



2022 ABBOTT REIMBURSEMENT GUIDE

CMS Hospital Outpatient (OPPS) and Ambulatory Surgical Center (ASC) Reimbursement Prospectus

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The Centers for Medicare & Medicaid Services (CMS) made significant changes to calendar year 2022 (CY2022) policies and payment levels which impact a number of procedures utilizing Abbott's technology and therapy solutions in the Hospital Outpatient Department (HOPD) and Ambulatory Surgical Center (ASC) settings of care. These changes are compounded by the advance of both new and ongoing payment reform initiatives impacting a majority of U.S. health care facilities. In this prospectus document, Abbott highlights certain payment policies and new payment rates to health care providers who perform services that are now paid differently than in prior years.

On November 2, 2021, CMS released the CY2022 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Final Rule, effective for services on January 1, 2022.^{1,2}

For 2022, CMS projects a:

- 2.1% increase in total OPPS payments¹
- 5.8% increase in total ASC payments²

We have provided the following tables based on common billing scenarios for various technologies and procedures. This is intended for illustrative purposes only and is not a guarantee of reimbursement levels or coverage.

Reimbursement can vary based on the specific procedures being performed, and on the Comprehensive Ambulatory Payment Classification (APC) that CMS has created in the HOPD.

Using the CY2022 rules as a reference, Abbott has analyzed the potential impact on payment to individual procedures performed within the HOPD, and in the ASC care setting, which involve our technologies or therapy solutions. We will continue to analyze the potential impact of the changes to CMS payment policies and update this document as necessary.

For more information please visit Abbott.com, or contact Abbott Health Care Economics team at (855) 569-6430 or AbbottEconomics@Abbott.com.

Franchise	Technology	Procedure	Primary APC	CPT ¹ Code	Hospital Outpatient (OPPS)			Ambulatory Surgery Center (ASC)			
					2021 Reimbursement ³	2022 Reimbursement ¹	% Change	2021 Reimbursement ⁴	2022 Reimbursement ²	% Change	
Electrophysiology (EP)	EP Ablation	Catheter ablation, AV node	5212	93650	\$6,078	\$6,208	2.1%	NA	NA	NA	
		EP study with catheter ablation, SVT	5213	93653	\$21,464	\$21,916	2.1%	NA	NA	NA	
		EP study and catheter ablation, VT	5213	93654	\$21,464	\$21,916	2.1%	NA	NA	NA	
		EP study and catheter ablation, treatment of AF by PVI	5213	93656	\$21,464	\$21,916	2.1%	NA	NA	NA	
	EP Studies	Comprehensive EP study without induction	5212	93619	\$6,078	\$6,208	2.1%	NA	NA	NA	
Heart Failure	Implantable Cardiac Monitor (ICM)	ICM Implantation	5222	33285	\$8,153	\$8,332	2.2%	\$7,041	\$7,201	2.3%	
		ICM Implantation with EP Evaluation	5223	93620	NA	NA	NA	NA	NA	NA	
				33285	\$10,400	\$10,619	2.1%	\$7,625	\$7,796	2.2%	
		ICM Removal	5071	33286	\$622	\$636	2.3%	\$314	\$322	2.5%	
	Pacemaker	System Implant or Replacement - Single Chamber (Ventricular)	5223	33207	\$10,400	\$10,619	2.1%	\$7,625	\$7,796	2.2%	
		System Implant or Replacement - Dual Chamber	5223	33208	\$10,400	\$10,619	2.1%	\$7,889	\$8,065	2.2%	
		Leadless Pacemaker Removal	5183	33275	\$2,862	\$2,924	2.2%	\$2,418	\$2,471	2.2%	
		Leadless Pacemaker Implant	5194	33274	\$16,064	\$16,402	2.1%	\$11,762	\$12,024	2.2%	
		Battery Replacement - Single Chamber	5222	33227	\$8,153	\$8,332	2.2%	\$6,427	\$6,575	2.3%	
		Battery Replacement - Dual Chamber	5223	33228	\$10,400	\$10,619	2.1%	\$7,692	\$7,864	2.2%	
	Implantable Cardioverter Defibrillator (ICD)	System Implant or Replacement	5232	33249	\$32,839	\$33,547	2.2%	\$26,715	\$27,319	2.3%	
		Battery Replacement - Single Chamber	5231	33262	\$23,040	\$23,551	2.2%	\$19,777	\$20,226	2.3%	
		Battery Replacement - Dual Chamber	5231	33263	\$23,040	\$23,551	2.2%	\$19,972	\$20,423	2.3%	
	Sub-Q ICD	Insertion of Subcutaneous ICD system	5232	33270	\$32,839	\$33,547	2.2%	\$26,827	\$27,433	2.3%	
	Leads Only - Pacemaker, ICD, SICD, CRT	Single lead, Pacemaker, ICD, or SICD	5222	33216	\$8,153	\$8,332	2.2%	\$5,543	\$5,675	2.4%	
		CRT	5223	33224	\$10,400	\$10,619	2.1%	\$7,646	\$7,817	2.2%	
	Device Monitoring	Programming and Remote Monitoring	5741	93279	\$37	\$38	2.7%	NA	NA	NA	
	CRT-P	System Implant or Replacement	5224	33208 + 33225	\$18,611	\$19,021	2.2%	\$7,889	\$8,065	2.2%	
		Battery Replacement	5224	33229	\$18,611	\$19,021	2.2%	\$12,014	\$12,287	2.3%	
	CRT-D	System Implant or Replacement	5232	33249 + 33225	\$32,839	\$33,547	2.2%	\$26,715	\$27,319	2.3%	
		Battery Replacement	5232	33264	\$32,839	\$33,547	2.2%	\$26,610	\$27,212	2.3%	
	Heart Failure	CardioMEMS	Sensor Implant	NA	C2624	NA	NA	NA	NA	NA	NA
				5200	33289	\$28,815	\$29,460	2.2%	NA	NA	NA
Electronic Analysis of Devices			5741	G2066	\$37	\$38	2.7%	NA	NA	NA	
			NA	93264	NA	NA	NA	NA	NA	NA	
LVAD		Interrogation, in person	5742	93750	\$100	\$103	3.0%	NA	NA	NA	
	Advance care planning	5822	99497	\$75	\$76	1.3%	NA	NA	NA		
Hypertension	Renal Denervation	Renal denervation, unilateral	5192	0338T	\$4,957	\$5,062	2.1%	\$2,156	\$2,208	2.4%	
		Renal denervation, bilateral	5192	0339T	\$4,957	\$5,062	2.1%	\$2,156	\$2,208	2.4%	

