

2020 MEDICARE

Inpatient Reimbursement Prospectus

Due to increasing financial risk to U.S. health care providers, physicians and hospitals have been centered on outcomes-based modifiers to Medicare payments for the last few years. We appreciate the role that Abbott procedures play in Medicare's reform programs and we believe that opportunities for success in a new era of reform continue to present themselves, such as treatment optimization, improving outcomes and avoiding downstream complications. Abbott believes that opportunities also exist from clinical to economic perspectives to impact patient care and hospital performance. We continue our mission to create relevant technology that improves meaningful patient outcomes, now made even more meaningful considering expanded financial risks posed to U.S. hospitals.

On August 2, 2019, the Centers for Medicare & Medicaid Services (CMS) released the FY 2019 Final Inpatient Prospective Payment System (IPPS) Rule, effective for inpatient services on October 1, 2019. Abbott has analyzed and summarized the varying impact to individual FY 2020 Medicare Severity-Diagnosis Related Group (MS-DRG) payments for procedures supported by our technologies or therapy solutions. Please refer to the full FY 2020 Final IPPS Rule to fully understand the changes to individual MS-DRGs.

	MS- DRG	Description	Severity	FY 2019 - Correction Notice		FY 2020 - Final			
Technology				Payment	Discharges	Payment	Discharges	% Change (\$)	Change (Discharges)
	216	Condinantina & other mains	MCC	\$59,961	7,527	\$62,903	6,176	4.9%	-1,351
	217	Cardiac valve & other major cardiothoracic procedures with	СС	\$38,848	2,981	\$41,664	2,245	7.2%	-736
	218	cardiac catheterization	None	\$36,055	324	\$33,833	265	ges % Change (\$) 4.9% 7.2% -6.2% 4.6% 2.3% 4.6% 2.3% 4.6% 1.6% -1.9% -0.4% 0.3% -0.3% 0.3% 0.3% 0.3% 0.3% 0.3% 0.3% 0.3% 0.3% 0.3% 0.3% 0.5% 0.5% 0.1% 1.1% 2.9% 3.1% 3.2% 3.2% 3.2% 3.2% 3.2% 3.2% 3.4.2% </td <td>-59</td>	-59
Surgical Valves	219	Condition and the state of the	MCC	\$46,961	16,631	\$49,108	15,946	4.6%	-685
	220	Cardiac valve & other major cardiothoracic procedures	CC	\$31,781	17,576	\$33,235	16,954	4.6%	-622
	221	without cardiac catheterization	None	\$28,130	3,080	\$28,789	2,677	% Change (\$) 4.9% 7.2% -6.2% 4.6% 2.3% 4.2% 8.8% -1.9% -0.4% 0.3% -0.4% 0.3% -0.4% 0.3% -0.3% 4.4% 3.8% 3.9% 5.3% 0.5% 0.1% -1.2% 1.1% 2.9% 3.2% 3.1% 3.2% 3.6% 4.2%	-403
Septal Defects -	273	Percutaneous intracardiac	MCC	\$22,300	7,433	\$23,240	6,886	4.2%	-547
Atrial: PFO Closure; LAAC	274	procedures	None	\$18,184	18,261	\$19,792	21,816	8.8%	3,555
	228	out it it	MCC	\$40,151	4,870	\$39,376	4,153	-1.9%	-717
Septal Defects - Ventricular	229	Other cardiothoracic procedures	CC None	\$28,381	5,762	\$25,712	4,907	-9.4%	-855
Endovascular Valve	266	Endovascular cardiac valve	MCC	\$43,908	14,688	\$44,607	18,384	1.6%	3,696
