



HEALTH ECONOMICS & REIMBURSEMENT

CORONARY INTERVENTIONS

National Medicare Reimbursement Guide

Effective January 1, 2022

CODING AND REIMBURSEMENT GUIDE FOR CORONARY PROCEDURES, CORONARY PHYSIOLOGY ASSESSMENTS AND OPTICAL COHERENCE TOMOGRAPHY (OCT)

Introduction

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product's labeling. This content includes information regarding coverage, coding and reimbursement. Additional resources can be found at:

www.cardiovascular.abbott/us/en/hcp/reimbursement.html

Reimbursement Hotline

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www.cardiovascular.abbott/us/en/hcp/reimbursement.html

Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

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| CPT‡ CODE | DESCRIPTION | WORK RVU | MEDICARE RATE | |
|-----------|---|----------|---------------|--------------|
| | | | FACILITY | NON-FACILITY |
| PCI | | | | |
| 92920 | Percutaneous transluminal coronary angioplasty; single major coronary artery or branch | 9.85 | \$537 | NA |
| + 92921 | Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | 0.00 | \$0 | \$0 |
| 92924 | Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch | 11.74 | \$641 | NA |
| + 92925 | Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | 0.00 | \$0 | \$0 |
| 92928 | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch | 10.96 | \$598 | NA |
| + 92929 | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | 0.00 | \$0 | \$0 |
| 92933 | Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch | 12.29 | \$671 | NA |

- (+) Denotes add-on code. List in addition to the primary procedure

| CPT‡ CODE | DESCRIPTION | WORK RVU | MEDICARE RATE | |
|-----------|---|----------|---------------|--------------|
| | | | FACILITY | NON-FACILITY |
| PCI | | | | |
| + 92934 | Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | 0.00 | \$0 | \$0 |
| 92937 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel | 10.95 | \$597 | NA |
| + 92938 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure) | 0.00 | \$0 | \$0 |
| 92941 | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel | 12.31 | \$672 | NA |
| + 92942 | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | NA | NA | NA |

- (+) Denotes add-on code. List in addition to the primary procedure

| CPT‡ CODE | DESCRIPTION | WORK RVU | MEDICARE RATE | |
|------------|---|----------|-----------------------|--------------|
| | | | FACILITY | NON-FACILITY |
| PCI | | | | |
| 92943 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel | 12.31 | \$672 | NA |
| + 92944 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure) | 0.00 | \$0 | \$0 |
| 93454-26 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation | 4.54 | \$243 | \$243 |
| C9600 | Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch | NA | See 92928 for payment | NA |
| C9601 | Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch | NA | NA | NA |
| C9602 | Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) | NA | See 92933 for payment | NA |
| C9603 | Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) | NA | NA | NA |
| C9604 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel | NA | See 92937 for payment | NA |

- Modifier 26 signifies the professional component of hospital-based services.
- (+) Denotes add-on code. List in addition to the primary procedure

| CPT‡ CODE | DESCRIPTION | WORK RVU | MEDICARE RATE | |
|-----------|--|----------|-----------------------|--------------|
| | | | FACILITY | NON-FACILITY |
| PCI | | | | |
| C9605 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure) | NA | NA | NA |
| C9607 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel | NA | See 92943 for payment | NA |
| C9608 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure) | NA | NA | NA |

| CPT‡ CODE | DESCRIPTION | WORK RVU | MEDICARE RATE | |
|------------|--|----------|---------------|--------------|
| | | | FACILITY | NON-FACILITY |
| FFR | | | | |
| + 93571-26 | Intravascular Doppler velocity and/or pressure derived coronary flow reserve management (coronary vessel or graft) during coronary angiography, including pharmacologically induced stress; initial vessel (List separately in addition to primary procedure) | 1.38 | \$73 | \$73 |
| + 93572-26 | Intravascular Doppler velocity and/or pressure derived coronary flow reserve management (coronary vessel or graft) during coronary angiography, including pharmacologically induced stress; each additional vessel (List separately in addition to primary procedure) | 1.00 | \$54 | \$54 |
| RFR | | | | |
| + 93571-52 | Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure) | * | * | * |
| + 93572-52 | Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to primary procedure) | * | * | * |

- Modifier 26 signifies the professional component of hospital-based services.
- (*) Modifier 52 signifies that the service is reduced. Specific values determined by the local Medicare contractor.
- (+) Denotes an add-on codes. List separately in addition to primary procedure.

| CPT‡ CODE | DESCRIPTION | WORK RVU | MEDICARE RATE | |
|--|--|----------|---------------|--------------|
| | | | FACILITY | NON-FACILITY |
| IVUS/OCT | | | | |
| + 92978-26 | Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure) | 1.80 | \$96 | \$96 |
| + 92979-26 | Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to primary procedure) | 1.44 | \$76 | \$76 |
| Coronary Artery Chronic Total Occlusion (CTO) | | | | |
| 92943 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel | 12.31 | \$672 | NA |
| + 92944 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to primary procedure) | NA | NA | NA |

