Abbott

HEALTH ECONOMICS & REIMBURSEMENT

CARDIAC RHYTHM MANAGEMENT

National Medicare Reimbursement Guide

Pacemakers

Effective January 1, 2024

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

TERMS AND CONDITIONS

All content herein may be based upon several sources, included but not limited to primary sources, scientific literature, commercially available data sets, customer supplied information, and external sources.

Estimates shown are for illustrative purposes only. This content is not intended for any other purpose.

It should be noted that there are usually differences between economic modelling actual results. Abbott does not take responsibility for any such discrepancies. There is no guarantee of any potential economic outcome, including payment, cost savings, or procedure volume. Economic outcomes are dependent on many factors and will vary.

Certain Maryland hospitals paid under Maryland Waiver provisions using All Patient Refined Diagnosis Related Group (APR-DRG) are excluded from payment under the Medicare Inpatient Prospective Payment System (IPPS).

Reimbursement Calculators should not be provided at no charge to actively licensed Healthcare Professionals (HCPs) who regularly practice in Vermont.

This information is not to be distributed to third parties.

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

NATIONAL CARDIAC RHYTHM MANAGEMENT MEDICARE REIMBURSEMENT GUIDE

Effective January 1, 2024

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**

Biventricular Pacing / Cardiac Resynchronization Therapy (CRT)

In certain circumstances, an additional lead may be required to achieve pacing of the left ventricle (biventricular pacing). In this event, the additional transvenous lead placement should be separately reported using CPT‡ 33224 or 33225. 33226 is reported for repositioning. See the Cardiac Resynchronization Therapy section for more information.

Reimbursement Hotline

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 CRM_PTA@abbott.com. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this content.

Disclaimer

This material and the information contained herein is for general information purposes only and is not intended, and does not constitute, legal, reimbursement, business, clinical, or other advice. Furthermore, it is not intended to and does not constitute a representation or guarantee of reimbursement, payment, or charge, or that reimbursement or other payment will be received. It is not intended to increase or maximize payment by any payer. Abbott makes no express or implied warranty or guarantee that the list of codes and narratives in this document is complete or error-free. Similarly, nothing in this document should be viewed as instructions for selecting any particular code, and Abbott does not advocate or warrant the appropriateness of the use of 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. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial, coding, or reimbursement specialist for any questions related to coding, billing, reimbursement, or any related issues. This material reproduces information for reference purposes only. It is not provided or authorized for marketing use.

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

PACEMAKERS

Physician

CPT‡ CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY
	SYSTEM IMPLANT OR REPLACEMENT			
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	7.14	$439	NA
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	7.80	$461	NA
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	8.52	$499	NA
	GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)			
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	5.25	$328	NA
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	5.52	$343	NA
	SYSTEM UPGRADE: SINGLE CHAMBER TO DUAL CHAMBER PACEMAKER			
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	7.59	$463	NA
	GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)			
33233	Removal of permanent pacemaker pulse generator only	3.14	$227	NA
	GENERATOR REMOVAL WITH REPLACEMENT			
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	5.79	$360	NA

NA: Medicare has not established a payment amount for this code. Check with your local Medicare Administrative Contractor (MAC) to verify the payment amount.
It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

PACEMAKERS

Physician

CPT‡ CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY
	GENERATOR IMPLANT			
33212	Insertion of pacemaker pulse generator only; with existing single lead	5.01	$313	NA
33213	Insertion of pacemaker pulse generator only; with existing dual leads	5.28	$327	NA
	RELOCATION OF SKIN POCKET			
33222	Relocation of skin pocket for pacemaker	4.85	$333	NA
	LEAD PROCEDURES			
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	5.62	$359	NA
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	5.59	$357	NA
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	4.92	$300	NA
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	5.82	$377	NA
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	5.9	$369	NA
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	7.66	$467	NA
33235	Removal of transvenous pacemaker electrode(s); dual lead system	9.9	$614	NA