Replacement - includes Aortic and Mitral	267	replacement & supplement procedure	None	\$35,706	19,750	\$35,550	25,026	-0.4%	5,276
	231		MCC	\$51,279	1,121	\$51,435	975	% Change (\$) 4.9% 7.2% -6.2% 4.6% 4.6% 4.6% 4.6% 4.6% 1.6% -1.9% -0.4% 0.3% -0.4% 3.8% 3.9% 5.3% 0.5% 0.5% 0.5% 0.1% 1.1% 2.9% 3.1% 3.2% 3.1% 2.2% 3.6% 4.2% 1.9% 7.0% 6.4% 4.1%	-146
	232	Coronary bypass with ptca	None	\$37,612	735	\$37,498	695	-0.3%	-40
Coronary Artery	233	Community how consists and inc	MCC	\$46,632	12,881	\$48,662	12,544	4.4%	-337
Bypas Graft (CABG)	234	Coronary bypass with cardiac catheterization	None	\$31,426	15,914	\$32,611	14,849	3.8%	-1,065
(235	Coronary bypass without cardiac catheterization	MCC	\$35,472	10,918	\$36,860	10,977	3.9%	59
	236		None	\$23,972	19,730	\$25,237	19,641	5.3%	-89
	246	Percutaneous cardiovascular procedures with des or 4+ stents	MCC	\$19,774	46,476	\$19,874	48,565	0.5%	2,089
	247	Percutaneous cardiovascular procedure with des	None	\$12,682	88,091	\$12,745	86,968	0.5%	-1,123
Coronary (Stents)	248	Percutaneous cardiovascular procedures with bms or 4+ stents	MCC	\$19,370	5,404	\$19,396	3,437	0.1%	-1,967
	249	Percutaneous cardiovascular procedures with bms	None	\$12,151	7,575	\$12,005	4,568	-1.2%	-3,007
	250	Perc cardiovasc proc w/o coronary artery stent	MCC	\$15,794	4,059	\$15,973	4,177	1.1%	118
	251		None	\$10,244	6,020	\$10,542	5,637	2.9%	-383
	252	Other vascular procedures	MCC	\$19,903	35,748	\$20,548	35,177	3.2%	-571
Endovascular	253		CC	\$15,839	27,270	\$16,327	26,085	3.1%	-1,185
	254		None	\$11,051	13,095	\$11,401	11,899	5,026 -0.4% 975 0.3% 695 -0.3% 2,544 4.4% 4,849 3.8% 0,977 3.9% 9,641 5.3% 8,565 0.5% 6,968 0.5% 4,437 0.1% 4,568 -1.2% 4,177 1.1% 5,637 2.9% 5,177 3.2% 6,085 3.1% 1,899 3.2% 3,560 3.6% 4,845 4.2% 5,530 1.9% 1,132 7.0%	-1,196
	270		MCC	\$30,904	18,707	\$32,009	18,560	3.6%	-147
Vascular Plugs	271	Other major cardiovascular services	CC	\$21,331	14,696	\$22,224	14,845	4.2%	149
	272		None	\$15,985	5,726	\$16,294	5,530	1.9%	-196
Carotid	034		MCC	\$21,979	765	\$23,512	1,132	7.0%	367
	035	Carotid artery stent procedure	CC	\$13,556	2,213	\$14,420	3,052	6.4%	839
	036		None	\$10,538	3,181	\$10,968	4,319	4.1%	1,138
Percutaneous Heart Pump (PHP)	215	Other heart assist systems implant	None	\$78,676	3,654	\$80,715	6,845	2.6%	3,191
Bonal Domentica	304	Huportonaion	MCC	\$6,601	15,218	\$6,837	15,492	3.6%	274
Renal Denervation	305	Hypertension	None	\$4,395	29,506	\$4,582	30,020	4.2%	514
Landlana Dr	228	Other cardiothoracic	MCC	\$40,151	4,870	\$39,376	4,153	-1.9%	-717
Leadless Pacemaker	229	procedures	None	\$28,381	5,762	\$25,712	4,907	(\$) 4.9% 7.2% -6.2% 4.6% 2.3% 4.2% 8.8% -1.9% -9.4% 1.6% -0.4% 0.3% -0.3% 4.4% 3.8% 3.9% 5.3% 0.5% 0.5% 0.5% 0.5% 0.5% 0.5% 0.5% 0.5% 0.5% 0.5% 0.1% -1.2% 1.1% 2.9% 3.2% 3.6% 4.2% 1.9% 7.0% 6.4% 4.1% 2.6% 3.6% 4.2% -1.9%	-855

