2018 Abbott Reimbursement Guide

CMS Hospital Outpatient and Ambulatory Surgical Center Reimbursement Prospectus

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The Centers for Medicare & Medicaid Services (CMS) made significant changes to calendar year 2018 (CY 2018) 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, 2017, CMS released the CY 2018 Hospital Outpatient Prospective Payment System (OPPS)/ASC Final Rule, effective for services on January 1, 2018.[a,b] For more information on how this may impact your facility or institution, please visit SJM.com, or contact Abbott Health Care Economics team at (855) 569-6430 or HCE@sjm.com.

For 2018, CMS projects a 1.35% increase in total OPPS payments; whereas ASCs are expected to experience a payment increase of 1.2%.[a,b] Certain payment changes are implicated for specific cardiovascular procedures due to their assignment to "comprehensive APCs," which combine services for a number of device-related procedures into a single payment.

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 CY2018 rule 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.

Disease State	Therapy/ Technology	2018 APC(s)	Scenario	Hospital Outpatient (OPPS) 2017 Payment[4]	Hospital Outpatient (OPPS) 2018 Payment[5]	Hospital Outpatient (OPPS) % Change	Ambulatory Surgery Center (ASC) 2017 Payment[4]	Ambulatory Surgery Center (ASC) 2018 Payment[5]	Ambulatory Surgery Center (ASC) % Change
Arrhythmia Management	EP Ablation	5212, 5213	Catheter ablation, AV node	$5,004	$5,314	6.2%	NA	NA	
			EP study with catheter ablation, SVT	$16,778	$18,515	10.4%	NA	NA	
			EP study and catheter ablation, VT	$16,778	$18,515	10.4%	NA	NA	
			EP study and catheter ablation, PVI	$16,778	$18,515	10.4%	NA	NA	
	EP Studies:	5212	Comprehensive EP study with induction	$5,004	$5,314	6.2%	NA	NA	
	Implantable Cardiac Monitor (ICM)	5222	ICM implantation	$6,974	$7,370	5.7%	$6,152	$6,403	4.1%
			ICM implantation with EP Evaluation	$9,410	$7,370	-21.7%	NA	NA	
	Pacemaker	5223, 5222	Single chamber pacemaker system	$9,410	$9,747	3.6%	$7,587	$7,778	2.5%
			Dual chamber pacemaker system	$9,410	$9,747	3.6%	$7,748	$8,010	3.4%
			Replacement - single chamber	$6,974	$7,370	5.7%	$5,713	$5,902	3.3%
			Replacement - dual chamber	$9,410	$9,747	3.6%	$7,681	$7,925	3.2%
	ICD	5232, 5231	ICD system implant	$30,514	$30,960	1.5%	$26,772	$27,339	2.1%
			ICD replacement	$21,991	$22,109	0.5%	$19,090	$20,002	4.8%
	Device Monitoring	5741	Electronic analysis of devices	$35	$38	7.4%	NA	NA	
Heart Failure	CRT-P	5224	CRT-P system	$16,760	$17,584	4.9%	$7,540	$7,832	3.9%
			CRT-P replacement	$16,760	$17,584	4.9%	$13,119	$12,781	-2.6%
	CRT-D	5232	CRT-D system	$30,514	$30,960	1.5%	$26,772	$27,339	2.1%
			CRT-D replacement	$30,514	$30,960	1.5%	$26,686	$27,817	4.2%
	CardioMEMS™ HF System	5200	Sensor implant	$29,505	$32,626	10.6%	NA	NA	
			Electronic analysis of devices	$35	$38	7.4%	NA	NA	
	LVAD	5742, 5822	Interrogation, in person	$109	$115	5.5%	NA	NA	
			Advance care planning	$70	$72	2.4%	NA	NA	
Coronary	Drug-eluting stents (including FFR/OCT)**	5193, 5194	DES, with angioplasty; one vessel, with FFR and/or OCT	$9,748	$10,510	7.8%	NA	NA	
			Two DES, with angioplasty; two major vessels, with FFR and/or OCT Complexity adjustment	$14,776	$16,019	8.4%	NA	NA	
			Two DES, with angioplasty, one major vessel, with FFR and/or OCT	$9,748	$10,510	7.8%	NA	NA	
	BMS with atherectomy	5194	BMS with atherectomy	$14,776	$16,019	8.4%	NA	NA	
	DES with atherectomy		DES with atherectomy	$14,776	$16,019	8.4%	NA	NA	
	DES and AMI		DES and AMI	$14,776	$16,019	8.4%	NA	NA	
	DES and CTO		DES and CTO	$14,776	$16,019	8.4%	NA	NA	
	PFO closure		Percutaneous transcatheter closure of a congenital PFO with implant	$14,776	$16,019	8.4%	NA	NA	
	Atrial Septal Defect (ASD)		Percutaneous transcatheter closure of a congenital ASD with implant	$14,776	$16,019	8.4%	NA	NA	
	Ventricular Septal Defect (VSD)		Percutaneous transcatheter closure of a congenital VSD with implant	$14,776	$16,019	8.4%	NA	NA	
	Patent Ductus Arteriosus		Percutaneous transcatheter closure of patent ductus arteriosus	$14,776	$16,019	8.4%	NA	NA	

