

2019 Reimbursement Guide

Disclaimer: The information provided herein reflects BTG understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. When you are making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local MAC and other health plans to which you submit claims. BTG does not promote the off-label use of its devices. THIS GUIDE is not intended to increase or maximize Reimbursement by any payer.

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician. Prior to use, please refer to applicable Instructions For Use (IFU) for complete product indications, contraindications warnings, and precautions.

Coding and 2019 Medicare Payment

CPT	Description	Physician Services		Hospital Services		ASC
		Facility	Office/OBL	APC	Facility - Outpatient	Facility
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	\$237.49	\$2,648.89	5184 - Level 4 Vascular Procedures	\$4,117.97	Not included on Medicare's list of approved procedures for this facility type

Medicare requires hospitals to report device(s) used in the hospital outpatient setting with Level II HCPCS codes or "C-code". C1880 description - Vena Cava Filter

Sentry Vena Cava Filter – Inpatient

ICD-10 PC Code – 06H03DZ

Possible DRGs	Payment ^{4,5}
MS-DRG 252: Other vascular procedures with MCC	\$19,902.68
MS-DRG 253: Other vascular procedures with CC	\$15,839.47
MS-DRG 166: Other respiratory system O.R. procedures with MCC	\$21,357.00
MS-DRG 167: Other respiratory system O.R. procedures with CC	\$11,585.78

- 1 AMA CPT Professional 2019 eBook, 2019 © All Rights Reserved 2018
- 2 CMS Final Rule MPFS CY2019 Payment, effective January 1, 2019 <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html>
- 3 CMS Final Rule HOPPS/ASC CY2019 Payment, effective January 1, 2019 <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html>
- 4 All rates reflect national unadjusted rates. Actual rates may be adjusted up or down per Medical regional adjustments (Geographic Practice Cost Indices for MPFS and Hospital Wage Index for HOPPS/ASC).
- 5 CMS Medicare Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals Final Rule, Correction Notice, and Notice of Certain Extensions for Fiscal Year 2019, effective October 1, 2018. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page.html>

Indications for use <https://btgplc.com/en-US/BTG-Sentry>

Any questions, please call (888) 400-3567 and request *Reimbursement Help*

US-SEN-1900016, December 2018