



2020 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 2020 (CY 2020) 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 1, 2019, CMS released the CY 2020 Hospital Outpatient Prospective Payment System (OPPS)/ASC Final Rule, effective for services on January 1, 2020.^{1,2}

For 2020, CMS projects a:

- 2.6% increase in total OPPS payments^{1,2}
- 2.6% increase in total ASC payments^{1,2}

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 APCs that CMS has created in the HOPD.

Using the CY2020 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.

Disease State	Therapy/Technology	Procedure/Scenario	Primary APC	CPT [†] Code	Hospital Outpatient (OPPS)			Ambulatory Surgical Center (ASC)		
					2019 Payment ³	2020 Payment ¹	% Change	2019 Payment ⁴	2020 Payment ²	% Change
Electrophysiology (EP)	EP Ablation	Catheter ablation, AV node	5212	93650	\$5,097	\$5,885	15.5%	NA	NA	NA
		EP study with catheter ablation, SVT	5213	93653	\$19,214	\$20,433	6.3%	NA	NA	NA
		EP study and catheter ablation, VT	5213	93654	\$19,214	\$20,433	6.3%	NA	NA	NA
		EP study and catheter ablation, treatment of AF by PVI	5213	93656	\$19,214	\$20,433	6.3%	NA	NA	NA
	EP Studies	Comprehensive EP study without induction	5212	93619	\$5,097	\$5,885	15.5%	NA	NA	NA
Cardiac Rhythm Management (CRM)	Insertable/Implantable Cardiac Monitor (ICM)	ICM Implantation	5222	33285	\$7,404	\$7,641	3.2%	\$6,375	\$6,655	4.4%
		ICM Removal	5071	33286	\$579	\$610	5.3%	\$298	\$308	3.3%
	Pacemaker	Single Chamber Pacemaker System Implant - Atrial	5223	33206	\$9,879	\$10,251	3.8%	\$7,940	\$7,385	-7.0%
		Single Chamber Pacemaker System Implant - Ventricular	5223	33207	\$9,879	\$10,251	3.8%	\$7,920	\$7,633	-3.6%
		Dual Chamber Pacemaker System Implant	5223	33208	\$9,879	\$10,251	3.8%	\$8,066	\$7,816	-3.1%
		Battery Replacement - Single Chamber	5222	33227	\$7,404	\$7,641	3.2%	\$5,831	\$6,061	3.9%
		Battery Replacement - Dual Chamber	5223	33228	\$9,879	\$10,251	3.8%	\$7,875	\$7,634	-3.1%
	Implantable Cardioverter Defibrillator (ICD) System	ICD System Implant	5232	33249	\$30,656	\$32,279	5.3%	\$27,058	\$26,699	-1.3%
		Battery Replacement - Single Chamber	5231	33262	\$21,996	\$22,710	3.2%	\$19,281	\$19,502	1.1%
		Battery Replacement - Dual Chamber	5231	33263	\$21,996	\$22,710	3.2%	\$19,564	\$19,778	1.1%
	Leads Only - Pacemaker, ICD, CRT	Single Lead, Pacemaker, or ICD	5222	33216	\$7,404	\$7,641	3.2%	\$5,327	\$5,469	2.7%
		Cardiac Resynchronization Therapy	5223	33224	\$9,879	\$10,251	3.8%	\$7,920	\$7,837	-1.0%
	Cardiac Resynchronization Therapy - Pacemaker (CRT-P)	CRT-P System	5224	33208	\$17,679	\$18,311	3.6%	\$8,066	\$7,816	-3.1%
		CRT-P Replacement	5224	33229	\$17,679	\$18,311	3.6%	\$12,785	\$11,807	-7.6%
	Cardiac Resynchronization Therapy - Defibrillator (CRT-D)	CRT-D System	5232	33249	\$30,656	\$32,279	5.3%	\$27,058	\$26,699	-1.3%
		CRT-D Replacement	5232	33264	\$30,656	\$32,279	5.3%	\$27,121	\$26,738	-1.4%
	Device Monitoring	In Person Analysis of Devices - ICM	5741	93285	\$37	\$36	-2.4%	NA	NA	NA
		In Person Analysis of Devices - Pacemaker/ CRT-P	5741	93279	\$37	\$36	-2.4%	NA	NA	NA
		In Person Analysis of Devices - ICD/ CRT-D	5741	93282	\$37	\$36	-2.4%	NA	NA	NA
	Heart Failure	CardioMEMS	Sensor Implant	NA	C2624	NA	NA	NA	NA	NA
			5200	33289	\$29,341	\$28,518	-2.8%	NA	NA	NA
Electronic Analysis of Devices			5741	G2066	\$37	\$36	-2.4%	NA	NA	NA
			NA	93264	NA	NA	NA	NA	NA	NA
LVAD	Interrogation, in person	5742	93750	\$118	\$113	-3.5%	NA	NA	NA	
	Advance care planning	5822	99497	\$76	\$79	2.8%	NA	NA	NA	

