ABBOTT CODING GUIDE

STRUCTURAL HEART AND VALVES

CONGENITAL DEFECTS

SURGICAL HEART VALVES

AMPLATZER™ PFO OCCLUDER

Effective October 1, 2020

STRUCTURAL HEART AND VALVES

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Introduction

The Structural Heart and Valves Coding Guide is intended to provide reference material related to the reimbursement of Abbott products when used consistently with their labeling.

Reimbursement Hotline

In addition, Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday at (855) 569-6430 or hce@abbott.com. This guide and all supporting documents are available at https://www.cardiovascular.abbott/us/en/hcp/reimbursement/structural-heart.html. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

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ABBOTT CODING GUIDE

CONGENITAL DEFECTS

Effective October 1, 2020

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

Physician[1]

CPT‡ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
ATRIAL SEPTAL DEFECT/PATENT FORAMEN OVALE				
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant	17.97	$1,021	NA
PATENT DUCTUS ARTERIOSUS				
93582	Percutaneous transcatheter closure of patent ductus arteriosus	12.31	$696	NA
VENTRICULAR SEPTAL DEFECT				
93581	Percutaneous transcatheter closure of congenital ventricular septal defect with implant	24.39	$1,391	NA

It is incumbent upon the physician to determine which, if any modifiers should be used first.

Effective Dates: January 1, 2020 - December 31, 2020

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

Hospital Outpatient[2]

CPT‡ CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
ATRIAL SEPTAL DEFECT				
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant	J1	5194	$15,938
PATENT DUCTUS ARTERIOSUS				
93582	Percutaneous transcatheter closure of patent ductus arteriosus	J1	5194	$15,938
VENTRICULAR SEPTAL DEFECT				
93581	Percutaneous transcatheter closure of congenital ventricular septal defect with implant	J1	5194	$15,938

J1 = Hospital Part B services paid through a comprehensive APC

Effective Dates: January 1, 2020 - December 31, 2020

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

Hospital Inpatient[3]

ICD-10 PCS CODE[6]	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
PATENT DUCTUS ARTERIOSUS			
02LR3DT	Occlusion of ductus ateriosis with intraluminal device, percutaneous	**270** with MCC	$33,304
		271 with CC	$22,911
		272 without CC/MCC	$17,282

Effective Dates: October 1, 2020 - September 30, 2021

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

Hospital Inpatient[3]

ICD-10 PCS CODE[6]	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
ATRIAL SEPTAL DEFECT			
02U53JZ	Supplement atrial septum with synthetic substitute, percutaneous approach	**273** with MCC	$24,663
		274 without MCC	$21,117
VENTRICULAR SEPTAL DEFECT			
02UM3JZ	Supplement ventriclar septum with synthetic substitute, percutaneous approach	**228** with MCC	$39,948
		229 without MCC	$25,633

Effective Dates: October 1, 2020 - September 30, 2021

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

HCPCS Device Category C-Codes[5]

C-CODE	DESCRIPTION
C1817	Septal defect implant system, intracardiac
C1769	Guide wire
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away

Effective Dates: January 1, 2020 - December 31, 2020

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

ICD-10-CM Diagnosis Codes[4]

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Structural Heart and Valve patients, there are many possible diagnosis code scenarios and a wide variety of possible combinations. The possible scenarios and combinations are too numerous to capture in this document. The customer should check with their local carriers or intermediaries and should consult with legal counsel or a financial, coding or reimbursement specialist for coding, reimbursement or billing questions related to ICD-10-CM diagnosis codes.

ABBOTT CODING GUIDE

SURGICAL HEART VALVES

Effective October 1, 2020

CODING AND REIMBURSEMENT FOR SURGICAL HEART VALVES

Physician[1]

CPT‡ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
SURGICAL HEART VALVES AND ANNULOPLASTY RINGS				
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	41.32	$2,373	NA
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass	49.96	$2,857	NA
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	43.28	$2,490	NA
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	44.83	$2,554	NA
33430	Replacement, mitral valve, with cardiopulmonary bypass	50.93	$2,929	NA
33464	Valvuloplasty, tricuspid valve, with ring insertion	44.62	$2,552	NA

It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Effective Dates: January 1, 2020 - December 31, 2020

CODING AND REIMBURSEMENT FOR SURGICAL HEART VALVES

Hospital Inpatient[3]

ICD-10 PCS CODE[6]	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
SURGICAL HEART VALVES AND ANNULOPLASTY RINGS			
02QF0ZZ	Repair aortic valve, open approach	216 with MCC	$67,039
02QG0ZZ	Repair mitral valve, open approach	217 with CC	$41,732
02QJ0ZZ	Repair tricuspid valve, open approach	218 without CC/MCC	$33,057
02RF0JZ	Replacement of aortic valve with synthetic substitute, open approach	219 with MCC	$51,773
02RF08Z	Replacement of aortic valve with zooplastic tissue, open approach	220 with CC	$34,707
02RG0JZ	Replacement of mitral valve with synthetic substitute, open approach	221 without CC/MCC	$29,259
02RG08Z	Replacement of mitral valve with zooplastic tissue, open approach		

Notes:

- Surgical heart valve procedures are not allowed in Outpatient or Non-Facility settings.
- Level II HCPCS codes, including C-codes, are not applicable to surgical valve procedures. C-codes are used in conjucntion with the Medicare prospective payment system for outpatient procedures only.