NA: There is no established Medicare payment in this setting.

Franchise	Technology	Procedure	Primary APC	CPT [®] Code	Hospital Outpatient (OPPS)			Ambulatory Surgery Center (ASC)		
					2021 Reimbursement ^a	2022 Reimbursement ^a	% Change	2021 Reimbursement ^a	2022 Reimbursement ^a	% Change
Coronary	PCI Drug Eluting Stents (including FFR/OCT)	DES, with angioplasty; one vessel, with or without FFR and/or OCT	5193	C9600	\$10,043	\$10,258	2.1%	\$6,265	\$6,405	2.2%
		Two DES, with angioplasty; two vessels, with or without FFR and/or OCT.	5193	C9600	\$10,043	\$10,258	2.1%	\$6,265	\$6,405	2.2%
		Two DES, with angioplasty; one vessel, with or without FFR and/or OCT	5193	C9600	\$10,043	\$10,258	2.1%	\$6,265	\$6,405	2.2%
		Two DES, with angioplasty; two major coronary arteries, with or without FFR and/or OCT. Complexity adjustment.	5194	C9600	\$16,064	\$16,402	2.1%	\$9,398	\$9,608	2.2%
	BMS with atherectomy	BMS with atherectomy	5194	92933	\$16,064	\$16,402	2.1%	NA	NA	NA
	DES with atherectomy	DES with atherectomy	5194	C9602	\$16,064	\$16,402	2.1%	\$11,358	NA	NA
	DES and AMI	DES and AMI	NA	C9606	\$0	\$0	NA	NA	NA	NA
	DES and CTO	DES and CTO	5194	C9607	\$16,064	\$16,402	2.1%	\$11,271	NA	NA
	Coronary Angiography (including FFR/RFR/CFR and OCT)	Coronary angiography	5191	93454	\$2,899	\$2,962	2.2%	\$1,403	\$1,439	2.6%
		Angiography + FFR/RFR/CFR	5192	93454 + 93571	\$4,957	\$5,062	2.1%	\$1,403	\$1,439	2.6%
		Angiography + OCT	5192	93454 + 92978	\$4,957	\$5,062	2.1%	\$1,403	\$1,439	2.6%
	Peripheral Vascular	Angioplasty	Angioplasty (Iliac)	5192	37220	\$4,957	\$5,062	2.1%	\$2,156	\$2,923
Angioplasty (Fem/Pop)			5192	37224	\$4,957	\$5,062	2.1%	\$3,075	\$3,142	2.2%
Angioplasty (Tibial/Peroneal)			5193	37228	\$10,043	\$10,258	2.1%	\$5,808	\$5,941	2.3%
Atherectomy		Atherectomy (Fem/Pop)	5193	37225	\$10,043	\$10,258	2.1%	\$6,755	\$6,902	2.2%
		Atherectomy (Tibial/Peroneal)	5194	37229	\$16,064	\$16,402	2.1%	\$10,538	\$10,776	2.3%
Stenting		Stenting (Iliac)	5193	37221	\$10,043	\$10,258	2.1%	\$6,235	\$6,374	2.2%
		Stenting (Fem/Pop)	5193	37226	\$10,043	\$10,258	2.1%	\$6,530	\$6,674	2.2%
		Stenting (Periph, incl Renal)	5193	37236	\$10,043	\$10,258	2.1%	\$6,121	\$6,258	2.2%
		Stenting (Tibial/Peroneal)	5194	37230	\$16,064	\$16,402	2.1%	\$10,389	\$10,625	2.3%
Atherectomy and Stenting		Atherectomy and stenting (Fem/Pop)	5194	37227	\$16,064	\$16,402	2.1%	\$11,287	\$11,536	2.2%
		Atherectomy and stenting (Tibial/Peroneal)	5194	37231	\$16,064	\$16,402	2.1%	\$10,574	\$10,814	2.3%
Vascular Plugs		Venous embolization or occlusion	5193	37241	\$10,043	\$10,258	2.1%	\$4,263	\$5,685	33.4%
		Arterial embolization or occlusion	5193	37242	\$10,043	\$10,258	2.1%	\$6,355	\$6,497	2.2%
		Embolization or occlusion for tumors, organ ischemia, or infarction	5193	37243	\$10,043	\$10,258	2.1%	\$4,263	\$4,369	2.5%
		Embolization or occlusion for arterial or venous hemorrhage or lymphatic extravasation	5193	37244	\$10,043	\$10,258	2.1%	\$6,119	NA	NA

