## Subcutaneous Implantable Defibrillator Receives Favorable Coding And Payment Designations For 2015

New CPT Category I Code Facilitates Processing for U.S. Hospitals and Physicians

MARLBOROUGH, Mass., Nov. 13, 2014 /PRNewswire/ -- Boston Scientific Corporation (NYSE: BSX) announced that its subcutaneous implantable defibrillator (S-ICD System™) will have designated Current Procedural Terminology (CPT®) Category I codes by the American Medical Association (AMA), effective January 1, 2015. The AMA CPT coding system provides U.S. physicians and hospitals with a uniform process for coding medical services. By definition, the CPT I category includes procedures that are widely performed and consistent with contemporary medical practice.

Also effective January 1, 2015, the Medicare hospital outpatient payment rate for implanting the S-ICD System will increase by 23 percent. Additionally, Aetna recently joined several other private health plans by broadening its coverage for the S-ICD System to all patients who meet the criteria for an ICD and are not contraindicated.

"The S-ICD System is an advanced, less invasive option for patients at risk of sudden cardiac arrest," said Michael Gold, professor of medicine and director of cardiology, Medical University of South Carolina. "The new CPT categorization establishes more predictable coding processes for hospitals and physicians when implanting the S-ICD System. This change should improve patient access to this important therapy."

The S-ICD System may offer certain groups of patients an alternative to more invasive transvenous ICDs. As the world's least invasive implantable defibrillator, the S-ICD System provides protection for patients at risk of sudden cardiac arrest while leaving the heart and blood vessels untouched.

"These important milestones will facilitate payment processing for both physicians and hospitals," said Kenneth Stein, chief medical officer of Rhythm Management at Boston Scientific. "Along with the favorable published safety and efficacy data in peer-reviewed journals, these code and payment changes will further enable rapid acceptance of this ground-breaking therapy by the medical community."

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This press release contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Forward-looking statements may be identified by words like "anticipate," "expect," "project," "believe," "plan," "estimate," "intend" and similar words. These forward-looking statements are based on our beliefs, assumptions and estimates using information available to us at the time and are not intended to be guarantees of future events or performance. These forward-looking statements include, among other things, statements regarding our products, CPT code designation and its impact, Medicare and private insurance reimbursement and their impact, markets for our products, clinical trials and impact of data, product performance, and competitive offerings. If our underlying assumptions turn out to be incorrect, or if certain risks or uncertainties materialize, actual results could vary materially from the expectations and projections expressed or implied by our forward-looking statements. These factors, in some cases, have affected and in the future (together with other factors) could affect our ability to implement our business strategy and may cause actual results to differ materially from those contemplated by the statements expressed in this press release. As a result, readers are cautioned not to place undue reliance on any of our forward-looking statements.

Factors that may cause such differences include, among other things: future economic, competitive, reimbursement and regulatory conditions; new product introductions; demographic trends; intellectual property; litigation; financial market conditions; and future business decisions made by us and our competitors. All of these factors are difficult or impossible to predict accurately and many of them are beyond our control. For a further list and description of these and other important risks and uncertainties that may affect our future operations, see Part I, Item 1A – Risk Factors in our most recent Annual Report on Form 10-K filed with the Securities and Exchange Commission, which we may update in Part II, Item 1A – Risk Factors in Quarterly Reports on Form 10-Q we have filed or will file hereafter. We disclaim any intention or obligation to publicly

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