Technology	MS- DRG	Description	Severity	FY 2019 - Correction Notice		FY 2020 - Final			
				Payment	Discharges	Payment	Discharges	% Change (\$)	Change (Discharges)
	222	Cardiac defibrillator implant with cardiac catheterization with ami/hf/shock	MCC	\$49,682	1,636	\$52,268	1,836	5.2%	200
	223		None	\$38,808	630	\$37,601	531	-3.1%	-99
Defibrillator	224	Cardiac defibrillator implant with cardiac catheterization without ami/hf/shock	MCC	\$45,331	2,103	\$46,328	2,213	2.2%	110
Systems; CRT-D	225		None	\$34,920	1,775	\$35,383	1,650	1.3%	-125
	226	Cardiac defibrillator implant	MCC	\$41,628	4,862	\$41,890	5,054	0.6%	192
	227	without cardiac catheterization	None	\$32,461	5,699	\$32,754	5,193	0.9%	-506
Defibrillator	245	Aicd generator procedures	NA	\$30,601	2,515	\$32,620	2,116	6.6%	-399
Generator & Lead	265	Aicd lead procedures	NA	\$19,029	742	\$19,551	657	2.7%	-85
	242		MCC	\$22,816	19,364	\$23,245	19,033	1.9%	-331
Pacemaker Systems; CRT-P	243	Permanent cardiac pacemaker implant	СС	\$15,595	26,229	\$15,844	26,105	1.6%	-124
CRI-F	244	mpiant	None	\$12,887	16,974	\$13,000	15,098	0.9%	-1,876
Pacemaker	258	Cardiac pacemaker device replacement	MCC	\$18,248	717	\$19,159	664	5.0%	-53
Generator	259		None	\$12,803	1,411	\$13,045	1,029	1.9%	-382
	260	Cardiac pacemaker revision except device replacement	MCC	\$22,099	2,537	\$23,173	2,627	4.9%	90
Pacemaker Revision; ICMs	261		CC	\$12,161	3,406	\$12,205	3,594	0.4%	188
	262		None	\$9,957	1,482	\$10,508	1,487	5.5%	5
	280	Acute myocardial infarction, discharged alive	MCC	\$10,117	82,071	\$10,216	87,710	1.0%	5,639
	281		CC	\$5,981	47,360	\$6,068	48,941	1.5%	1,581
Acute Myocardial	282		None	\$4,573 23,321 \$4,622 21,726	1.1%	-1,595			
Infarction (AMI)	283	Acute myocardial infarction, expired	MCC	\$11,019	10,537	\$11,273	10,583	2.3%	46
	284		CC	\$4,680	1,488	\$4,543	1,286	-2.9%	-202
	285		None	\$3,641	450	\$3,243	320	Ischarges (\$) 1,836 5.2% 531 -3.1% 2,213 2.2% 1,650 1.3% 5,054 0.6% 5,193 0.9% 2,116 6.6% 657 2.7% 19,033 1.9% 26,105 1.6% 15,098 0.9% 664 5.0% 1,029 1.9% 2,627 4.9% 3,594 0.4% 1,487 5.5% 87,710 1.0% 48,941 1.5% 21,726 1.1% 10,583 2.3% 1,286 -2.9%	-130
	308	Cardiac arrhythmia and conduction disorders	MCC	\$7,349	72,910	\$7,439	70,825	1.2%	-2,085
Conduction Disorders	309		CC	\$4,662	91,134	\$4,737	89,056	1.6%	-2,078
	310		None	\$3,433	64,549	\$3,503	59,439	2.0%	-5,110
	228	Other cardiothoracic proce-	MCC	\$40,151	4,870	\$39,376	4,153	-1.9%	-717
Surgical Ablations	229	dures	None	\$28,381	5,762	\$25,712	4,907	-9.4%	-855
Catheter Ablations	273	Percutaneous intracardiac procedures Heart transplant or implant of heart assist system	MCC	\$22,300	7,433	\$23,240	6,886	4.2%	-547
Catheter Adiations	274		None	\$18,184	18,261	\$19,792	21,816	8.8%	3,555
Left Ventricular	001		MCC	\$161,250	2,347	\$173,092	2,409	7.3%	62
Assist Device (LVAD)	002		None	\$81,952	203	\$87,778	194	7.1%	-9
Acute Mechanical Circulatory System (MCS)	003	Ecmo or trach w mv >96 hrs or pdx exc face, mouth & neck w maj o.R.	NA	\$111,715	15,794	\$118,722	15,320	6.3%	-474
	215	Other heart assist systems implant	NA	\$78,676	3,654	\$80,715	6,845	2.6%	3,191