NA: There is no established Medicare payment in this setting.

Franchise	Technology	Procedure	Primary APC	CPT ¹ Code	Hospital Outpatient (OPPS)			Ambulatory Surgery Center (ASC)			
					2021 Reimbursement ²	2022 Reimbursement ¹	% Change	2021 Reimbursement ⁴	2022 Reimbursement ³	% Change	
Periphereal Vascular	Arterial Mechanical Thrombectomy	Primary arterial percutaneous mechanical thrombectomy; initial vessel	5193	37184	\$10,043	\$10,258	2.1%	\$6,642	\$6,789	2.2%	
		Primary arterial percutaneous mechanical thrombectomy; second and all subsequent vessel(s)	NA	37185	Packaged	Packaged	NA	Packaged	Packaged	NA	
		Secondary arterial percutaneous mechanical thrombectomy	NA	37186	Packaged	Packaged	NA	Packaged	Packaged	NA	
	Venous Mechanical Thrombectomy	Venous percutaneous mechanical thrombectomy, initial treatment	5193	37187	\$10,043	\$10,258	2.1%	\$6,543	\$6,688	2.2%	
		Venous percutaneous mechanical thrombectomy, repeat treatment on subsequent day	5183	37188	\$2,862	\$2,924	2.2%	\$1,365	\$1,932	41.5%	
	Dialysis Circuit Thrombectomy	Percutaneous mechanical thrombectomy, dialysis circuit	5192	36904	\$4,957	\$5,062	2.1%	\$2,156	\$2,955	37.1%	
		Percutaneous mechanical thrombectomy, dialysis circuit, with angioplasty	5193	36905	\$10,043	\$10,258	2.1%	\$4,263	\$5,672	33.1%	
		Percutaneous mechanical thrombectomy, dialysis circuit, with stent	5194	36906	\$16,064	\$16,402	2.1%	\$10,661	\$10,903	2.3%	
	Thrombolysis	Transcatheter arterial thrombolysis treatment, initial day	5184	37211	\$4,770	\$4,870	2.1%	\$2,369	\$3,167	33.7%	
		Transcatheter venous thrombolysis treatment, initial day	5183	37212	\$2,862	\$2,924	2.2%	\$1,365	\$1,899	39.1%	
		Transcatheter arterial or venous thrombolysis treatment, subsequent day	5183	37213	\$2,862	\$2,924	2.2%	\$1,365	NA	NA	
		Transcatheter arterial or venous thrombolysis treatment, final day	5183	37214	\$2,862	\$2,924	2.2%	\$1,365	NA	NA	
	Structural Heart	PFO Closure	ASD/PFO closure	5194	93580	\$16,064	\$16,402	2.1%	NA	NA	NA
		ASD	ASD/PFO closure	5194	93580	\$16,064	\$16,402	2.1%	NA	NA	NA
		VSD	VSD closure	5194	93581	\$16,064	\$16,402	2.1%	NA	NA	NA
		PDA	PDA closure	5194	93582	\$16,064	\$16,402	2.1%	NA	NA	NA
Chronic Pain	Spinal Cord Stimulation and DRG Stimulation	Single Lead Trial: percutaneous	5462	63650	\$6,161	\$6,295	2.2%	\$4,473	\$4,571	2.2%	
		Dual Lead Trial: percutaneous	5462	63650	\$6,161	\$6,295	2.2%	\$8,946	\$9,142	2.2%	
		Surgical Lead Trial	5464	63655	\$20,480	\$20,913	2.1%	\$16,760	\$17,146	2.3%	
		Full System - Single lead - Percutaneous	5465	63685	\$29,445	\$30,063	2.1%	\$28,367	\$28,995	2.2%	
		Full System - Dual Lead - Percutaneous	5465	63685	\$29,445	\$30,063	2.1%	\$32,840	\$33,566	2.2%	
		Full System IPG - Laminectomy	5465	63685	\$29,445	\$30,063	2.1%	\$40,654	\$41,570	2.3%	
		IPG implant or replacement	5465	63685	\$29,445	\$30,063	2.1%	\$23,894	\$24,424	2.2%	
		Single lead	5462	63650	Packaged	Packaged		\$4,473	\$4,571	2.2%	
		Dual lead	5462	63650	Packaged	Packaged		\$4,473	\$4,571	2.2%	
		Analysis of IPG, Simple Programming	5742	95971	\$100	\$103	3.0%	NA	NA	NA	

