Reimbursement Guidelines
2023 Coding and Reimbursement Guidelines for Percutaneous Atherectomy (Auryon System)
EFFECTIVE OCTOBER 1, 2022

AURYON

Introducing the Next Generation of Peripheral Atherectomy Technology
Background

This document contains reimbursement information for percutaneous peripheral vascular atherectomy for the treatment of infrainguinal stenoses and occlusions, including in-stent restenosis (ISR). As with all medical innovations, reimbursement (codes, payment, and coverage) varies widely from payor to payor. Hospitals and physicians should confirm with the patient’s health payor the appropriate codes for claims submission. This reimbursement information is intended to help hospitals and physicians stay up to date with reimbursement policies and properly use codes related to percutaneous peripheral vascular atherectomy as performed with the Auryon System. Centers for Medicare and Medicaid Services (CMS) has assigned most of these codes under the Medicare hospital inpatient prospective payment system (IPPS), to specific MS-DRGs, reflecting the procedure along with the severity of the patient’s condition and the presence of any complications and comorbidities. Continued refinement in reimbursement policies occurs on an annual basis. Percutaneous peripheral vascular atherectomy codes assigned to MS-DRGs and average Medicare payment levels are in the following charts.

Percutaneous Peripheral Vascular Procedure Codes

The codes included in this guide are intended to represent typical percutaneous cardiovascular intervention procedures and are in no way intended to promote the off-label use of devices. The codes are listed according to the site of service in which they are provided. Payment is based upon the coverage and codes that exist for a particular procedure or service. Payment is not guaranteed and is determined by many factors, for example: geographic indexes, hospital/facility type, and proportion of low-income patients. The payments provided in this guide are based on National Medicare reimbursement averages and should be verified by your organization’s coding and compliance teams. Coverage is determined by payors such as Medicare and private payors based on reasonable and necessary standards. Coverage policies for percutaneous cardiology and peripheral vascular interventions may vary. Check with your local Medicare Contractor or payor to confirm coverage for these procedures.
| CPT® Code1 | CPT® Description (Procedure Codes)1, 13 | Physician Fee Schedule2 | Hospital OPPS Payment3 | ASC Payment (Payment Indicator)4 | | |
|---|---|---|---|---|---|
| | | Non-Facility | Facility | APC (Status Indicator) | Payment | Payment |
| | | RVUs | Payment | RVUs | Payment | |
| 37225 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed | 264.32 | $8,957.06 | 17.37 | $588.62 | 5193 (J1)5 | $10,615.31 | $7,056.29 (J8)6 |
| 37227 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed | 338.57 | $11,473.19 | 20.85 | $706.44 | 5194 (J1)5 | $17,177.60 | $11,791.62 (J8)6 |
| 37229 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed | 268.61 | $9,102.44 | 20.17 | $683.50 | 5194 (J1)5 | $17,177.60 | $11,119.11 (J8)6 |
| 37231 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed | 355.29 | $12,039.78 | 21.33 | $722.81 | 5194 (J1)5 | $17,177.60 | $11,322.27 (J8)6 |
| +37233 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed | 31.33 | $1,061.69 | 9.36 | $317.18 | Packaged (N)7 | Packaged (N)7 | Packaged (N)7 |
| +37235 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same | 119.44 | $4,047.49 | 10.78 | $365.30 | Packaged (N)7 | Packaged (N)7 | Packaged (N)7 |

