37248</td>
<td>Trluml balo angioi 1st vei</td>
</tr>
<tr>
<td>37183</td>
<td>Remove hepatic shunt (tips)</td>
<td>92920</td>
<td>Prq cardiac angioplast 1 a</td>
</tr>
<tr>
<td>37184</td>
<td>Prim art m-thrmc 1st vsl</td>
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<td>Revision of aortic valve</td>
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<tr>
<td>37187</td>
<td>Venous mech thrombectomy</td>
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Source: Addendum C - CY2019 NFRM Addendum C.1101201 [LINK](#)
## APC 5193 - Level 3 Endovascular Procedures

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<td>37244</td>
<td>Vasc embolize/occlude blee</td>
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<tr>
<td>0236T</td>
<td>Trluml perip athrc abd aor</td>
<td>61623</td>
<td>Endovasc tempory vessel oc</td>
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<tr>
<td>0237T</td>
<td>Trluml perip athrc brchioc</td>
<td>61626</td>
<td>Transcath occlusion non-cn</td>
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<tr>
<td>0505T</td>
<td>Ev fempop artl revsc</td>
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<td>Prq revasc byp graft 1 vsl</td>
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<tr>
<td>37221</td>
<td>Iliac revasc w/stent</td>
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<td>Prq card revasc chronic 1v</td>
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<tr>
<td>37225</td>
<td>Fem/popl revas w/ather</td>
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<td>Revision of mitral valve</td>
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<tr>
<td>37226</td>
<td>Fem/popl revasc w/stent</td>
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<td>Revision of pulmonary valv</td>
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<td>Tib/per revasc w/tia</td>
<td>92997</td>
<td>Pul art balloon repr percu</td>
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<tr>
<td>37236</td>
<td>Open/perq place stent 1st</td>
<td>C9600</td>
<td>Perc drug-el cor stent sing</td>
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<tr>
<td>37238</td>
<td>Open/perq place stent same</td>
<td>C9604</td>
<td>Perc d-e cor revasc t cabg</td>
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<td>37241</td>
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<td>C9754</td>
<td>Perc av fistula, direct</td>
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<tr>
<td>37242</td>
<td>Vasc embolize/occlude arte</td>
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<td>Rf magnetic-guide av fistul</td>
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<tr>
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<td>Vasc embolize/occlude orga</td>
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## APC 5194 - Level 4 Endovascular Procedures

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<td>Transcath closure of asd</td>
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<tr>
<td>33274</td>
<td>Tcat insj/rpl perm ldlss pm</td>
<td>93581</td>
<td>Transcath closure of vsd</td>
</tr>
<tr>
<td>36906</td>
<td>Thrmbc/nfs dialysis circui</td>
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<td>Perq transcath closure pda</td>
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<tr>
<td>37227</td>
<td>Fem/popl revasc stnt &amp; ath</td>
<td>93590</td>
<td>Perq transcath cls mitral</td>
</tr>
<tr>
<td>37229</td>
<td>Tib/per revasc w/ather</td>
<td>93591</td>
<td>Perq transcath cls aortic</td>
</tr>
<tr>
<td>37230</td>
<td>Tib/per revasc w/stent</td>
<td>C9602</td>
<td>Perc d-e cor stent ather s</td>
</tr>
<tr>
<td>37231</td>
<td>Tib/per revasc stent &amp; ath</td>
<td>C9607</td>
<td>Perc d-e cor revasc chro si</td>
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<tr>
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<td>Prq card stent/ath/angio</td>
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Source: Addendum C - CY2019 NFRM Addendum C.1101201 [LINK](#)
In the 2019 ASC payment model, the following Coronary codes will now be paid:

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<tr>
<th>CPT® Code</th>
<th>CPT® Description</th>
<th>CY 2019 Payments</th>
<th>% Change</th>
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<td>Right heart cath</td>
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<td>N/A</td>
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<tr>
<td>93452</td>
<td>Left hrt cath w/ventrclgrphy</td>
<td>$1,359</td>
<td>N/A</td>
</tr>
<tr>
<td>93453</td>
<td>R&amp;l hrt cath w/ventriclgrphy</td>
<td>$1,359</td>
<td>N/A</td>
</tr>
<tr>
<td>93454</td>
<td>Coronary artery angio s&amp;i</td>
<td>$1,359</td>
<td>N/A</td>
</tr>
<tr>
<td>93455</td>
<td>Coronary art/grft angio s&amp;i</td>
<td>$1,359</td>
<td>N/A</td>
</tr>
<tr>
<td>93456</td>
<td>R hrt coronary artery angio</td>
<td>$1,359</td>
<td>N/A</td>
</tr>
<tr>
<td>93457</td>
<td>R hrt art/grft angio</td>
<td>$1,359</td>
<td>N/A</td>
</tr>
<tr>
<td>93458</td>
<td>L hrt artery/ventricle angio</td>
<td>$1,359</td>
<td>N/A</td>
</tr>
<tr>
<td>93459</td>
<td>L hrt art/grft angio</td>
<td>$1,359</td>
<td>N/A</td>
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<tr>
<td>93460</td>
<td>R&amp;l hrt art/ventricle angio</td>
<td>$1,359</td>
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</tr>
<tr>
<td>93461</td>
<td>R&amp;l hrt art/ventricle angio</td>
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### 2019 National Payment Rates

<table>
<thead>
<tr>
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<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
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</thead>
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<td></td>
<td>Total RVUs</td>
<td>Payment %</td>
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<td>Prq cardiac angioplast 1 art</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>92921</td>
<td>Prq cardiac angio addl art</td>
<td>0.00</td>
<td>$0</td>
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<tr>
<td>92924</td>
<td>Prq card angio/athrect 1 art</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>92925</td>
<td>Prq card angio/athrect addl</td>
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<td>$0</td>
</tr>
<tr>
<td>92928</td>
<td>Prq card stent w/ angio 1 art</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>92929</td>
<td>Prq card stent w/ angio addl</td>
<td>0.00</td>
<td>$0</td>
</tr>
<tr>
<td>92933</td>
<td>Prq card stent/ath/angio</td>
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<td>N/A</td>
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<tr>
<td>92934</td>
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<td>$0</td>
</tr>
<tr>
<td>92937</td>
<td>Prq revasc byp graft 1 vsl</td>
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<td>N/A</td>
</tr>
<tr>
<td>92938</td>
<td>Prq revasc byp graft 1 addl</td>
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<td>$0</td>
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<tr>
<td>92941</td>
<td>Prq card revasc mi 1 vsl</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>92943</td>
<td>Prq card chronic 1vsl</td>
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<td>N/A</td>
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<tr>
<td>92944</td>
<td>Prq card chronic addl</td>
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<td>$0</td>
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## CORONARY

### 2019 NATIONAL RVUs

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<th>CY 2018 Facility</th>
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</thead>
<tbody>
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<td></td>
<td></td>
<td>Work RVUs</td>
<td>PE RVUs</td>
</tr>
<tr>
<td>92920</td>
<td>Prq cardiac angioplast 1 art</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>92921</td>
<td>Prq cardiac angio addl art</td>
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<td>0.00</td>
</tr>
<tr>
<td>92924</td>
<td>Prq card angio/ athrect 1 art</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>92925</td>
<td>Prq card angio/ athrect addl</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>92928</td>
<td>Prq card stent w/ angio 1 art</td>
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<td>N/A</td>
</tr>
<tr>
<td>92929</td>
<td>Prq card stent w/ angio addl</td>
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<td>0.00</td>
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<tr>
<td>92933</td>
<td>Prq card stent/ ath/ angio</td>
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<td>Prq card chronic addl</td>
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### 2019 NATIONAL PAYMENT RATES

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<td>$0</td>
</tr>
<tr>
<td>92978-TC</td>
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<td>Endoluminal IVUS oct c each addtl vessel</td>
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<td>$0</td>
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### CORONARY

#### 2019 NATIONAL RVUs

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<tbody>
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<td></td>
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<td>PE RVUs</td>
</tr>
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<td>0.00</td>
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<td>0.00</td>
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<td>92978-26</td>
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<td>92979-TC</td>
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<td>1.57</td>
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<td>L hrt artery/ ventricle angio</td>
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<td>93458-26</td>
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## 2019 NATIONAL PAYMENT RATES

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</tbody>
</table>
### 2019 NATIONAL RVUs

