2015 Reimbursement: Declot, Exchange, and Revision
Hospital Outpatient & Physician Reimbursement Data
Potential Declot, Exchange, & Revision Codes

Current Procedural Terminology (CPT) © 2015 American Medical Association. All rights reserved

*Outpatient APC payment based on Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Final Rule for Calendar Year 2015 (Federal Register, November 10, 2014). Physician payment is based on Calendar Year 2015 Medicare Physician Fee Schedule Final Rule (Federal Register, November 13, 2014). Note that payment may vary based on geographic location and other geographic-specific factors. Rates referenced in this document do not contain Sequestration which is an automatic reduction in federal spending that will result in a 2% reduction to ALL Medicare rates through March 31, 2015. While CMS is mandated by law to reduce payment by 21.2% effective April 1, 2015, it is expected that Congress will offer a solution in the short term and minimize the SGR which may impact rates for the remainder of 2015.

** Code has a J1 status indicator and its use will result in the assignment of procedure to a comprehensive APC (C-APC) by Medicare. Even though it is possible that separate APC payments may be determined to be appropriate where more than one procedure is performed during the same outpatient visit, many APCs are subject to reduced payment when multiple procedures are performed on the same day. Some comprehensive APCs in 2015 package payments for items and service rather than separate multiple payments for each individual service. Comprehensive APCs will reimburse a single all-inclusive payment for the primary service with no additional reimbursement for additional adjunctive services and supplies used during the delivery of the primary procedure and applies to percutaneous interventions.

DISCLAIMER: The information in this brochure is provided with the intent to assist in obtaining appropriate reimbursement for medical devices and services. It is NOT intended as legal advice. Seek legal counsel or a reimbursement specialist for further questions or clarifications. The provider makes all decisions concerning completion of reimbursement claim forms, including code section and billing amounts. This document is for information purposes only and represents no statement, promise, or guarantee by CryoLife, Inc. concerning levels of reimbursement, payment or charges. This coding information may include codes for procedures for which CryoLife currently offers no cleared or approved products. The coding options listed within this guide are commonly used codes and are NOT intended to be an all-inclusive list.

www.herograft.com • Customer Service: 888-427-9654

ML0637.003 (04/2015)