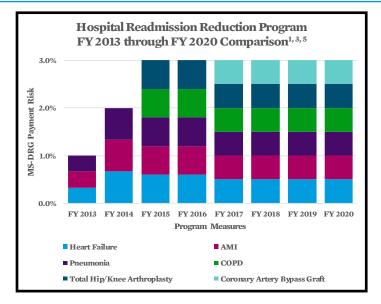
Technology	MS-	Description	Severity	FY 2019 - Correction Notice		FY 2020 - Final				
	DRG			Payment	Discharges	Payment	Discharges	% Change (\$)	Change (Discharges)	
CardioMEMS™ HF System	264	Other circulatory system operating room procedures	NA	\$19,285	11,606	\$20,345	10,829	5.5%	-777	
	025	Lead placement only, or lead	MCC	\$26,116	20,920	\$27,526	21,570	5.4%	650	
	026	revision OR System implant, single array generator plus leads	CC	\$18,412	8,876	\$19,078	9,696	3.6%	820	
	027		None	\$14,688	10,503	\$15,012	10,895	2.2%	392	
Deep Brain	040	Generator only implant or	MCC	\$23,984	4,795	\$24,682	4,621	2.9%	-174	
Stimulation (DBS)	041	replacement, single/multi array non-rechargeable or multi-array	СС	\$14,399	6,036	\$14,854	6,645	3.2%	609	
	042	rechargeable	None	\$11,426	2,331	\$11,577	2,385	1.3%	54	
	023	System implant, multi-array,	MCC	\$33,337	9,451	\$35,184	11,196	5.5%	1,745	
	024	rechargeable or non- rechargeable, plus leads	None	\$23,930	3,399	\$25,158	4,251	5.1%	852	
	028	Whole System implantation or replacement(generator plus leads)	MCC	\$32,816	2,076	\$35,017	2,100	6.7%	24	
	029	Spinal procedures or spinal neurostimulators	CC	\$19,267	3,688	\$20,088	3,946	4.3%	258	
	030	Spinal Procedures without CC/ MCC	None	\$13,284	1,692	\$14,232	1,587	7.1%	-105	
	518	Back & neck procedures excluding spinal fusion, or disc device/neurostimulator	MCC	\$18,928	3,174	\$21,351	2,651	12.8%	-523	
Spinal Cord Stimulation (SCS)	519	Back and neck procedure except spinal fusion with CC	CC	\$11,368	8,384	\$11,956	8,673	5.2%	289	
for Pain	520	Back and neck procedure except spinal fusion without CC/MCC	None	\$8,023	8,648	\$8,381	7,732	4.5%	-916	
	040	Peripheral/Cranial Nerve	MCC	\$23,984	4,795	\$24,682	4,621	2.9%	-174	
	041	and Other Nervous System Procedures Generator	СС	\$14,399	6,036	\$14,854	6,645	3.2%	609	
	042	implantation only or replacement (any type)	None	\$11,426	2,331	\$11,577	2,385	1.3%	54	
	981		MCC	\$26,684	29,655	\$28,199	27,701	5.7%	-1,954	
	982	Extensive OR procedure unrelated to to principal Dx	СС	\$14,976	15,355	\$15,271	16,473	2.0%	1,118	
	983		None	\$9,580	3,399	\$10,254	2,988	7.0%	-411	
Major Chest	163	Major chest procedures	MCC	\$30,035	11,820	\$30,528	11,581	1.6%	-239	
	164		CC	\$15,684	15,484	\$15,857	15,985	1.1%	501	
	165		None	\$11,310	8,257	\$11,583	8,299	2.4%	42	
	268	Aortic and heart assist	MCC	\$40,929	4,062	\$42,484	3,697	3.8%	-365	
Aortic Heart Assist	269	procedures except pulsation balloon	None	\$25,343	17,966	\$26,724	17,001	5.4%	-965	
	286	Circulatory disorders except	MCC	\$13,315	40,170	\$13,764	43,136	3.4%	2,966	
Aortic Heart Assist	287	AMI, w card cath	None	\$6,954	65,606	\$7,217	60,364	5.5% 5.4% 3.6% 2.2% 2.9% 3.2% 1.3% 5.5% 5.1% 6.7% 4.3% 7.1% 12.8% 5.2% 4.5% 2.9% 3.2% 1.3% 5.2% 4.5% 2.9% 3.2% 1.3% 5.7% 2.0% 7.0% 1.6% 1.1% 2.4% 3.8% 5.4%	-5,242	
	299		MCC	\$8,855	19,136	\$9,081	17,958	2.5%	-1,178	
Peripheral Vascular	300	Peripheral vascular disorders	СС	\$6,250	31,099	\$6,437	29,154	3.0%	-1,945	
	301		None	\$4,434	10,166	\$4,546	8,497	2.5%	-1,669	

