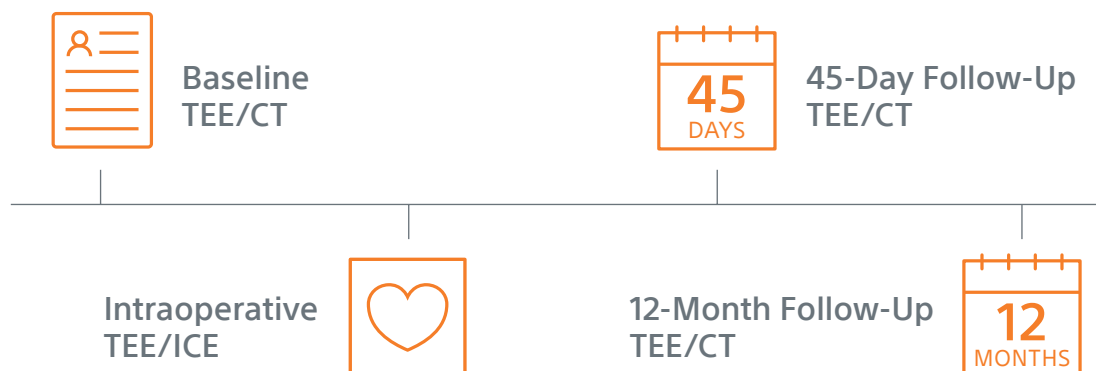


WATCHMAN FLX™

LEFT ATRIAL APPENDAGE CLOSURE DEVICE

Imaging Reimbursement Rates



Transesophageal Echocardiography (TEE)

Based on the Directions for Use, the WATCHMAN FLX procedure involves use of TEE imaging as follows:

CPT® Code	Directions for Use
93312	<p>Baseline TEE: Performed prior to the implant procedure to determine if the patient is a suitable candidate for the WATCHMAN FLX Device.</p> <p>Follow-up TEE: Performed at 45 days and 12 months after the WATCHMAN FLX implant to ensure appropriate endothelialization/healing of the left atrial appendage (LAA). Based on physician assessment, additional follow up TEE may be recommended.</p>
93355	<p>Intraoperative TEE: Performed during the WATCHMAN FLX implant procedure and provides guided imaging to facilitate device placement.</p>

CPT Code	Description	APC	CY 2024 Medicare Payment (Hospital)	CY 2024 Medicare Payment (Physician)*
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report.	5524	\$526	\$104
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (e.g., TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri- and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow and service 3D.		Bundled Service	\$219

NOTE: Code 93355 is reported once per intervention and only by an individual who is not performing the interventional procedure (i.e., WATCHMAN FLX implant). A corrective coding initiative (CCI) edit exists with the code pairs 33340 and 93355 which indicate that these code pairs should not be reported together. The work RVU for 93355 is 4.66 and total RVU is 6.58.

*Global includes professional and technical services. Professional only includes services reported with -26 modifier.

WATCHMAN FLX™

LEFT ATRIAL APPENDAGE CLOSURE DEVICE

Computed Tomography (CT)

Based on the Directions for Use, the WATCHMAN FLX procedure involves the use of CT scan as follows:

CPT Code	Directions for Use
75572/ 75574	<p>Baseline CT Scan: Performed prior to the implant procedure to determine if the patient is a suitable candidate for the WATCHMAN FLX Device.</p> <p>Follow-up CT Scan: Performed at 45 days and 12 months after the WATCHMAN FLX implant to ensure appropriate endothelialization/healing of the left atrial appendage (LAA). Based on physician assessment, additional follow up CT scan may be recommended.</p>

CPT Code	Description	APC	CY 2024 Medicare Payment (Hospital)	CY 2024 Medicare Payment (Physician)*
75572	Computed tomography, heart, with contrast structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed).			\$81
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed).	5571	\$175	\$111

NOTE: All imaging procedures performed within 72 hour of Left Atrial Appendage Occlusion (LAAO) procedure may be bundled into the DRGs (273 and 274).

The work RVU for 75572 is 1.75 and total non-facility RVU is 7.00 and total facility RVU (-26) is 2.43. The work RVU for 75574 is 2.40 and total non-facility RVU is 9.90 and total facility RVU (-26) is 3.34

APC: Ambulatory Payment Classification

*Medicare Payment (Physician) listed is for professional services only, which is reported with -26 modifier.

Intracardiac Echocardiography (ICE)

CPT Code	Description	APC	CY 2024 Medicare Payment (Hospital)	CY 2024 Medicare Payment (Physician)*
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure).	Not Applicable —N Status Indicator	Bundled Service	\$68

NOTE: Code 93662 RVU for professional payment only. Professional only includes services reported with -26 modifier. The work RVU for 93662 (-26) is 1.44 and total RVU is 2.05.

Centers for Medicare and Medicaid Services. Medicare Program: CY2024 Hospital Outpatient Prospective Payment System Final Rule January 1st 2024.

<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc>

IMPORTANT INFORMATION

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies.

This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice.

Boston Scientific encourages providers to submit accurate and appropriate claims for services. **It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered.**

It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

Boston Scientific does not promote the use of its products outside their FDA-approved label.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements.

The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

CPT Copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

All trademarks are the property of their respective owners.