**Please note the payment levels do not change with or without the use of FFR and/or OCT.

Disease State	Therapy/ Technology	2018 APC(s)	Scenario	Hospital Outpatient (OPPS) 2017 Payment[4]	Hospital Outpatient (OPPS) 2018 Payment[5]	Hospital Outpatient (OPPS) % Change	Ambulatory Surgery Center (ASC) 2017 Payment[4]	Ambulatory Surgery Center (ASC) 2018 Payment[5]	Ambulatory Surgery Center (ASC) % Change
Chronic Pain	Spinal Cord Stimulation (including DRG, Prodigy, Protégé, etc.)	5462, 5464	Full system - single lead - percutaneous	$27,036	$27,890	3.2%	$27,570	$27,486	-0.3%
			Full system - dual lead - percutaneous	$27,036	$27,890	3.2%	$31,992	$32,081	0.3%
			Full system IPG - laminectomy	$27,036	$27,890	3.2%	$37,823	$37,898	0.2%
			IPG replacement	$27,036	$27,890	3.2%	$23,148	$22,892	-1.1%
			Single lead trial	$5,743	$6,055	5.4%	$4,422	$4,595	3.9%
			Dual lead trial	$5,743	$6,055	5.4%	$8,843	$9,189	3.9%
	RF Ablation	5431, 5443	Cervical spine/Thoracic spine	$1,563	$1,610	3.0%	$788	$786	-0.3%
			Lumbar spine	$1,563	$1,610	3.0%	$788	$786	-0.3%
			Other peripheral nerves	$639	$672	5.2%	$87	$88	1.1%
Movement Disorders	DBS	5463, 5464, 5742	IPG placement - single array	$17,796	$18,368	3.2%	$16,248	$16,419	1.1%
			IPG placement - dual array	$27,036	$27,890	3.2%	$23,732	$23,105	-2.6%
			Analysis of IPG, simple of complex programming	$109	$115	5.5%	NA	NA	
Peripheral Vascular	Angioplasty	5192, 5193	Angioplasty (iliac)	$4,823	$5,085	5.4%	$2,209	$2,525	14.3%
			Angioplasty (fem/pop)	$4,823	$5,085	5.4%	$3,473	$2,525	27.3%
			Angioplasty (tibial/peroneal)	$9,748	$10,510	7.8%	$4,187	$4,481	7.0%
	Atherectomy	5192, 5193	Atherectomy (fem/pop)	$9,748	$10,510	7.8%	$7,449	$7,024	5.7%
			Atherectomy (tibial/peroneal)	$14,776	$16,019	8.4%	$10,065	$10,228	1.6%
	Stenting	5192, 5193	Stenting (iliac)	$9,748	$10,510	7.8%	$6,048	$6,402	5.9%
			Stenting (fem/pop)	$9,748	$10,510	7.8%	$6,569	$6,749	2.7%
			Stenting (periph, including renal)	$9,748	$10,510	7.8%	$4,187	$4,481	7.0%
			Stenting (tibial/peroneal)	$14,776	$16,019	8.4%	$10,008	$10,207	1.2%
	Atherectomy and Stenting	5194	Atherectomy and stenting (fem/pop)	$14,776	$16,019	8.4%	$10,869	$10,864	0.05%
			Atherectomy and stenting (tibial/peroneal)	$14,776	$16,019	8.4%	$9,935	$10,276	3.4%
	Vascular Plugs	5193	Venous embolization or occlusion	$9,748	$10,510	7.8%	NA	$4,462	
			Arterial embolization or occlusion	$9,748	$10,510	7.8%	NA	$4,481	
			Embolization or occlusion for tumors, organ ischemia, or infarction	$9,748	$10,510	7.8%	NA	$4,481	

This update is intended to provide general information to assist the reader in understanding the Medicare OPPS/ASC Final Rule for calendar year 2018. We encourage readers to review the regulation and other interpretive materials for a full and accurate understanding of the contents. This information does not establish or guarantee coverage or payment at any specific level.

Data is current as of 2/1/2018.

a. Hospital Outpatient Prospective Payment-Final Rule with Comment Period and Final CY2018 Payment Rates. CMS-1678-FC: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1678-FC.html
b. Ambulatory Surgical Center Payment-Final Rule CY2018 Payment Rates. CMS-1678-FC: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1678-FC.html

1. Source: CMS-1601-FC
2. Source: CMS-1613-FC
3. Source: CMS-1633-FC
4. Source: CMS-1656-FC
5. Source: CMS-1678-PNA - indicates Scenario is not reimbursable in the ASC Setting for Medicare

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St. Jude Medical is now Abbott.

Rx Only
Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing indications, contraindications, warnings, precautions, potential adverse events and directions for use.

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