This is general reimbursement information only and is intended to assist in compliance with complex and changing reimbursement policies. It is not legal advice, nor is it advice about how to code, complete, or submit any particular claim for payment, nor is it intended to increase or maximize reimbursement by any third-party payor. This information has been gathered from third-party sources and was correct at the time of publication and is subject to change without notice. It is the provider's responsibility to exercise independent clinical judgment to determine appropriate coding and charges that accurately reflect all the patient's conditions and services provided. These should be recorded in the patient's medical record. The information provided here is for informational purposes only and represents no statement, promise or guarantee by AngioDynamics concerning levels of reimbursement, payment, or charges. Payors may have their own coding and reimbursement requirements and policies. If reimbursement questions arise for a particular patient, providers should contact the payor to confirm current requirements and billing policies. All decisions related to reimbursement, including amounts to bill, are exclusively that of the provider. Providers should check and confirm coding from complete and authoritative coding sources to ensure accuracy. This document is not intended to promote the off-label use of medical devices and physicians should use medical devices fully consistent with all government requirements. The content is not intended to instruct hospitals and/or physicians on how to use medical devices or bill for healthcare procedures. CPT codes © 2023 American Medical Association. All Rights Reserved. CPT is a trademark of the AMA. Applicable FAR/DFARS restrictions apply to Government Use. US/PA/MS/497 Rev 14 01/2023
<table>
<thead>
<tr>
<th>CPT® Code¹</th>
<th>CPT® Description (Procedure Codes)¹,¹³</th>
<th>Physician Fee Schedule²</th>
<th>Hospital OPPS Payment³</th>
<th>ASC Payment (Payment Indicator)⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37186*</td>
<td>35.71 $1,210.11 7.07 $239.58 N/A Packaged (N)⁷</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Code (37186) for removal of thrombus is specific to catheters with aspiration tubing.
HCPCS Codes for Outpatient Procedures

Healthcare Common Procedure Coding System (HCPCS) Level II codes were developed to help categorize, document, and track the use of products, supplies, and services. HCPCS codes should be reported for all device-dependent Ambulatory Payment Classifications (APCs) for procedures conducted in the hospital outpatient setting. While HCPCS codes do not generally result in additional payment, it is important for hospitals to use HCPCS codes as a means of cost reporting which CMS uses to help determine future payment rates. The HCPCS codes listed below may be used for peripheral intervention procedures.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>HCPCS Description</th>
<th>Auryon System Product</th>
</tr>
</thead>
</table>
| C1885      | Catheter, transluminal angioplasty, laser | Auryon Atherectomy Catheter EXM-4002-0000  
Auryon Atherectomy Catheter EXM-4002-H000  
Auryon Atherectomy Catheter EXM-4001-0000  
Auryon Atherectomy Catheter EXM-4001-H000  
Auryon Atherectomy Catheter EXM-4003-0000/US  
Auryon Atherectomy Catheter EXM-4003-H000/US  
Auryon Atherectomy Catheter EXM-4004-0000/US  
Auryon Atherectomy Catheter EXM-4004-H000/US |

*Part numbers with H000 indicate hydrophilic coated

ICD-10 Procedure Coding System (ICD-10-PCS) Codes (October 2022 to September 2023)

The following ICD-10-PCS codes are commonly reported for atherectomy of other non-coronary vessel procedures. This is not an exhaustive list of ICD-10-PCS procedure codes. Physicians are responsible for selecting the most appropriate code(s) to reflect services performed.

<table>
<thead>
<tr>
<th>ICD-10-PCS Codes</th>
<th>ICD-10-PCS Code Description</th>
<th>MS-DRG Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>04CK3ZZ</td>
<td>Extirpation of Matter from Right Femoral Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
<tr>
<td>04CL3ZZ</td>
<td>Extirpation of Matter from Left Femoral Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
<tr>
<td>04CM3ZZ</td>
<td>Extirpation of Matter from Right Popliteal Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
<tr>
<td>04CN3ZZ</td>
<td>Extirpation of Matter from Left Popliteal Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
<tr>
<td>04CP3ZZ</td>
<td>Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
<tr>
<td>04CQ3ZZ</td>
<td>Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
<tr>
<td>04CR3ZZ</td>
<td>Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
<tr>
<td>04CS3ZZ</td>
<td>Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
<tr>
<td>04CT3ZZ</td>
<td>Extirpation of Matter from Right Peroneal Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
<tr>
<td>04CU3ZZ</td>
<td>Extirpation of Matter from Left Peroneal Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
<tr>
<td>04CV3ZZ</td>
<td>Extirpation of Matter from Right Foot Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
<tr>
<td>04CW3ZZ</td>
<td>Extirpation of Matter from Left Foot Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
<tr>
<td>04CY3ZZ</td>
<td>Extirpation of Matter from Lower Artery, Percutaneous Approach</td>
<td>270, 271, 272</td>
</tr>
</tbody>
</table>