NA: Medicare has not established a payment amount for this code. Check with your local Medicare Administrative Contractor (MAC) to verify the payment amount.
It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

PACEMAKERS

Hospital Outpatient

CPT‡ CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
	SYSTEM IMPLANT OR REPLACEMENT			
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J1	5223	$10,185
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J1	5223	$10,185
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J1	5223	$10,185
	GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)			
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	J1	5222	$8,103
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	J1	5223	$10,185
	SYSTEM UPGRADE: SINGLE CHAMBER TO DUAL CHAMBER PACEMAKER			
33214	Upgrade of implanted pacemaker system, conversion of single-chamber system to dualchamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	J1	5223	$10,185
	GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)			
33233	Removal of permanent pacemaker pulse generator only	Q2	5222	$8,103
	GENERATOR REMOVAL WITH REPLACEMENT			
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	J1	5224	$18,585

J1: Hospital Part B services paid through a comprehensive APC
Q2: T Packaged codes

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

PACEMAKERS

Hospital Outpatient

CPT‡ CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
	GENERATOR IMPLANT			
33212	Insertion of pacemaker pulse generator only; with existing single lead	J1	5222	$8,103
33213	Insertion of pacemaker pulse generator only; with existing dual leads	J1	5223	$10,185
	RELOCATION OF SKIN POCKET			
33222	Relocation of skin pocket for pacemaker	T	5054	$1,739
	LEAD PROCEDURES			
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J1	5222	$8,103
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J1	5222	$8,103
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	J1	5183	$3,040
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	T	5221	$3,746
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	T	5221	$3,746
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Q2	5221	$3,746
33235	Removal of transvenous pacemaker electrode(s); dual lead system	Q2	5221	$3,746

J1: Hospital Part B services paid through a comprehensive APC
Q2: T Packaged codes
T = Significant procedure, multiple reduction applies

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

PACEMAKERS

Ambulatory Surgery Center (ASC)

CPT‡ CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	MEDICARE NATIONAL RATE
	SYSTEM IMPLANT OR REPLACEMENT			
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J8	Y	$7,223
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J8	Y	$7,421
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J8	Y	$7,639
	GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)			
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	J8	Y	$6,297
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	J8	Y	$7,465
	SYSTEM UPGRADE: SINGLE CHAMBER TO DUAL CHAMBER PACEMAKER			
33214	Upgrade of implanted pacemaker system, conversion of single-chamber system to dual-chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	J8	Y	$7,663
	GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)			
33233	Removal of permanent pacemaker pulse generator only	J8	N	$5,580
	GENERATOR REMOVAL WITH REPLACEMENT			
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	J8	Y	$12,867

J8: Device-intensive procedure; paid at an adjusted rate.

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

PACEMAKERS

Ambulatory Surgery Center (ASC)

CPT‡ CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	MEDICARE NATIONAL RATE
	GENERATOR IMPLANT			
33212	Insertion of pacemaker pulse generator only; with existing single lead	J8	Y	$6,316
33213	Insertion of pacemaker pulse generator only; with existing dual leads	J8	Y	$7,588
	RELOCATION OF SKIN POCKET			
33222	Relocation of skin pocket for pacemaker	A2	Y	$946
	LEAD PROCEDURES			
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J8	Y	$5,643
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J8	Y	$5,430
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	G2	Y	$1,548
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	G2	Y	$2,037
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	J8	Y	$2,662
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	J8	N	$2,690
33235	Removal of transvenous pacemaker electrode(s); dual lead system	G2	N	$2,037

A2: Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.
G2: Non-office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight
J8: Device-intensive procedure; paid at an adjusted rate.