- Modifier 26 signifies the professional component of hospital-based services.
- (+) Denotes an add-on codes. List separately in addition to primary procedure.

| CPT‡ CODE | DESCRIPTION | STATUS INDICATOR | APC | MEDICARE RATE |
|------------|---|------------------|------|---------------|
| PCI | | | | |
| 92920 | Percutaneous transluminal coronary angioplasty; single major coronary artery or branch | J1 | 5192 | \$5,062 |
| + 92921 | Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | N | NA | Packaged |
| 92924 | Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch | J1 | 5193 | \$10,258 |
| + 92925 | Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure). | N | NA | Packaged |
| 92928 | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch | J1 | 5193 | \$10,258 |
| + 92929 | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | N | NA | Packaged |
| 92933 | Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch | J1 | 5194 | \$16,402 |

- J1 = Hospital Part B services paid through a comprehensive APC
- N = Items and services packaged into APC rates (no separate APC payment)
- (+) Denotes add-on code. List in addition to the primary procedure

| CPT‡ CODE | DESCRIPTION | STATUS INDICATOR | APC | MEDICARE RATE |
|------------|--|------------------|------|---------------|
| PCI | | | | |
| + 92934 | Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure). | N | NA | Packaged |
| 92937 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel | J1 | 5193 | \$10,258 |
| + 92938 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure). | N | NA | Packaged |
| 92941 | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel | C | NA | NA |
| 92943 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel | J1 | 5193 | \$10,258 |

- C = Inpatient procedure. Not paid under OPSS.
- J1 = Hospital Part B services paid through a comprehensive APC
- N = Items and services packaged into APC rates (no separate APC payment)
- (+) Denotes add-on code. List in addition to the primary procedure

| CPT‡ CODE | DESCRIPTION | STATUS INDICATOR | APC | MEDICARE RATE |
|------------|--|------------------|------|---------------|
| PCI | | | | |
| + 92944 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure). | N | NA | Packaged |
| C9600 | Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch | J1 | 5193 | \$10,258 |
| C9601 | Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) | N | NA | NA |
| C9602 | Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch | J1 | 5194 | \$16,402 |
| C9603 | Description: Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | N | NA | NA |
| C9604 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel | J1 | 5193 | \$10,258 |

- J1 = Hospital Part B services paid through a comprehensive APC
- N = Items and services packaged into APC rates (no separate APC payment)
- (+) Denotes add-on code. List in addition to the primary procedure

| CPT‡ CODE | DESCRIPTION | STATUS INDICATOR | APC | MEDICARE RATE |
|------------|---|------------------|------|---------------|
| PCI | | | | |
| C9605 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) | N | NA | NA |
| C9606 | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel | C | NA | NA |
| C9607 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel | J1 | 5194 | \$16,402 |
| C9608 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | N | NA | NA |

- C = Inpatient procedure. Not paid under OPSS.
- J1 = Hospital Part B services paid through a comprehensive APC
- N = Items and services packaged into APC rates (no separate APC payment)

| CPT‡ CODE | DESCRIPTION | STATUS INDICATOR | APC | MEDICARE RATE |
|--------------------|---|------------------|-----|---------------|
| FFR/RFR/CFR | | | | |
| + 93571 | Intravascular doppler velocity and/or pressure derived coronary flow reserve management (coronary vessel or graft) during coronary angiography, including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure) | N | NA | Packaged |
| + 93572 | Intravascular doppler velocity and/or pressure derived coronary flow reserve management (coronary vessel or graft) during coronary angiography, including pharmacologically induced stress; each additional vessel (List separately in addition to primary procedure) | N | NA | Packaged |
| OCT | | | | |
| + 92978 | Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure) | N | NA | Packaged |
| + 92979 | Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to primary procedure) | N | NA | Packaged |

- N = Items and services packaged into APC rates (no separate APC payment)
- (+) Denotes an add-on codes. List separately in addition to primary procedure.
- The applicable APC will be determined by the underlying primary procedure. FFR and/or OCT alone will not result in a hospital payment.

| CPT‡ CODE | DESCRIPTION | STATUS INDICATOR | MULTI-PROCEDURE DISCOUNT | MEDICARE RATE |
|-------------------|--|------------------|--------------------------|---------------|
| PCI | | | | |
| 92920 | Percutaneous transluminal coronary angioplasty; single major coronary artery or branch | J8 | Y | \$3,128 |
| 92921 | Percutaneous transluminal coronary angioplasty; single major coronary artery or branch | N1 | N | NA |
| 92928 | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch | J8 | Y | \$6,113 |
| 92929 | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | N1 | N | NA |
| C9600 | Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch | J8 | Y | \$6,405 |
| C9601 | Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch; each additional branch (list separately in addition to code for primary procedure). | N1 | N | NA |
| Aniography | | | | |
| 93454 | Coronary artery angio S&I | G2 | Y | \$1,439 |

- G2 = Non office-based surgical procedure added in CY2008 or later; payment base on OPPS relative payment rate.
- J8 = Device-intensive procedure; paid at adjusted rate.
- N1 = Package service/item; no separate payment made.

