

2022 MEDICARE PERIPHERAL REIMBURSEMENT SUMMARY



INTRAVASCULAR LITHOTRIPSY (IVL)

- Payment increases were reported in the **Final CY22 Medicare Hospital Outpatient Rule**.¹
- Hospital outpatient payment is increased for peripheral IVL** procedures performed above the knee, specifically in iliac, common femoral, SFA and popliteal arteries.
- Hospital outpatient payment is increased when IVL is used as **a stand-alone therapy or with adjunctive therapies**, such as when pIVL is utilized for lesion prep prior to definitive therapies like DCB and/or stents.
- The increased payment rates will go into **effect January 1, 2022**.
- Peripheral IVL HCPCS procedure codes must be used** in order to receive the Medicare payments detailed in this document.

MEDICARE HOSPITAL OUTPATIENT PAYMENT INCREASES FOR PERIPHERAL IVL

CPT ^{®2}	Short Description	Long Description	2021 Hosp Outpatient ³		2022 Hosp Outpatient ¹		YoY Change	
C9764	IVL with Angioplasty	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy , includes angioplasty within the same vessel(s), when performed	5192	\$4,957	5193	\$10,258	\$5,302	107%
C9765	IVL + Stent with Angioplasty	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy , and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	5193	\$10,043	5194	\$16,402	\$6,359	63%
C9766	IVL + Atherectomy with Angioplasty	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy , includes angioplasty within the same vessel(s), when performed	5193	\$10,043	5194	\$16,402	\$6,359	63%
C9767	IVL + Stent + Atherectomy with Angioplasty	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy , includes angioplasty within the same vessel(s), when performed	5194	\$16,064	5194	\$16,402	\$338	2%
C9772	IVL with Angioplasty	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy , includes angioplasty within the same vessel(s), when performed	5193	\$10,043	5193	\$10,258	\$215	2.1%
C9773	IVL + Stent with Angioplasty	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy , and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	5194	\$16,064	5194	\$16,402	\$338	2.1%
C9774	IVL + Atherectomy with Angioplasty	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy , includes angioplasty within the same vessel(s), when performed	5194	\$16,064	5194	\$16,402	\$338	2.1%
C9775	IVL + Stent + Atherectomy with Angioplasty	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy , includes angioplasty within the same vessel(s), when performed	5194	\$16,064	5194	\$16,402	\$338	2.1%

2022 HOSPITAL INPATIENT UPDATE FOR PERIPHERAL IVL

DISTINCT CODING & PAYMENT CONSISTENT WITH PAD INTERVENTIONS

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

MS-DRG	Description	Medicare 2022 National Payment ⁴
252	Other Vascular Procedures with MCC	\$21,931
253	Other Vascular Procedures with CC	\$17,499
254	Other Vascular Procedures w/o CC/MCC	\$11,975

CODING: POSSIBLE ICD-10-PCS CODES FOR IVL PROCEDURES⁵

Hospital inpatient claims must contain the appropriate ICD-10 code(s) to indicate the items and services that are furnished to the patient. The table below contains a list of possible ICD 10-PCS codes that may be used to bill for IVL.

Providers should select the most appropriate ICD-10 code(s) with the highest level of detail to describe the service(s) rendered to the patient. Any questions should be directed to the pertinent local payer.

Code	Description
04FC3ZZ	Fragmentation of Right Common Iliac Artery, Percutaneous Approach
04FE3ZZ	Fragmentation of Right Internal Iliac Artery, Percutaneous Approach
04FH3ZZ	Fragmentation of Right External Iliac Artery, Percutaneous Approach
04FK3ZZ	Fragmentation of Right Femoral Artery, Percutaneous Approach
04FM3ZZ	Fragmentation of Right Popliteal Artery, Percutaneous Approach
04FP3ZZ	Fragmentation of Right Anterior Tibial Artery, Percutaneous Approach
04FR3ZZ	Fragmentation of Right Posterior Tibial Artery, Percutaneous Approach
04FT3ZZ	Fragmentation of Right Peroneal Artery, Percutaneous Approach
04FD3ZZ	Fragmentation of Left Common Iliac Artery, Percutaneous Approach
04FF3ZZ	Fragmentation of Left Internal Iliac Artery, Percutaneous Approach
04FJ3ZZ	Fragmentation of Left External Iliac Artery, Percutaneous Approach
04FL3ZZ	Fragmentation of Left Femoral Artery, Percutaneous Approach
04FN3ZZ	Fragmentation of Left Popliteal Artery, Percutaneous Approach
04FQ3ZZ	Fragmentation of Left Anterior Tibial Artery, Percutaneous Approach
04FS3ZZ	Fragmentation of Left Posterior Tibial Artery, Percutaneous Approach
04FU3ZZ	Fragmentation of Left Peroneal Artery, Percutaneous Approach
04FY3ZZ	Fragmentation of Lower Artery, Percutaneous Approach

1 | Addendum B of the OPPTS Payment System for 2022 is available for download here: www.cms.gov/license/ama?file=/files/zip/2022-nfrm-opps-data-addendum-b-and-2-times-rule.zip;

2 | Current Procedural Terminology. CPT only copyright 2021 American Medical Association. All rights reserved;

3 | CY 2021 OPPTS Final Rule, Addendum B available at <https://www.cms.gov/license/ama?file=/files/zip/2021-nfrm-opps-addenda.zip>;

4 | CMS-1752-F; 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;

5 | These ICD-10 procedure codes are available here: <https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs>.

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/>