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

PACEMAKERS

Hospital Inpatient

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE NATIONAL RATE
	PERMANENT CARDIAC PACEMAKER IMPLANT (DRGs 242, 243 AND 244)		
0JH60PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, open approach		
0JH63PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, percutaneous approach		
0JH80PZ	Insertion of cardiac rhythm related device into abdomen subcutaneous tissue and fascia, open approach	242 with MCC	$24,191
0JH83PZ	Insertion of cardiac rhythm related device into abdomen subcutaneous tissue and fascia, percutaneous approach		
0JH604Z	Insertion of pacemaker, single chamber into chest subcutaneous tissue and fascia, open approach	243 with CC	$15,947
0JH634Z	Insertion of pacemaker, single chamber into chest subcutaneous tissue and fascia, percutaneous approach		
0JH804Z	Insertion of pacemaker, single chamber into abdomen subcutaneous tissue and fascia, open approach	244 without CC/MCC	$12,809
0JH834Z	Insertion of pacemaker, single chamber rate responsive into abdomen subcutaneous tissue and fascia, percutaneous approach		
0JH605Z	Insertion of pacemaker, single chamber rate responsive into chest subcutaneous tissue and fascia, open approach		
0JH635Z	Insertion of pacemaker, single chamber rate responsive into chest subcutaneous tissue and fascia, percutaneous approach		

Continued on next page

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

PACEMAKERS

Hospital Inpatient

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE NATIONAL RATE
	PERMANENT CARDIAC PACEMAKER IMPLANT (DRGs 242, 243 AND 244) (continued)		
0JH805Z	Insertion of pacemaker, single chamber rate responsive into abdomen subcutaneous tissue and fascia, open approach		
0JH835Z	Insertion of pacemaker, single chamber rate responsive into abdomen subcutaneous tissue and fascia, percutaneous approach		
0JH606Z	Insertion of pacemaker, dual chamber into chest subcutaneous tissue and fascia, open approach	242 with MCC	$24,191
0JH636Z	Insertion of pacemaker, dual chamber into chest subcutaneous tissue and fascia, percutaneous approach		
0JH806Z	Insertion of pacemaker, dual chamber into abdomen subcutaneous tissue and fascia, open approach	243 with CC	$15,947
0JH836Z	Insertion of pacemaker, dual chamber into abdomen subcutaneous tissue and fascia, percutaneous approach		
02HK4JZ	Insertion of pacemaker lead into right ventricle, percutaneous endoscopic approach	244 without CC/MCC	$12,809
02HK3JZ	Insertion of pacemaker lead into right ventricle, percutaneous approach		
02HK0JZ	Insertion of pacemaker lead into right ventricle, open approach		

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

PACEMAKERS

Hospital Inpatient

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE NATIONAL RATE
	CARDIAC PACEMAKER DEVICE REPLACEMENT (DRGs 258 AND 259)		
0JPT0PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, open approach	258 with MCC	$18,965
0JPT3PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, percutaneous approach	259 without MCC	$13,069
	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT (DRGs 260, 261 AND 262)		
02WA0MZ	Revision of cardiac lead in heart, open approach		
02WA3MZ	Revision of cardiac lead in heart, percutaneous approach	260 with MCC	$23,212
02WA4MZ	Revision of cardiac lead in heart, percutaneous endoscopic approach	261 with CC	$13,176
0JWT0PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, open approach	262 without CC/MCC	$11,520
0JWT3PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, percutaneous approach		

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

PACEMAKERS

HCPCS Device Category C-Codes

C-CODE	DESCRIPTION
	PACEMAKER GENERATOR IMPLANT
C1785	Pacemaker, dual-chamber, rate-responsive (implantable)
C2621	Pacemaker, other than single or dual-chamber (implantable)
C2620	Pacemaker, single-chamber, non-rate-responsive (implantable)
C1786	Pacemaker, single-chamber, rate-responsive (implantable)
C2619	Pacemaker, dual-chamber, non-rate-responsive (implantable)
	LEADS
C1883	Adapter/extension, pacing lead or neurostimulator (implantable)
C1900	Lead, left ventricular coronary venous system
C1898	Lead, pacemaker, other than transvenous VDD single pass
C1779	Lead, pacemaker, transvenous VDD single pass

ICD-10-CM Diagnosis Codes

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Cardiac Pacemaker, Implantable Cardioverter Defibrillator (ICD) and Implantable/Insertable Cardiac Monitors (ICM) 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.