NA=No Reimbursement Data Available

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| TYPICAL MS-DRG ASSIGNMENT | DESCRIPTION | MEDICARE RATE |
|---------------------------|--|---------------|
| 246 | Percutaneous cardiovascular procedure with drug-eluting stent with major complication or comorbidity or 4+ vessels/stents | \$20,602 |
| 247 | Percutaneous cardiovascular procedure with drug-eluting stent without major complication or comorbidity | \$13,012 |
| 248 | Percutaneous cardiovascular procedure with non-drug-eluting stent with major complication or comorbidity or 4+ vessels/stents | \$20,852 |
| 249 | Percutaneous cardiovascular procedure with non-drug-eluting stent without major complication or comorbidity | \$12,356 |
| 250 | Percutaneous cardiovascular procedure without coronary artery stent or acute myocardial infarction (AMI) with major complication or comorbidity | \$16,629 |
| 251 | Percutaneous cardiovascular procedure without coronary artery stent or acute myocardial infarction (AMI) without major complication or comorbidity | \$10,936 |

| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | MEDICARE RATE |
|---|---|---------------------------|---------------|
| Coronary Physiology Assessments (FFR, RFR, CFR) | | | |
| | | 231 with MCC | \$57,475 |
| | | 232 w/o MCC | \$39,261 |
| | | 246 with MCC | \$20,602 |
| | | 247 w/o MCC | \$13,012 |
| | | 248 with MCC | \$20,852 |
| 4A033BC | Measurement of arterial pressure, coronary, percutaneous approach | 249 w/o MCC | \$12,356 |
| | | 250 with MCC | \$16,629 |
| | | 251 w/o MCC | \$10,936 |
| | | 286 with MCC | \$14,087 |
| | | 287 w/o MCC | \$7,353 |

The applicable MS-DRG will be determined by the underlying primary or diagnostic procedure. FFR and/or OCT alone will not result in a hospital payment.

| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | MEDICARE RATE |
|-----------------|---|---------------------------|---------------|
| | OCT | | |
| B221Z2Z | Computerized tomography of multiple coronary arteries using intravascular optical coherence | 231 with MCC | \$57,475 |
| | | 232 w/o MCC | \$39,261 |
| | | 246 with MCC | \$20,602 |
| | | 247 w/o MCC | \$13,012 |
| | | 248 with MCC | \$20,852 |
| | | 249 w/o MCC | \$12,356 |
| | | 250 with MCC | \$16,629 |
| | | 251 w/o MCC | \$10,936 |
| | | 286 with MCC | \$14,087 |
| | | 287 w/o MCC | \$7,353 |

The applicable MS-DRG will be determined by the underlying primary or diagnostic procedure. FFR and/or OCT alone will not result in a hospital payment.

HCPCS Device Category C-Codes

| C-CODE | DESCRIPTION |
|--------|---|
| C1769 | Guide wire |
| C1760 | Closure device, vascular (implantable/insertable) - if used |
| C1725 | Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability) |
| C1874 | Stent, coated/covered, with delivery system |
| C1876 | Stent, noncoated/noncovered, with delivery system |

ICD-10-CM DIAGNOSIS CODES

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Fractional Flow Reserve (FFR) and Optical Coherence Tomography (OCT) 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.

References

1. FY2022 IPPS Final Rule & Correction Notice Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: January 2022] (by clicking on the link below, you agree that you wish to enter a third-party website that is not controlled by Abbott).
<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipp-pps-final-rule-home-page>
2. CY2022 MPFS Final Rule Home Page. Update U.S. Centers for Medicare and Medicaid Services. [cited: January 2022] (by clicking on the link below, you agree that you wish to enter a third-party website that is not controlled by Abbott)
<https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1751-f>
3. CY2022 OPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2021] (by clicking on the link below, you agree that you wish to enter a third-party website that is not controlled by Abbott)
<https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/cms-1753-fc>
4. CY2022 ASC Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2021](by clicking on the link below, you agree that you wish to enter a third-party website that is not controlled by Abbott)
<https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notices/cms-1753-fc>
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&DLEntry%20s=10&DLSort=0&DLSortDir=descending>
6. CMS_2022_ICD-10-CM
<https://www.cms.gov/medicare/icd-10/2022-icd-10-cm>

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