



2021 Reimbursement Update Peripheral Intravascular Lithotripsy (IVL)

CMS Revises Hospital Outpatient Payments for IVL

The Centers for Medicare and Medicaid Services (CMS) has introduced new coding and added sites of service for peripheral IVL in 2021. The following changes go into effect **January 1, 2021** and **October 1, 2020** for Hospital Outpatient and Hospital Inpatient respectively^{1,2}.



Add four new HCPCS codes to describe IVL procedures performed **Below-The-Knee**



Amend four existing HCPCS codes to describe IVL procedures performed **Above-The-Knee**



Add all eight IVL HCPCS codes to covered services in **Ambulatory Surgical Centers (ASC)**



Add seventeen ICD-10-PCS codes to describe IVL **inpatient** procedures

2021 Hospital Outpatient

Distinct Coding & Payment Consistent with PAD Interventions

HCPCS codes and Ambulatory Payment Classifications (APC) for the most common peripheral IVL procedures.

Peripheral IVL Procedures Performed Above-The-Knee

HCPCS CODE*	SHORT DESCRIPTION	2021 APC ASSIGNMENT	2021 APC PAYMENT ³
C9764	IVL with angioplasty	5192	\$4,957
C9765	IVL + stent with angioplasty	5193	\$10,043
C9766	IVL + atherectomy with angioplasty	5193	\$10,043
C9767	IVL + stent + atherectomy with angioplasty	5194	\$16,064

*These HCPCS codes apply to IVL procedures formed in lower extremity arteries except for tibial and peroneal

Peripheral IVL Procedures Performed Below-The-Knee

HCPCS CODE*	SHORT DESCRIPTION	2021 APC ASSIGNMENT	2021 APC PAYMENT ³
C9772	IVL with angioplasty	5193	\$10,043
C9773	IVL + stent with angioplasty	5194	\$16,064
C9774	IVL + atherectomy with angioplasty	5194	\$16,064
C9775	IVL + stent + atherectomy with angioplasty	5194	\$16,064

*These HCPCS codes apply to IVL procedures formed in tibial and peroneal arteries

COMMON PERIPHERAL IVL APPLICATIONS Shockwave M⁵ and Shockwave S⁴ IVL Catheters

"Large Bore" Access

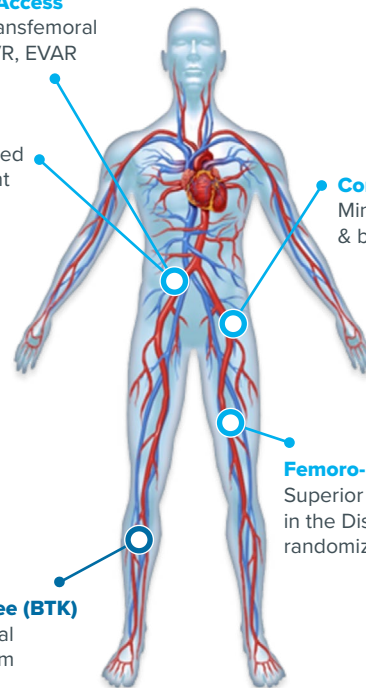
IVL enabled transfemoral access for TAVR, EVAR

Iliac

Prepare Calcified Vessel for Stent

Common Femoral

Minimize dissection & bail out stent risk



Femoro-Popliteal (SFA)

Superior vessel prep in the Disrupt PAD III randomized clinical trial⁴

Below the Knee (BTK)

Treat Superficial & Deep Calcium

It is important to note that the C-codes are designed to identify the entire procedure, and not just the IVL catheter, when IVL is performed in revascularization procedures. Hospital and ASC charges for the HCPCS codes should reflect charges for the entire procedure similar to other lower extremity revascularization procedures, including the charges associated with the IVL catheter.

2021 Hospital Inpatient

Distinct Coding & Payment Consistent with PAD Interventions

ICD-10-PCS codes for peripheral IVL utilize “fragmentation” as the operative description.

MS-DRG	DESCRIPTION	FY 2021 PAYMENT ⁵
252	OTHER VASCULAR PROCEDURES W/MCC	\$21,344
253	OTHER VASCULAR PROCEDURES W/CC	\$17,056
254	OTHER VASCULAR PROCEDURES W/O CC/MCC	\$11,630

ICD-10 PCS ⁶	DESCRIPTION
04F__3ZZ	FRAGMENTATION OF _____ ARTERY, PERCUTANEOUS APPROACH

For detailed descriptions, please refer to the Reimbursement Guide at <https://shockwavemedical.com/reimbursement/>

Peripheral IVL Reimbursement Pathway

As of 2021, CMS has issued distinct coding for peripheral IVL and can now track costs associated with IVL procedures. These data are what CMS uses in making future payment adjustments. Stakeholder advocacy can accelerate the process.



CMS

- Issues codes and determines initial payment assignment
- Adjusts payment assignment based on data



HOSPITALS

- Load codes and set chargemasters to capture procedure level costs
- Provide appropriate commentary to CMS during public comment periods



PHYSICIANS

- Work with hospital administration on appropriate use of IVL
- Voice support and perspective to medical societies who advocate with CMS



SHOCKWAVE

- Prepares applications and analysis
- Meets regularly with CMS and other stakeholders
- Continues to perform clinical studies and publish results in peer-reviewed journals

Footnotes:

1. Medicare 2021 OPPS Final Rule is available for download here: <https://www.cms.gov/files/document/12220-oppo-final-rule-cms-1736-fc.pdf>
2. [Link to Inpatient]
3. Addendum B of the OPPS Payment System for 2021 is available for download here: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/spital-outpatient-regulations-and-notices/cms-1736-fc>
4. Gray, William A., Intravascular Lithotripsy for Peripheral Artery Calcification: The Disrupt PAD III Randomized Controlled Trial 30-day Outcomes. November 2020, <https://viva20.vivaphysicians.org/> PowerPoint Presentation.
5. All rates shown are national averages for operating and capital payments, not adjusted for geographic variations in costs, disproportionate share hospital payments, or graduate medical education payments. All these factors can have a significant impact on a hospital's payment rates
6. These ICD-10 procedure codes are available here: <https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs>

Disclaimer Info:

The coding, coverage, and payment information contained herein is gathered from various resources and is subject to change without notice. Shockwave Medical cannot guarantee success in obtaining third-party insurance payments. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered. Providers should contact their third-party payers for specific information on their coding, coverage, and payment policies.

Prior to use, please reference the Instructions for Use for more information on indications, contraindications, warnings, precautions and adverse events available at <https://shockwavemedical.com/important-safety-information/>