



2019 ABBOTT REIMBURSEMENT GUIDE

CMS Physician Fee Schedule

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The Centers for Medicare & Medicaid Services (CMS) made significant changes to calendar year 2018 (CY 2018) 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 November 2, 2018, CMS released the CY 2019 PFS Final Rule effective for services on January 1, 2019.^{a,b} 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	2019 FACILITY	2019 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	\$365	\$2,155
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)	\$179	\$814
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	\$312	\$1,527
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)	\$152	\$604
37220	Iliac revascularization	\$421	\$3,019
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s) , includes angioplasty within same vessel, when performed	\$520	\$4,284
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)	\$195	\$816
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)	\$223	\$2,256
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$466	\$3,628
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	\$635	\$12,444
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$547	\$10,793
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	\$763	\$16,033
37228	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$570	\$5,260
37229	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy , includes angioplasty within the same vessel, when performed	\$741	\$12,451

‡ Indicates a third party trademark, which is property of its respective owner.

		PHYSICIAN PAYMENT	
CPT [‡] CODE	CPT [‡] DESCRIPTION	2019 FACILITY	2019 NON-FACILITY
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	\$735	\$10,600
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	\$799	\$15,230
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel ; with transluminal angioplasty.	\$211	\$1,122
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel ; with atherectomy , includes angioplasty within the same vessel, when performed.	\$343	\$1,367
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.	\$300	\$3,955
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.	\$421	\$4,291
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	\$463	\$4,950
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	\$500	\$7,622
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	\$589	\$9,861
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	\$696	\$7,052
36140	Introduction of needle or intracatheter; extremity artery	\$94	\$459
36160	Introduction of needle or intracatheter, aortic, translumbar	\$129	\$527
36200	Introduction of catheter, aorta	\$146	\$585
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including inferior or superior vena cava;	\$176	\$661
36902	... with PTA, peripheral dialysis segment	\$252	\$1,301
36903	... with stent, peripheral dialysis segment	\$333	\$5,485
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);	\$388	\$1,914
36905	... with PTA, peripheral dialysis segment	\$465	\$2,407

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		PHYSICIAN PAYMENT	
CPT [‡] CODE	CPT [‡] DESCRIPTION	2019 FACILITY	2019 NON-FACILITY
36906	... with stent, peripheral dialysis segment	\$537	\$6,723
36907	PTA, central dialysis segment	\$154	\$736
36908	Stent, central dialysis segment	\$217	\$2,451
36909	Dialysis circuit permanent vascular embolization or occlusion	\$210	\$1,981

NEW CODING UPDATES

A new CPT procedure code was created for vessel access and closure in endograft procedures

34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12F or larger), including ultrasound guidance, when performed, unilateral	\$134	N/A	No separate payment
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This code 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 the base payment rate (National Average Payment = \$203).

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CORONARY PROCEDURES

		PHYSICIAN PAYMENT	
CPT [‡] CODE	CPT [‡] DESCRIPTION	2019 FACILITY	2019 NON-FACILITY
92920	Percutaneous transluminal coronary angioplasty ; single major coronary artery or branch	\$558	N/A
92924	Percutaneous transluminal coronary atherectomy , with coronary angioplasty when performed; single major coronary artery or branch	\$666	N/A
92928	Percutaneous transcatheter placement of intracoronary stent(s) , with coronary angioplasty when performed; single major coronary artery or branch	\$621	N/A
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery	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	\$697	N/A
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery	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	\$621	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	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	\$699	N/A
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	\$698	N/A
+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	\$81	\$81
+93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography, including pharmacologically induced stress; initial vessel; Each additional vessel	\$65	\$65
+92978	Endoluminal imaging of coronary vessel or graft optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel	\$101	\$101
+92979	Endoluminal imaging of coronary vessel or graft optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel; Each additional vessel	\$80	\$80

+ = Indicates add-on code

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References

1. **Physician Prospective Payment-Final rule with Comment Period and Final CY2019 Payment Rates. CMS-1693-F:**
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html>

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