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Hypertension	Renal Denervation	Renal denervation, unilateral	5192	0338T	\$4,679	\$4,953	5.9%	\$2,003	\$2,142	6.9%
		Renal denervation, bilateral	5192	0339T	\$4,679	\$4,953	5.9%	\$2,003	\$2,142	6.9%
Coronary	PCI Drug Eluting Stents (including FFR/OCT)	DES, with angioplasty; one vessel, with or without FFR and/or OCT	5193	C9600	\$9,669	\$9,907	2.5%	NA	\$6,189	NA
		Two DES, with angioplasty; two vessels, with or without FFR and/or OCT. Complexity adjustment	5193	C9600	\$9,669	\$9,907	2.5%	NA	\$6,189	NA
		Two DES, with angioplasty; one vessel, with or without FFR and/or OCT	5193	C9600	\$9,669	\$9,907	2.5%	NA	\$6,189	NA
		Two DES, with angioplasty; two major coronary arteries , with or without FFR and/or OCT	5194	C9600	\$15,355	\$15,938	3.8%	NA	\$9,284	NA
	BMS with atherectomy	BMS with atherectomy	5194	92933	\$15,355	\$15,938	3.8%	NA	NA	NA
	DES with atherectomy	DES with atherectomy	5194	C9602	\$15,355	\$15,938	3.8%	NA	NA	NA
	DES and AMI	DES and AMI	NA	C9606	NA	NA	NA	NA	NA	NA
	DES and CTO	DES and CTO	5194	C9607	\$15,355	\$15,938	3.8%	NA	NA	NA
Structural Heart	PFO Closure	ASD/PFO closure	5194	93580	\$15,355	\$15,938	3.8%	NA	NA	NA
	ASD	ASD/PFO closure	5194	93580	\$15,355	\$15,938	3.8%	NA	NA	NA
	VSD	VSD closure	5194	93581	\$15,355	\$15,938	3.8%	NA	NA	NA
	PDA	PDA closure	5194	93582	\$15,355	\$15,938	3.8%	NA	NA	NA
Chronic Pain	Spinal Cord Stimulation and DRG Stimulation	Single Lead Trial: percutaneous	5462	63650	\$5,980	\$6,186	3.5%	\$4,450	\$4,515	1.5%
		Dual Lead Trial: percutaneous	5462	63650	\$5,980	\$6,186	3.5%	\$8,900	\$9,029	1.5%
		Surgical Lead Trial	5463	63655	\$18,707	\$19,277	3.0%	\$15,743	\$15,942	1.3%
		Full System - Single lead - Percutaneous	5464	63685	\$27,698	\$29,116	5.1%	\$27,031	\$27,980	3.5%
		Full System - Dual Lead - Percutaneous	5464	63685	\$27,698	\$29,116	5.1%	\$31,481	\$32,495	3.2%
		Full System IPG - Laminectomy	5464	63685	\$27,698	\$29,116	4.3%	\$38,324	\$39,408	2.8%
		IPG implant or replacement	5464	63685	\$27,698	\$29,116	5.1%	\$22,581	\$23,466	3.9%
		Single lead	5462	63650	Packaged	Packaged	NA	\$4,450	\$4,515	1.5%
		Dual lead	5462	63650	Packaged	Packaged	NA	\$4,450	\$4,515	1.5%
	Analysis of IPG, Simple Programming	5742	95971	\$118	\$113	-3.5%	NA	NA	NA	
	Peripheral Nerve Stimulation	Full System - Single lead - Percutaneous	5463	64590	\$18,707	\$19,277	3.0%	\$16,958	\$17,291	2.0%
			5462	64555	\$5,980	\$6,186	3.5%	\$4,544	\$4,686	3.1%
		Full System - Dual Lead - Percutaneous	5463	64590	\$18,707	\$19,277	3.0%	\$16,958	\$17,291	2.0%
			5462	64555	\$5,980	\$6,186	3.5%	\$4,544	\$4,686	3.1%
		IPG replacement	5463	64590	\$18,707	\$19,277	3.0%	\$16,958	\$17,291	2.0%
	RF Ablation	Cervical Spine / Thoracic Spine	5431	64633	\$1,631	\$1,719	5.4%	\$782	\$797	1.9%
Lumbar Spine		5431	64635	\$1,631	\$1,719	5.4%	\$782	\$797	1.9%	
Other Peripheral Nerves		5443	64640	\$765	\$812	6.2%	\$91	\$176	93.6%	