Information contained herein for DISTRIBUTION in the US ONLY.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

REFERENCES

1. FY2024 IPPS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: September 2023].
   https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ipps-final-rule-home-page
2. CY2024 ASC Final Notice Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2023].
   https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices
3. CY2024 MPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2023].
   https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices
4. CY2024 OPPS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2023].
   https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices
5. FY2023 IPPS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: August 2022].
   https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2023-ipps-final-rule-home-page
6. CY2023 OPPS Final Rule with Correction Notice. U.S. Centers for Medicare and Medicaid Services. [cited: November 2023].
   https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices
7. Provider Outpatient Hospital Charge Data by APC, CY2021. [cited: November 2023].
   https://data.cms.gov/provider-summary-by-type-of-service/medicare-outpatient-hospitals/medicare-outpatient-hospitals-by-provider-and-service
8. Medicare Inpatient Hospitals - by Provider and Service - FY2021 [cited: Sept 2023].
   https://data.cms.gov/provider-summary-by-type-of-service/medicare-inpatient-hospitals/medicare-inpatient-hospitals-by-provider-and-service
9. HOSPITAL ACUTE INPATIENT SERVICES PAYMENT SYSTEM - PAYMENT BASICS [cited: September 2023]
   https://www.medpac.gov/wp-content/uploads/2021/11/MedPAC_Payment_Basics_22_hospital_FINAL_SEC.pdf
10. CGS Medicare Part B Fees [cited: January 2021].
    https://www.cgsmedicare.com/partb/fees/index.html
11. First Coast Service Options (FCSO) Medicare Part B Fees [cited: January 2021].
    https://medicare.fcso.com/SharedTools/faces/FeeSchedule_en.jspx?lob=&state=
12. National Government Services (NGS) Medicare Fee Schedule Lookup [cited: September 2023].
    https://www.ngsmedicare.com/web/ngs/fee-schedules-and-pricers?lob=93617&state=97256&region=93623
13. Noridian Healthcare Solutions Medicare Contractor Status Codes (C-Status) [cited: January 2021].
    https://med.noridianmedicare.com/web/jeb/fees-news/fee-schedules/contractor-status-codes-c-status
14. Novitas Solutions Medicare Physician's Fee Schedule [cited: September 2023].
    https://www.novitas-solutions.com/webcenter/portal/MedicareJH/FeeLookup
15. Palmetto GBA Medicare Physician Fee Schedule Part B [cited: January 2021].
    https://www.palmettogba.com/palmetto/fees_front.nsf/fee_main?OpenForm
16. WPS Medicare Physician Fee Schedules [cited: January 2021].
    https://www.wpsgha.com/wps/portal/mac/site/fees-and-reimbursements/guides-and-resources/2021-mpfs/!ut/p/z0/fczRCoMgFIDhJ5JjDqTbNhouku1q2LmJwzKTNhWtPf96gI3-8PEDggEM9PWONh8DvY8eUI4PpaSqat7fhea80dfnqa37862R0AH-B8dBZH3RDjDRtjAf5gjG7X6yhVGYWLYI7vlICxjBRcU-aS6QVhx-vBIfIA!!/

Information contained herein for DISPLAY in the US ONLY. Not to be reproduced, distributed or excerpted.
©2023 Abbott. All rights reserved. MAT-1901316 v17.0

Information contained herein for DISTRIBUTION in the US ONLY.

Abbott

One St. Jude Medical Dr., St. Paul, MN 55117, USA, Tel: 1 651 756 2000

™ indicates a trademark of the Abbott Group of Companies

‡ Indicates a third party trademark, which is property of its respective owner.

www.cardiovascular.abbott

©2023 Abbott. All rights reserved. MAT-1901316 v17.0

HE&R approved for non-promotional use only.