



2021 ABBOTT REIMBURSEMENT GUIDE

CMS Physician Fee Schedule

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The Centers for Medicare & Medicaid Services (CMS) made significant changes to calendar year 2020 (CY 2020) policies and payment levels which impact a number of procedures utilizing Abbott's technology and therapy solutions in the Ambulatory Surgical Center (ASC) settings of care and Physician payments. These changes are compounded by the advance of both new and ongoing payment reform initiatives impacting a majority of U.S. health care facilities.

On December 3, 2020, CMS released the CY 2021 PFS Final Rule effective for services on January 1, 2021. We have provided the following tables for various technologies and procedures. This is intended for illustrative purposes only and is not a guarantee of reimbursement levels or coverage.

PERIPHERAL PROCEDURES

		PHYSICIAN PAYMENT	
CPT# CODE	CPT# DESCRIPTION	2021 FACILITY	2021 NON-FACILITY
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	\$352	\$2,078
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	\$172	\$647
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	\$300	\$1,540
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	\$147	\$516
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$407	\$2,925
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s) , includes angioplasty within same vessel, when performed	\$501	\$3,793
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	\$188	\$722
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s) , includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$216	\$1,718
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$452	\$3,459
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	\$611	\$10,957
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$528	\$9,969
37227	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$732	\$14,044
37228	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$550	\$4,953
37229	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy , includes angioplasty within the same vessel, when performed	\$708	\$11,021
37230	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) , includes angioplasty within the same vessel, when performed	\$707	\$10,485
37231	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	\$761	\$14,091

		PHYSICIAN PAYMENT	
CPT# CODE	CPT# DESCRIPTION	2021 FACILITY	2021 NON-FACILITY
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel ; with transluminal angioplasty (List separately in addition to code for primary procedure)	\$202	\$989
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy , includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$330	\$1,220
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) , includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$290	\$4,132
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy , includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$400	\$4,391
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	\$438	\$5,159
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (e.g., congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	\$481	\$8,070
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	\$563	\$9,933
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	\$668	\$7,444
36140	Introduction of needle or intracatheter, upper or lower extremity artery	\$91	\$540
36160	Introduction of needle or intracatheter, aortic, translumbar	\$125	\$599
36200	Introduction of catheter, aorta	\$141	\$643
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	\$85*	\$162
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	\$95*	\$174
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	\$171	\$756
36902	... with transluminal balloon angioplasty , peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$243	\$1,359
36903	... with transcatheter placement of intravascular stent(s) , peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	\$320	\$5,152
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural thrombolytic injection(s);	\$373	\$1,998

*Modifier 26 signifies the professional component of the hospital-based services.

		PHYSICIAN PAYMENT	
CPT [†] CODE	CPT [†] DESCRIPTION	2021 FACILITY	2021 NON-FACILITY
36905	... with transluminal balloon angioplasty , peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$450	\$2,553
36906	... with transcatheter placement of intravascular stent(s) , peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	\$518	\$6,456
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	\$149	\$690
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting , and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	\$210	\$1,898
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	\$204	\$2,155
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 (List separately in addition to code for primary procedure)	\$126	No separate payment

CPT[†] code 34713 is applicable only for aortic and iliac artery repair procedures using an endograft. This code cannot be used with other types of procedures such lower limb endovascular and TAVR procedures. This code is tied to physician payment only and will not result in any change to hospital payment. The code can be listed twice for bilateral procedures. This will result in a total payment of 150% of base payment rate (National Average Payment is \$189).

*Modifier 26 signifies the professional component of the hospital-based services

CORONARY PROCEDURES

		PHYSICIAN PAYMENT	
CPT ⁺ CODE	CPT ⁺ DESCRIPTION	2021 FACILITY	2021 NON-FACILITY
92920	Percutaneous transluminal coronary angioplasty ; single major coronary artery or branch	\$539	N/A
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	No separate payment	No separate payment
92924	Percutaneous transluminal coronary atherectomy , with coronary angioplasty when performed; single major coronary artery or branch	\$643	N/A
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	No separate payment	No separate payment
92928	Percutaneous transcatheter placement of intracoronary stent(s) , with coronary angioplasty when performed; single major coronary artery or branch	\$600	N/A
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	No separate payment	No separate payment
92933	Percutaneous transluminal coronary atherectomy , with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	\$673	N/A
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	No separate payment	No separate payment
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	\$599	N/A
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	No separate payment	No separate payment
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	\$674	N/A
92942	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, each additional branch of a major coronary artery	No separate payment	No separate payment
92943	Percutaneous transluminal revascularization of chronic total occlusion , coronary artery, coronary artery branch or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	\$674	N/A
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	No separate payment	No separate payment
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	\$74*	\$74*
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	\$54*	\$54*

*Modifier 26 signifies the professional component of the hospital-based services.

		PHYSICIAN PAYMENT	
CPT [‡] CODE	CPT [‡] DESCRIPTION	2021 FACILITY	2021 NON-FACILITY
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	\$97*	\$97*
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	\$77*	\$77*

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References

1. Physician Prospective Payment-Final rule with Comment Period and Final CY2021 Payment Rates. CMS-1734-F:
<https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notice/cms-1734-f>

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