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Medicare Severity Diagnosis Related Groups (MS-DRGs) (October 2022 to September 2023)

The following MS-DRGs may apply to peripheral atherectomy procedures for Medicare patients depending on the ICD-10-PCS code used. ICD-10-PCS codes can group into different MS-DRGs depending upon all the procedures performed and the patient’s diagnosis. This chart presents examples of the MS-DRGs and associated payment amounts for Medicare in 2023 (effective October 1, 2022). Payment amounts are based on a National Operating and Capital amount for 2023=$6,859.50. If significant additional procedures are performed during the same inpatient admission, other MS-DRGs may apply.

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>Description</th>
<th>Relative Weight</th>
<th>2023 National Average Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>270</td>
<td>OTHER MAJOR CARDIOVASCULAR PROCEDURES WITH MCC</td>
<td>5.1126</td>
<td>$35,069.88</td>
</tr>
<tr>
<td>271</td>
<td>OTHER MAJOR CARDIOVASCULAR PROCEDURES WITH CC</td>
<td>3.4838</td>
<td>$23,897.13</td>
</tr>
<tr>
<td>272</td>
<td>OTHER MAJOR CARDIOVASCULAR PROCEDURES WITHOUT CC/MCC</td>
<td>2.5964</td>
<td>$17,810.01</td>
</tr>
</tbody>
</table>

ICD-10-CM Diagnosis Codes (October 2022 to September 2023)

Diagnosis codes are used by healthcare providers to document all patient conditions associated with the procedures performed. Secondary diagnosis codes corresponding to additional conditions at the time of admission, or developed subsequently, and which had an effect on the treatment received or the length of stay, should be reported. The ICD-10-CM codes below are examples of diagnosis codes that may apply for percutaneous peripheral atherectomy. The provider should refer to a complete coding authority to check, confirm, and report all codes that accurately describe all the patient’s conditions.

