PROTEUS™
Embolic Capture Angioplasty (ECA)

Reimbursement Coding Guide for Lower Extremity Revascularization Procedures FY2013

CPT		Physician Fee ($)[2]		Facility				
				ASC[3]	Inpatient		Outpatient[6]	
Code[1]	Short Description	In Office	In Facility	Ambulatory Surgery Center (ASC) Payment ($)	ICD-9-CM procedure codes[4]	Possible MS-DRG and Payment ($)[5]	APC Description	APC Payment
Iliac								
37220	Angioplasty alone. Revascularization of iliac artery, unilateral, with transluminal angioplasty	$3,425	$424	$2,257	39.50	252 with MCC $16,166 253 with CC $13,232 254 without CC/ MCC $8,883	0083	$4,023
37221	Stent with angioplasty. Revascularization of iliac artery, unilateral, with transluminal stent placement(s), includes angioplasty	$5,010	$516	$4,858	39.50; 39.90		0229	$8,657
+37222	Angioplasty alone (additional vessel). Revascularization of iliac artery, unilateral, each additional vessel, with transluminal angioplasty	$964	$191	$2,257	39.50		0083	$4,023
+37223	Stent with angioplasty (additional vessel). Revascularization of iliac artery, unilateral, each additional vessel, with transluminal stent placement(s), includes angioplasty	$2,796	$219		39.50; 39.90			
Femoral/Popliteal								
37224	Angioplasty alone. Revascularization of femoral/popliteal artery(s), unilateral, with transluminal angioplasty	$4,125	$468	$2,257	39.50	As above	0083	$4,023
37225	Atherectomy with angioplasty. Revascularization of femoral/popliteal artery(s), unilateral, with atherectomy, includes angioplasty	$11,844	$632	$4,858	39.50; 39.90		0229	$8,657
37226	Stent with angioplasty. Revascularization of femoral/ popliteal artery(s), unilateral, with transluminal stent placement(s), includes angioplasty	$9,733	$518	$4,858				
37227	Stent with atherectomy and angioplasty. Revascularization of femoral popliteal artery(s), unilateral, with transluminal stent placement(s) and atherectomy, includes angioplasty	$16,002	$763	$11,602			0319	$14,596
Tibial/Peroneal								
37228	Angioplasty alone. Revascularization of tibial/peroneal artery, unilateral, with transluminal angioplasty within same vessel	$5,883	$572	$2,257	39.50	As above	0083	$4,023
37229	Atherectomy with angioplasty. Revascularization of tibial/ peroneal artery, unilateral, with atherectomy, includes angioplasty within same vessel	$11,665	$738	$4,858			0229	$8,657
37230	Stent with angioplasty. Revascularization of tibial/peroneal artery, unilateral, with transluminal stent placement(s), includes angioplasty within same vessel	$8,892	$715	$4,858	39.50; 39.90			
37231	Stent with atherectomy and angioplasty. Revascularization of tibial peroneal artery, unilateral, with transluminal stent placement(s) and atherectomy, includes angioplasty within same vessel	$14,195	$777	$11,602			0319	$14,596
+37232	Angioplasty alone (additional vessel). Revascularization of tibial peroneal artery with transluminal angioplasty	$1,305	$207	$2,257			0083	$4,023
+37233	Atherectomy with angioplasty (additional vessel). Revascularization of tibial/peroneal artery, unilateral each additional vessel, with atherectomy, includes angioplasty within same vessel	$1,561	$338	$4,858	39.50		0229	$8,657
+37234	Stent with angioplasty (additional vessel). Revascularization of tibial peroneal artery, unilateral, each additional vessel, with transluminal stent placement(s), includes angioplasty within same vessel	$4,223	$286	$2,257	39.50; 39.90		0083	$4,023
+37235	Stent with atherectomy and angioplasty (additional vessel) Revascularization of tibial/peroneal artery, unilateral, each additional vessel, with transluminal stent placement(s) and atherectomy, includes angioplasty within same vessel	$4,307	$395	$2,257				

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Arterial Mechanical Thrombectomy								
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	$2,401	$461	$1,740	39.79	237 with MCC $27,369 238 without MCC $17,042	0088	$3,100
+37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure.)	$765	$169	$1,740				
+37186	Secondary percutaneous transluminal thrombectomy (e.g., nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure.)	$1,478	$256	$1.740				

• This is not an all-inclusive list of procedural codes • All listed procedures are Status Indicator "T" which means they are subjected to multiple procedure reduction • There may be small changes found in the listed amounts due to rounding of numbers (under 5$) • (+) in front of a procedure code denotes an add-on code. Add-on codes allow reporting of additional work associated with a primary procedure(s) and must never be reported alone. In addition, physician add-on codes are exempt from multiple procedure reduction • Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. We recommend consulting your relevant manuals for appropriate coding options • Inpatient information effective through September 30, 2013 | APC and ASC Information effective through December 31, 2013 | Physician fee information effective through December 31, 2013 • National Average Medicare physician payment rates calculated using the 2013 conversion factor of $34.0230. Rates subject to change.

References:

1. Current Procedural Terminology (CPT) © 2012 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.
2. CMS 2013 Final Physician Rule. National Average Medicare physician payment rates calculated using a 2013 conversion factor of $34.0230.
3. Final Rule CY2013 ASC Regulations and Notices.
4. The Educational Annotation of ICD 9-CM, Reno, NV; Channel Publishing Ltd Copyright 2012. Craig D. Puckett, Sixth Edition.
5. FY2013 IPPS Final Rule. National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, nonlabor and capital amounts ($5,774.25). Actual reimbursement will vary for each provider and institution.
6. CMS Final 2013 Outpatient Rule.

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Disclaimer: The information provided in this guide is general reimbursement information only; it is not legal advice, nor is it advice about how to code, complete or submit any particular claim for payment, nor is it intended to increase or maximize reimbursement by any third party payer. This information was correct at the time of publication; however it is always the responsibility of the provider to determine appropriate coding and charges for insurance claims. All coding and reimbursement information is subject to change without notice.

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