NA: There is no established Medicare payment in this setting.

Franchise	Technology	Procedure	Primary APC	CPT [†] Code	Hospital Outpatient (OPPS)			Ambulatory Surgery Center (ASC)		
					2021 Reimbursement [§]	2022 Reimbursement [†]	% Change	2021 Reimbursement [†]	2022 Reimbursement [†]	% Change
Chronic Pain	RF Ablation	Cervical Spine / Thoracic Spine	5431	64633	\$1,754	\$1,793	2.2%	\$805	\$826	2.6%
		Lumbar Spine	5431	64635	\$1,754	\$1,793	2.2%	\$805	\$826	2.6%
		Other Peripheral Nerves	5443	64640	\$822	\$841	2.3%	\$186	\$176	-5.4%
		Radiofrequency Ablation	5431	64625	\$1,754	\$1,793	2.2%	\$805	\$826	2.6%
Movement Disorders	DBS	IPG Placement - Single Array	5464	61885	\$20,480	\$20,913	2.1%	\$18,186	\$18,592	2.2%
		IPG Placement - Two Single Array IPGs	5464	61885	\$20,480	\$20,913	2.1%	\$18,186	\$18,592	2.2%
			5464	61885	\$20,480	\$20,913	2.1%	\$18,186	\$18,592	2.2%
		IPG Placement - Dual Array	5465	61886	\$29,445	\$30,063	2.1%	\$24,009	\$24,541	2.2%
		Analysis of IPG, No Programming	5734	95970	\$112	\$115	2.7%	NA	NA	NA
		Analysis of IPG, Simple Programming; first 15 Min	5742	95983	\$100	\$103	3.0%	NA	NA	NA
Analysis of IPG, Simple Programming; additional 15 Min	NA	95984	\$0	\$0		NA	NA	NA		

NA: There is no established Medicare payment in this setting.

Sources:

- Hospital Outpatient Prospective Payment-Final Rule with Comment CY2022: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/cms-1753-f>
- Ambulatory Surgical Center Payment-Final Rule CY2022 Payment Rates: <https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notices/cms-1753-fc>
- Hospital Outpatient Prospective Payment-Final Rule with Comment CY2021: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/hospital-outpatient-regulations-and-notices/cms-1736-fc>
- Ambulatory Surgical Center Payment-Final Rule CY2021 Payment Rates: <https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notices/cms-1736-fc>

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One St. Jude Medical Dr., St. Paul, MN 55117, USA, Tel: 1 651 756 2000

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