Effective Dates: October 1, 2020 - September 30, 2021

CODING AND REIMBURSEMENT FOR SURGICAL HEART VALVES

ICD-10-CM Diagnosis Codes[4]

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Surgical Heart and Valve patients, there are many possible diagnosis code scenarios and a wide variety of possible combinations. The possible scenarios ICD-10-CM and combinations are too numerous to capture in this document. The customer should check with their local carriers or intermediaries and should consult with legal counsel or a financial, coding or reimbursement specialist for coding, reimbursement or billing questions related to ICD-10-CM diagnosis codes.

ABBOTT CODING GUIDE

AMPLATZER™ PFO OCCLUDER

Effective October 1, 2020

CODING AND REIMBURSEMENT FOR AMPLATZER™ PFO OCCLUDER

Physician[1]

CPT‡ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant	17.97	$1,021	NA

Effective Dates: January 1, 2020 - December 31, 2020

Hospital Outpatient[2]

CPT‡ CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant	J1	5194	$15,938

J1 = Hospital Part B services paid through a comprehensive APC

Effective Dates: January 1, 2020 - December 31, 2020

Hospital Inpatient[3]

ICD-10 PCS CODE[6]	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
02U53JZ	Supplement atrial septum with synthetic substitute, percutaneous approach	273	$24,663
		274	$21,117

Effective Dates: October 1, 2020 - September 30, 2021

It is incumbent upon the physician to determine which, if any, modifiers should be used first.

CODING AND REIMBURSEMENT FOR AMPLATZER™ PFO OCCLUDER

HCPCS Device Category C-Codes[5]

C-CODE	DESCRIPTION
C1817	Septal defect implant system, intracardiac
C1769	Guidewire
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away closure device, vasular (implantable/ insertable)

Effective Dates: January 1, 2020 - December 31, 2020

CODING AND REIMBURSEMENT FOR AMPLATZER™ PFO OCCLUDER

ICD-10-CM Diagnosis Codes[4]

ICD-10-CM	DESCRIPTION
Q21.1	Atrial septal defect

While there are no ICD-10-CM diagnosis codes to specifically describe cryptongenic stroke (CS) as a secondary condition, there is only one generic ICD-10-CM diagnosis code for ischemic stroke with no specification as to the type of the cerbrovascular condition which could be used for reporting of the CS:

- 163.9, Cerebral infarction, unspecified

Claims submission to a majority of U.S. private insurance companies is often driven by the existance of specific coding to explain the services requested. Payers will often require additional information on the claim form, or in addition to the claim form, in order to adjudicate the claims. Documentation requirements may vary by payer, however, at minimum, the following documentation should be provided.

- Description of test results performed to confirm PFO

- Description of test results confirming CS and likelihood of PFO involvement (other causes of stroke should be ruled out).

Rx Only

Important Safety Information

Indications for Use: The AMPLATZER™ PFO Occluder is indicated for percutaneous transcatheter closure of a patent foramen ovale (PFO) to reduce the risk of recurrent ischemic stroke in patients, predominantly between the ages of 18 and 60 years, who have had a cryptogenic stroke due to a presumed paradoxical embolism, as determined by a neurologist and cardiologist following an evaluation to exclude known causes of ischemic stroke.

Contraindications: Patients with intra-cardiac mass, vegetation, tumor or thrombus at the intended site of implant, or documented evidence of venous thrombus in the vessels through which access to the PFO is gained; Patients whose vasculature, through which access to the PFO is gained, is inadequate to accommodate the appropriate sheath size; Patients with anatomy in which the AMPLATZER™ PFO device size required would interfere with other intracardiac or intravascular structures, such as valves or pulmonary veins; Patients with other source of right-to-left shunts, including an atrial septal defect and/or fenestrated septum; Patients with active endocarditis or other untreated infections

Potential Complications and Adverse Events: Potential adverse events that may occur during or after a procedure using this device may include, but are not limited to: Air embolus; Allergic drug reaction; Allergic dye reaction; Allergic metal reaction: Nitinol (nickel, titanium), platinum/iridium, stainless steel (chromium, iron, manganese, molybdenum, nickel); Anesthesia reactions; Apnea; Arrhythmia; Bacterial endocarditis; Bleeding; Brachial plexus injury; Cardiac perforation; Cardiac tamponade; Cardiac thrombus; Chest pain; Device embolization; Device erosion; Deep vein thrombosis; Death; Endocarditis; Esophagus injury; Fever; Headache/migraine; Hypertension/hypotension; Myocardial infarction; Pacemaker placement secondary to PFO device closure; Palpitations; Pericardial effusion; Pericardial tamponade; Pericarditis; Peripheral embolism; Pleural effusion; Pulmonary embolism; Reintervention for residual shunt/device removal; Sepsis; Stroke; Transient ischemic attack; Thrombus; Valvular regurgitation; Vascular access site injury; Vessel perforation

References

1. Physician Prospective Payment-Final rule with Comment Period and Final CY2020 Payment Rates. CMS-1715-F: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending
2. Hospital Outpatient Prospective Payment-Final Rule FY2020 Payment Rates. CMS-1717-FC: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1717-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending%0D
3. Hospital Inpatient Prospective Payment-FY 2021 Final Rule Data Files CMS-1735-F: https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipps-final-rule-home-page
4. American Medical Association *2020 ICD-10-CM: The Complete Official Codebook*. Edition 1; 2020.
5. CMS, 2020 Alpha-Numeric Index HCPCS code set: https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending
6. 2020 ICD-10-PCS: https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS.html

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