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>ICD-10-CM Description (Diagnosis Codes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I70.211</td>
<td>Atherosclerosis of native arteries of extremities with intermittent claudication, right leg</td>
</tr>
<tr>
<td>I70.212</td>
<td>Atherosclerosis of native arteries of extremities with intermittent claudication, left leg</td>
</tr>
<tr>
<td>I70.213</td>
<td>Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs</td>
</tr>
<tr>
<td>I70.218</td>
<td>Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity</td>
</tr>
<tr>
<td>I70.219</td>
<td>Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity</td>
</tr>
<tr>
<td>I70.221</td>
<td>Atherosclerosis of native arteries of extremities with rest pain, right leg</td>
</tr>
<tr>
<td>I70.222</td>
<td>Atherosclerosis of native arteries of extremities with rest pain, left leg</td>
</tr>
<tr>
<td>I70.223</td>
<td>Atherosclerosis of native arteries of extremities with rest pain, bilateral legs</td>
</tr>
<tr>
<td>I70.228</td>
<td>Atherosclerosis of native arteries of extremities with rest pain, other extremity</td>
</tr>
<tr>
<td>I70.229</td>
<td>Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity</td>
</tr>
<tr>
<td>I70.231</td>
<td>Atherosclerosis of native arteries of right leg with ulceration of thigh</td>
</tr>
<tr>
<td>I70.232</td>
<td>Atherosclerosis of native arteries of right leg with ulceration of calf</td>
</tr>
<tr>
<td>I70.233</td>
<td>Atherosclerosis of native arteries of right leg with ulceration of ankle</td>
</tr>
<tr>
<td>I70.234</td>
<td>Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot</td>
</tr>
<tr>
<td>I70.235</td>
<td>Atherosclerosis of native arteries of right leg with ulceration of other part of foot</td>
</tr>
<tr>
<td>I70.238</td>
<td>Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>ICD-10-CM Description (Diagnosis Codes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I70.239</td>
<td>Atherosclerosis of native arteries of right leg with ulceration of unspecified site</td>
</tr>
<tr>
<td>I70.241</td>
<td>Atherosclerosis of native arteries of left leg with ulceration of thigh</td>
</tr>
<tr>
<td>I70.242</td>
<td>Atherosclerosis of native arteries of left leg with ulceration of calf</td>
</tr>
<tr>
<td>I70.243</td>
<td>Atherosclerosis of native arteries of left leg with ulceration of ankle</td>
</tr>
<tr>
<td>I70.244</td>
<td>Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot</td>
</tr>
<tr>
<td>I70.245</td>
<td>Atherosclerosis of native arteries of left leg with ulceration of other part of foot</td>
</tr>
<tr>
<td>I70.248</td>
<td>Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg</td>
</tr>
<tr>
<td>I70.249</td>
<td>Atherosclerosis of native arteries of left leg with ulceration of unspecified site</td>
</tr>
<tr>
<td>I70.25</td>
<td>Atherosclerosis of native arteries of other extremities with ulceration</td>
</tr>
<tr>
<td>I70.261</td>
<td>Atherosclerosis of native arteries of extremities with gangrene, right leg</td>
</tr>
<tr>
<td>I70.262</td>
<td>Atherosclerosis of native arteries of extremities with gangrene, left leg</td>
</tr>
<tr>
<td>I70.263</td>
<td>Atherosclerosis of native arteries of extremities with gangrene, bilateral legs</td>
</tr>
<tr>
<td>I70.268</td>
<td>Atherosclerosis of native arteries of extremities with gangrene, other extremity</td>
</tr>
<tr>
<td>I70.269</td>
<td>Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity</td>
</tr>
<tr>
<td>I70.92</td>
<td>Chronic total occlusion of artery of the extremities</td>
</tr>
</tbody>
</table>
References

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5. APC (J1): Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS status indicator of "F", "G", "H", "L" and "U"; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services. CMS-1772-FC Hospital Outpatient Prospective Payment- Notice of Final Rulemaking with Comment Period (NFRM)227 2023.


7. No Valid APC Classification Assigned to this CPT® Code. APC Status indicator (N) signifies Items and Services Packaged into APC Rates. This code is paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment. CMS-1772-FC Hospital Outpatient Prospective Payment- Notice of Final Rulemaking with Comment Period (NFRM) 2023.


11. CMS, [CMS-1771-F] 2023 Medicare Hospital Inpatient Prospective Payment System (IPPS) Final Rule; Federal Register. Accessed November 8, 2022. https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-ipps-final-rule-home-page. Payment is calculated based on the national adjusted standardized amount $6,859.50). Actual Medicare payment rates will vary from adjustments by Wage Index and Geographic Adjustment Factor depending on geographic locality. Also note that any applicable coinsurance, deductible, and other amounts that are patient obligations are included in the payment amount shown.


Reimbursement Support
For questions regarding coding, payment, coverage, and other reimbursement information, please contact us at Reimbursement@AngioDynamics.com.

Other Resources
For other reimbursement educational materials, guides, and resources, please visit: AngioDynamics’ Reimbursement Resources website.

Indications for Use
The Auryon™ Atherectomy System and Auryon Atherectomy Catheters with aspiration are indicated for use as atherectomy devices for arterial stenoses, including in-stent restenosis (ISR), and to aspirate thrombus adjacent to stenoses in native and stented infra-inguinal arteries.

The Auryon™ Atherectomy System and Auryon Atherectomy Catheters without aspiration are indicated for use in the treatment, including atherectomy, of infra-inguinal stenoses and occlusions.