



## 2018 Abbott Reimbursement Guide CMS Physician Fee Schedule

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On November 2, 2017, CMS released the CY 2018 PFS Final Rule effective for services on January 1, 2018.<sup>a,b</sup> 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.

		Physician Payment		ASC Payment
CPT code	CPT Description	2018 Facility	2018 Non-Facility	
<b>Iliac artery revascularization</b>				
37220	Iliac revascularization	\$422	\$3121	\$2,525
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; <b>with transluminal stent placement(s)</b> , includes angioplasty within same vessel, when performed	\$520	\$4,629	\$6,402
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each <b>additional ipsilateral iliac vessel; with transluminal angioplasty</b> (List separately in addition to code for primary procedure)	\$196	\$877	No separate payment
37223	Revascularization, endovascular, open or percutaneous, iliac artery, <b>each additional ipsilateral iliac vessel; with transluminal stent placement(s)</b> , includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	\$224	\$2,594	No separate payment
<b>Femoral/Popliteal Artery Revascularization</b>				
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty	\$467	\$3,789	\$2,525
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	\$637	\$11,127	\$7,024
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$549	\$9,097	\$6,749
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	\$765	\$15,058	\$10,864
<b>Tibial/Peroneal Artery Revascularization</b>				
37228	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$572	\$5,423	\$4,481
37229	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; <b>with atherectomy</b> , includes angioplasty within the same vessel, when performed	\$742	\$10,973	\$10,228
37230	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; <b>with transluminal stent placement(s)</b> , includes angioplasty within the same vessel, when performed	\$735	\$8,387	\$10,207
37231	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal <b>stent placement(s) and atherectomy</b> , includes angioplasty within the same vessel, when performed	\$798	\$13,602	\$10,276
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, <b>each additional vessel</b> ; with transluminal angioplasty.	\$212	\$1,210	
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, <b>each additional vessel; with atherectomy</b> , includes angioplasty within the same vessel, when performed.	\$346	\$1,464	

		Physician Payment		ASC Payment
CPT code	CPT Description	2018 Facility	2018 Non-Facility	
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, <b>each additional vessel; with transluminal stent placement(s)</b> , includes angioplasty within the same vessel, when performed.	\$300	\$3,968	No separate payment
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, <b>each additional vessel; with transluminal stent placement(s) and atherectomy</b> , includes angioplasty within the same vessel, when performed.	\$420	\$4,193	
<b>Transluminal Balloon Angioplasty</b>				
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 <b>angioplasty within the same artery; initial artery</b>	\$365	\$2,181	\$2,525
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; <b>each additional artery</b> (List separately in addition to code for primary procedure)	\$179	\$881	No separate payment
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the <b>angioplasty within the same vein; initial vein</b>	\$312	\$1,513	\$2,525
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; <b>each additional vein</b> (List separately in addition to code for primary procedure)	\$152	\$647	No separate payment
<b>Embolization/catheter access</b>				
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)	\$465	\$4,829	\$4,462
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; <b>arterial, other than hemorrhage or tumor</b> (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	\$502	\$7,472	\$4,481
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; <b>for tumors, organ ischemia, or infarction</b>	\$590	\$9,898	\$4,481
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; <b>for arterial or venous hemorrhage or lymphatic extravasation</b>	\$697	\$6,899	N/A
36140	Introduction of needle or intracatheter; extremity artery	\$95	\$436	No separate payment
36160	Introduction of needle or intracatheter, aortic, translumbar	\$129	\$503	
36200	Introduction of catheter, aorta	\$146	\$572	

		Physician Payment		ASC Payment
CPT code	CPT Description	2018 Facility	2018 Non-Facility	
<b>Dialysis Circuit</b>				
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	\$176	\$611	\$319
36902	... with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$251	\$1,272	\$2,525
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	\$333	\$5,724	\$4,481
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	\$1,848	\$2,525
36905	... with with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$466	\$2,343	\$4,481
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 segment	\$538	\$6,947	\$6,926
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty	\$154	\$770	No separate payment
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	\$220	\$2,762	
36909	Dialysis circuit permanent vascular embolization or occlusion, endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention	\$217	\$2,008	

#### New coding updates

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

CPT Code	CPT Description	2018 Facility	2018 Non-Facility	ASC Payment
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	\$135	N/A	No separate payment

This code is applicable **only for aortic and iliac artery repair procedures** using an endograft. The code may 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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a. CY 2018 PFS Final Rule Addenda. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1676-F.html>

b. Ambulatory Surgical Center Payment-Final Rule CY2018 Payment Rates. CMS-1678-FC: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1678-FC.html>