

ABBOTT CODING GUIDE

STRUCTURAL HEART AND VALVES

CONGENITAL DEFECTS

SURGICAL HEART VALVES

AMPLATZER™ PFO OCCLUDER

Effective January 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.

Disclaimer

This document and the information contained herein is for general information purposes only and is not intended and does not constitute legal, reimbursement, coding, business or other advice. Furthermore, it is not intended to increase or maximize payment by any payer. Nothing in this document should be construed as a guarantee by Abbott regarding levels of reimbursement, payment or charge, or that reimbursement or other payment will be received. Similarly, nothing in this document should be viewed as instructions for selecting any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. Also note that the information presented herein represents only one of many potential scenarios, based on the assumptions, variables and data presented. In addition, the customer should note that laws, regulations, coverage and coding policies are complex and updated frequently. Therefore, the customer should check with their local carriers or intermediaries often and should consult with legal counsel or a financial, coding or reimbursement specialist for any coding, reimbursement or billing questions or related issues. This information is for reference purposes only. It is not provided or authorized for marketing use.

ABBOTT CODING GUIDE

CONGENITAL DEFECTS

Effective January 1, 2020

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

Physician¹

| 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 |

¹It 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 Outpatient²

| 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 Inpatient³

| ICD-10 PCS CODE ⁶ | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | NATIONAL MEDICARE RATE |
|---------------------------------|---|------------------------------|---------------------------|
| PATENT DUCTUS ARTERIOSUS | | | |
| | | 270 with MCC | \$31,985 |
| 02LR3DT | Occlusion of ductus arteriosus with intraluminal device, percutaneous | 271 with CC | \$22,207 |
| | | 272 without CC/MCC | \$16,281 |

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

Hospital Inpatient³

| 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 | \$23,223 |
| | | 274 without MCC | \$19,777 |
| VENTRICULAR SEPTAL DEFECT | | | |
| 02UM3JZ | Supplement ventricular septum with synthetic substitute, percutaneous approach | 228 with MCC | \$39,346 |
| | | 229 without MCC | \$25,692 |

Effective Dates: October 1, 2019 - September 30, 2020

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

HCPCS Device Category C-Codes⁵

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

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

ICD-10-CM Diagnosis Codes⁴

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 January 1, 2020

CODING AND REIMBURSEMENT FOR SURGICAL HEART VALVES

Physician¹

| 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 Inpatient³

| 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 | \$62,855 |
| 02QG0ZZ | Repair mitral valve, open approach | 217 with CC | \$41,632 |
| 02QJ0ZZ | Repair tricuspid valve, open approach | 218 without CC/MCC | \$33,807 |
| 02RF0JZ | Replacement of aortic valve with synthetic substitute, open approach | 219 with MCC | \$49,071 |
| 02RF08Z | Replacement of aortic valve with zooplastic tissue, open approach | 220 with CC | \$33,209 |
| 02RG0JZ | Replacement of mitral valve with synthetic substitute, open approach | 221 without CC/MCC | \$28,767 |
| 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 conjunction with the Medicare prospective payment system for outpatient procedures only.

Effective Dates: October 1, 2019 - September 30, 2020

CODING AND REIMBURSEMENT FOR SURGICAL HEART VALVES

ICD-10-CM Diagnosis Codes⁴

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ABBOTT CODING GUIDE

AMPLATZER™ PFO OCCLUDER

Effective October 1, 2019

CODING AND REIMBURSEMENT FOR AMPLATZER™ PFO OCCLUDER

Physician¹

| 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 Outpatient²

| 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 Inpatient³

| ICD-10 PCS CODE ⁶ | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | NATIONAL MEDICARE RATE |
|---------------------------------|---|------------------------------|---------------------------|
| 02U53JZ | Supplement atrial septum with synthetic substitute, percutaneous approach | 273 | \$23,223 |
| | | 274 | \$19,777 |

Effective Dates: October 1, 2019 - September 30, 2020

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-Codes⁵

| 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) |

CODING AND REIMBURSEMENT FOR AMPLATZER™ PFO OCCLUDER

ICD-10-CM Diagnosis Codes⁴

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

While there are no ICD-10-CM diagnosis codes to specifically describe cryptogenic 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 cerebrovascular 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 existence 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).

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 2020 Final Rule and Correction Notice Data Files CMS-1716-F: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page-Items/FY2020-IPPS-Final-Rule-Data-Files.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>
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>

CAUTION: Products in this guide are intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at medical.abbott/manuals for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

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