ABBOTT CODING GUIDE

CORONARY ARTERY CHRONIC TOTAL OCCLUSION (CTO)
2019 MEDICARE REIMBURSEMENT
CODING AND PAYMENT FOR CTO

Physician Fee Schedule

The following tables highlight the differences in physician fee schedule and hospital payments for CTOs from 2016 to 2019.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>DESCRIPTION</th>
<th>FINAL RULE BASE PAYMENT</th>
<th>2016-2019 % CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>92943</td>
<td>CTO with BMS or DES stent</td>
<td>$698</td>
<td>$696</td>
</tr>
</tbody>
</table>

Physician References

CODING AND PAYMENT FOR CTO

Outpatient Fee Schedule

The following tables highlight the differences in physician fee schedule and hospital payments for CTOs from 2016 to 2019.

<table>
<thead>
<tr>
<th>C-APC*</th>
<th>DESCRIPTION</th>
<th>FINAL RULE BASE PAYMENT</th>
<th>2016-2019 % CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CY 2019¹</td>
<td>CY 2018¹</td>
</tr>
<tr>
<td>5193</td>
<td>Level III Endovascular Procedures - Includes CPT‡ code 92943 (PTCA of a CTO treated with a BMS)²</td>
<td>$9,669</td>
<td>$10,510</td>
</tr>
<tr>
<td>5194</td>
<td>Level IV Endovascular Procedures - Includes HCPCS C9607 (PTCA of a CTO treated with a DES)³</td>
<td>$15,355</td>
<td>$16,020</td>
</tr>
</tbody>
</table>

Establishment of Comprehensive APCs

In an effort to create incentives for hospitals to provide efficient and high-quality care at lower cost, CMS implemented a policy finalized regarding comprehensive Ambulatory Payment Classifications (C-APCs). A C-APC is an APC with a high-cost primary service that generally includes the implantation of a device. The C-APC payment policy will consider the entire hospital stay, defined as all services reported on the hospital claim, to be one comprehensive service. This results in a single Medicare payment and a single beneficiary copayment under the OPPS for the comprehensive service based on all included charges on the claim. CMS is finalizing the C-APC policy for 25 C-APCs.

Outpatient References

2. CPT 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
3. HCPCS C9607 - Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
CODING AND PAYMENT FOR CTO

Inpatient Fee Schedule

The following table highlights the differences in inpatient payments for CTOs from 2016 to 2019.

<table>
<thead>
<tr>
<th>DRG</th>
<th>DESCRIPTION</th>
<th>FINAL RULE BASE PAYMENT</th>
<th>2016-2019 % CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>246</td>
<td>Percutaneous Cardiovascular Procedure with Drug-eluting Stent with MCC or 4+ more vessels/stents</td>
<td>FY 2019: $19,787 FY 2018: $19,352 FY 2017: $19,396 FY 2016: $19,191</td>
<td>3.11%</td>
</tr>
<tr>
<td>247</td>
<td>Percutaneous Cardiovascular Procedure with Drug-eluting Stent without MCC</td>
<td>FY 2019: $12,690 FY 2018: $12,754 FY 2017: $12,658 FY 2016: $12,584</td>
<td>0.84%</td>
</tr>
<tr>
<td>248</td>
<td>Percutaneous Cardiovascular Procedure with Non Drug-eluting Stent with MCC or 4+ more vessels/stents</td>
<td>FY 2019: $19,382 FY 2018: $18,373 FY 2017: $18,156 FY 2016: $18,129</td>
<td>6.91%</td>
</tr>
<tr>
<td>249</td>
<td>Percutaneous Cardiovascular Procedure with Non Drug-eluting Stent without MCC</td>
<td>FY 2019: $12,158 FY 2018: $11,797 FY 2017: $11,544 FY 2016: $11,304</td>
<td>7.55%</td>
</tr>
</tbody>
</table>

Inpatient References

CODING AND PAYMENT FOR CTO

Additional Coding Information

CTO Hospital Coding for OPPS and IPPS
C9607 - HCPCS II CTO with DES
C9608 - HCPCS II CTO with DES; Each additional vessel
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