



# ELUVIA<sup>™</sup> DRUG-ELUTING STENT 2024 CODING AND REIMBURSEMENT GUIDE

## The procedure codes listed below are applicable to Femoral/Proximal Popliteal cases involving Eluvia.

Claims must contain the appropriate CPT/HCPCS/ICD-10-PCS code(s) for the specific site of service to indicate the items and services that are furnished. The tables below contain a list of possible CPT/HCPCS/ICD-10-PCS codes that may be used to bill for Eluvia. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) rendered. CPT® Copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

#### HOSPITAL OUTPATIENT CY 2024 (01/01/2024-12/31/2024)

| Service Provided |   | Hospital<br>Outpatient |                      | Physician Fee<br>Schedule |                       |
|------------------|---|------------------------|----------------------|---------------------------|-----------------------|
| CPT®<br>Code     | CPT® Description  | APC                    | Payment <sup>3</sup> | RVUs                      | Facility <sup>1</sup> |
| 37226            | Revascularization, endovascular, open or percutaneous,<br>femoral, popliteal artery(s), unilateral; with transluminal stent<br>placement(s), includes angioplasty within the same vessel,<br>when performed                 | 5193                   | \$10,493             | 10.24                     | \$502                 |
| 37227            | Revascularization, endovascular, open or percutaneous,<br>femoral, popliteal artery(s), unilateral; with transluminal stent<br>placement(s) and atherectomy, includes angioplasty within<br>the same vessel, when performed | 5194                   | \$16,725             | 14.25                     | \$693                 |

#### HOSPITAL INPATIENT FY 2024 (10/01/2023-09/30/2024)

| Service Provided |   | Hospital                          | Inpatient            | Physician Fee<br>Schedule |
|------------------|---|-----------------------------------|----------------------|---------------------------|
| CPT®<br>Code     | CPT® Description  | MS DRG⁴                           | Payment⁵             | Facility <sup>1</sup>     |
| 37226            | Revascularization, endovascular, open or percutaneous,<br>femoral, popliteal artery(s), unilateral; with transluminal stent<br>placement(s), includes angioplasty within the same vessel,<br>when performed                 | <ul><li>252</li><li>253</li></ul> | \$23,482<br>\$17,862 | \$502                     |
| 37227            | Revascularization, endovascular, open or percutaneous,<br>femoral, popliteal artery(s), unilateral; with transluminal stent<br>placement(s) and atherectomy, includes angioplasty within<br>the same vessel, when performed | • 254                             | \$12,148             | \$693                     |

Denotes DRG assigned to patient w/ MCC (Major Complications or Comorbidities)

Denotes DRG assigned to patient w/ CC (Complications or Comorbidities)

• Denotes DRG assigned to patient w/o MCC or CC

| ICD-10-PCS            | Description   |  |  |  |  |
|-----------------------|---|--|--|--|--|
| Right Femoral Artery: |   |  |  |  |  |
| X27H385               | Dilation, Right Femoral Artery w/ Sustained Release DES, Perc Approach                    |  |  |  |  |
| X27H395               | Dilation, Right Femoral Artery w/ 2 Sustained Release DESs, Perc Approach                 |  |  |  |  |
| X27H3B5               | Dilation, Right Femoral Artery w/ 3 Sustained Release DESs, Perc Approach                 |  |  |  |  |
| X27H3C5               | Dilation, Right Femoral Artery w/ 4 or > Sustained Release DESs, Perc Approach            |  |  |  |  |
| Left Femoral Arter    | y:  |  |  |  |  |
| X27J385               | Dilation, Left Femoral Artery w/ Sustained Release DES, Perc Approach                     |  |  |  |  |
| X27J395               | Dilation, Left Femoral Artery w/ 2 Sustained Release DESs, Perc Approach                  |  |  |  |  |
| X27J3B5               | Dilation, Left Femoral Artery w/ 3 Sustained Release DESs, Perc Approach                  |  |  |  |  |
| X27J3C5               | Dilation, Left Femoral Artery w/ 4 or > Sustained Release DESs, Perc Approach             |  |  |  |  |
| Proximal Right Po     | Proximal Right Popliteal Artery:  |  |  |  |  |
| X27K385               | Dilation, Proximal Right Popliteal Artery w/ Sustained Release DES, Perc Approach         |  |  |  |  |
| X27K395               | Dilation, Proximal Right Popliteal Artery w/ 2 Sustained Release DESs, Perc Approach      |  |  |  |  |
| X27K3B5               | Dilation, Proximal Right Popliteal Artery w/ 3 Sustained Release DESs, Perc Approach      |  |  |  |  |
| X27K3C5               | Dilation, Proximal Right Popliteal Artery w/ 4 or > Sustained Release DESs, Perc Approach |  |  |  |  |
| Proximal Left Popl    | Proximal Left Popliteal Artery:   |  |  |  |  |
| X27L385               | Dilation, Proximal Left Popliteal Artery w/ Sustained Release DES, Perc Approach          |  |  |  |  |
| X27L395               | Dilation, Proximal Left Popliteal Artery w/ 2 Sustained Release DESs, Perc Approach       |  |  |  |  |
| X27L3B5               | Dilation, Proximal Left Popliteal Artery w/ 3 Sustained Release DESs, Perc Approach       |  |  |  |  |
| X27L3C5               | Dilation, Proximal Left Popliteal Artery w/ 4 or > Sustained Release DESs, Perc Approach  |  |  |  |  |

## **HOSPITAL INPATIENT ICD-10-PCS CODES**

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.

## **C CODES**

C-codes are used to report devices used in combination with device-related procedures for hospital outpatient services.

- As Eluvia is a new and novel technology, Boston Scientific believes that currently available C-codes do not
  accurately describe it.
- However, the closest applicable C-code to report the use of Eluvia is **C1874**, defined as "Stent, coated/covered, with delivery system".

### **SOURCES:**

- 1. FY 2024 IPPS Payment. CMS-1785-F. <u>https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ipps-final-rule-home-page</u>
- 2. CMS 2024 ICD-10 Procedure Coding System (ICD-10-PCS). <u>https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-pcs</u>
- 3. CMS ICD-10-CM/PCS MS-DRG V41.0 Definitions Manual. <u>https://www.cms.gov/files/zip/icd-10-ms-drg-definitions-manual-files-v41.zip</u>
  - Not intended as an all-inclusive list of MS-DRGs
- 4. 2024 Physician Fee Schedule. CMS-1784-F. <u>https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1784-f</u> 2024 *Conversion Factor of \$33.2875*
- 5. 2024 ASC Payment. CMS-1786-FC. <u>https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1786-fc</u>
- 6. 2024 OPPS Payment. CMS-1786-FC. <u>https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc</u>

## **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 <u>always</u> the provider's <u>sole</u> 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 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 its FDA-approved label. Payer policies will vary and should be verified before treatment for limitations on diagnosis, coding, or site of service requirements. All trademarks are the property of their respective owners.

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 judgment 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.



Advancing science for life<sup>™</sup>

Peripheral Interventions One Scimed Place Maple Grove, MN 55311-1566 https://www.bostonscientific.com/reimbursement

> Medical Professionals: PI.Reimbursement@bsci.com

© 2024 Boston Scientific Corporation or its affiliates. All rights reserved. PI-1756506-AB | MAR 2024