<table>
<thead>
<tr>
<th>CPT®</th>
<th>CPT® Description</th>
<th>CY 2019 Non-Facility</th>
<th>CY 2019 Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Work RVUs</td>
<td>PE RVUs</td>
<td>MP RVUs</td>
</tr>
<tr>
<td>93459</td>
<td>L hrt art/ grft angio</td>
<td>6.35</td>
<td>24.74</td>
</tr>
<tr>
<td>93459-TC</td>
<td>0.00</td>
<td>22.57</td>
<td>0.04</td>
</tr>
<tr>
<td>93459-26</td>
<td>6.35</td>
<td>2.17</td>
<td>1.27</td>
</tr>
<tr>
<td>93460</td>
<td>R&amp;l hrt art/ ventricle angio</td>
<td>7.10</td>
<td>26.84</td>
</tr>
<tr>
<td>93460-TC</td>
<td>0.00</td>
<td>24.40</td>
<td>0.04</td>
</tr>
<tr>
<td>93460-26</td>
<td>7.10</td>
<td>2.44</td>
<td>1.41</td>
</tr>
<tr>
<td>93571</td>
<td>Heart flow reserve measure (FFR)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>93571-TC</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>93571-26</td>
<td>1.38</td>
<td>0.59</td>
<td>0.27</td>
</tr>
<tr>
<td>93572</td>
<td>Heart flow reserve measure (FFR)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>93572-TC</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>93572-26</td>
<td>1.00</td>
<td>0.61</td>
<td>0.20</td>
</tr>
</tbody>
</table>
## CORONARY

### INPATIENT | OUTPATIENT | ASC | PHYSICIAN | COMPARISON | HCPCS

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Physician Office Based Lab (Non-Facility MPFS - POS - 11)</th>
<th>Ambulatory Surgery Ctr (ASCs - POS - 24)</th>
<th>Hospital Outpt (C-APCs – POS - 22)</th>
<th>Hospital Inpt (MS-DRGs – POS - 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>93454 – Coronary Angiography</td>
<td>$896</td>
<td>4.2%</td>
<td>$1,359</td>
<td>N/A</td>
</tr>
<tr>
<td>93458 – Left Heart Cath w/ Cors</td>
<td>$1,063</td>
<td>2.6%</td>
<td>$1,359</td>
<td>N/A</td>
</tr>
<tr>
<td>93459 – Left heart cath w/ bypass</td>
<td>$1,168</td>
<td>1.7%</td>
<td>$1,359</td>
<td>N/A</td>
</tr>
<tr>
<td>93460 – Left &amp; Right heart cath</td>
<td>$1,275</td>
<td>3.1%</td>
<td>$1,359</td>
<td>N/A</td>
</tr>
<tr>
<td>92928 – Coronary BMS</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>C9600 – Coronary DES</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>92937 – Coronary Bypass any PCI</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>C9604 – Coronary DES w/ bypass</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>92941 – Coronary AMI any PCI</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>92943 – Coronary CTO any PCI</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>C9602 – Coronary DES w/ Ather</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>C9606 – Coronary DES w/ AMI</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>C9607 – Coronary DES w/ CTO</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*POS = Place of Service code*
## HCPCS

<table>
<thead>
<tr>
<th>HCPCS (C-Code)</th>
<th>HCPCS Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1725</td>
<td>Catheter, transluminal angioplasty, non-laser (may include infusion/perfusion capability)</td>
</tr>
<tr>
<td>C1757</td>
<td>Catheter, thrombectomy/emolectomy</td>
</tr>
<tr>
<td>C1874</td>
<td>Stent, coated/covered, w/ delivery system</td>
</tr>
<tr>
<td>C1876</td>
<td>Stent, non-coated/non-covered, w/ delivery system</td>
</tr>
<tr>
<td>C1887</td>
<td>Catheter, guiding (may include infusion/perfusion capability)</td>
</tr>
</tbody>
</table>
The Physician Fee Schedules can be found at: [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/)

The Outpatient rules can be found at: [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1678-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1678-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending)

The Inpatient rules can be found at: [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2018-IPPS-Final-Rule-Home-Page.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2018-IPPS-Final-Rule-Home-Page.html)

The ASC rules can be found at: [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1678-P.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1678-P.html)

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