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

Disease State	Therapy/Technology	Procedure/Scenario	Primary APC	CPT ‡ Code	Hospital Outpatient (OPPS)			Ambulatory Surgical Center (ASC)		
					2019 Payment ³	2020 Payment ¹	% Change	2019 Payment ⁴	2020 Payment ²	% Change
Movement Disorders	DBS	IPG Placement - Single Array	5463	61885	\$18,707	\$19,277	3.0%	\$16,950	\$17,306	2.1%
		IPG Placement - Two Single Array IPGs	5463	61885	\$18,707	\$19,277	3.0%	\$16,950	\$17,306	2.1%
			5463	61885	\$18,707	\$19,277	3.0%	\$16,950	\$17,306	2.1%
		IPG Placement - Dual Array	5464	61886	\$27,698	\$29,116	5.1%	\$22,651	\$23,560	4.0%
		Analysis of IPG, No Programming	5734	95970	\$106	\$109	2.4%	NA	NA	NA
		Analysis of IPG, Simple Programming; first 15 Min	5742	95983	\$37	\$113	205.2%	NA	NA	NA
		Analysis of IPG, Simple Programming; additional 15 Min	NA	95984	NA	NA	NA	NA	NA	NA
Peripheral Vascular	Angioplasty	Angioplasty (Iliac)	5192	37220	\$4,679	\$4,953	5.9%	\$2,003	\$2,142	6.9%
		Angioplasty (Fem/Pop)	5192	37224	\$4,679	\$4,953	5.9%	\$2,888	\$3,120	8.0%
		Angioplasty (Tibial/Peroneal)	5193	37228	\$9,669	\$9,907	2.5%	\$5,486	\$5,670	3.4%
	Atherectomy	Atherectomy (Fem/Pop)	5193	37225	\$9,669	\$9,907	2.5%	\$6,411	\$6,675	4.1%
		Atherectomy (Tibial/Peroneal)	5194	37229	\$15,355	\$15,938	3.8%	\$9,789	\$10,286	5.1%
	Stenting	Stenting (Iliac)	5193	37221	\$9,669	\$9,907	2.5%	\$5,835	\$6,179	5.9%
		Stenting (Fem/Pop)	5193	37226	\$9,669	\$9,907	2.5%	\$6,224	\$6,444	3.5%
		Stenting (Periph, incl Renal)	5193	37236	\$9,669	\$9,907	2.5%	\$5,742	\$5,945	3.5%
		Stenting (Tibial/Peroneal)	5194	37230	\$15,355	\$15,938	3.8%	\$9,605	\$10,101	5.2%
	Atherectomy and Stenting	Atherectomy and stenting (Fem/Pop)	5194	37227	\$15,355	\$15,938	3.8%	\$10,355	\$10,941	5.7%
		Atherectomy and stenting (Tibial/Peroneal)	5194	37231	\$15,355	\$15,938	3.8%	\$9,853	\$10,649	8.1%
	Vascular Plugs	Venous embolization or occlusion	5193	37241	\$9,669	\$9,907	2.5%	\$4,058	\$4,183	3.1%
		Arterial embolization or occlusion	5193	37242	\$9,669	\$9,907	2.5%	\$5,788	\$6,096	5.3%
		Embolization or occlusion for tumors, organ ischemia, or infarction	5193	37243	\$9,669	\$9,907	2.5%	\$4,058	\$4,183	3.1%
Embolization or occlusion for arterial or venous hemorrhage or lymphatic extravasation		5193	37244	\$9,669	\$9,907	2.5%	NA	NA	NA	

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

Source

- Hospital Outpatient Prospective Payment-Final Rule with Comment CY2020: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1717-FC>
- Ambulatory Surgical Center Payment-Final Rule CY2020 Payment Rates: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1717-FC>
- Hospital Outpatient Prospective Payment-Final Rule with Comment Period and Final CY2019: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC>
- Ambulatory Surgical Center Payment-Final Rule CY2019 Payment Rates: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1695-FC>

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