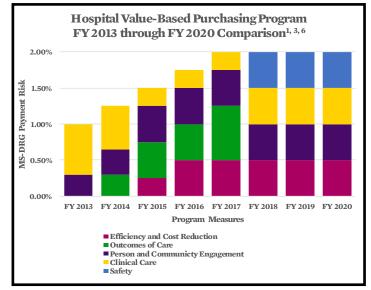
Technology	MS- DRG	Description	Severity	FY 2019 - Correction Notice		FY 2020 - Final			
				Payment	Discharges	Payment	Discharges	% Change (\$)	Change (Discharges)
Vascular: Other Kidney and Urinary Tract	673	Other kidney & urinary tract procedures	MCC	\$21,841	8,003	\$22,390	11,426	2.5%	3,423
	674		CC	\$14,117	5,259	\$15,310	6,710	8.5%	1,451
	675		None	\$9,923	499	\$10,222	468	3.0%	-31
Heart Failure	291	Heart failure & shock	MCC	\$8,214	361,117	\$8,430	392,424	2.6%	31,307
	292		CC	\$5,616	108,734	\$5,672	94,507	1.0%	-14,227
	293		None	\$4,064	39,699	\$4,105	24,904	1.0%	-14,795

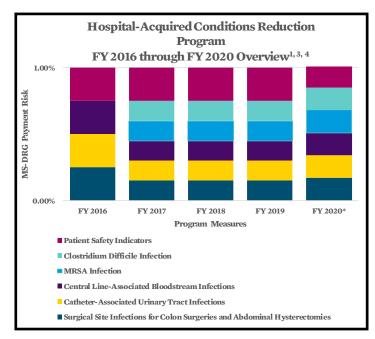
MEDICARE PAYMENT RISK CONTINUES

As planned, Medicare will continue the scope and level of potential penalties of its payment reform initiatives, including the Hospital Readmissions Reduction Program and the Value-Based Purchasing Program. Risk to inpatient MS-DRG payments will continue at 3% and 2% respectively. The FY 2013 through FY 2020 makeup and impact of these two payment reform programs are illustrated in the charts on the next page. As payment reforms continue to impact healthcare management and as Medicare changes the way in which health care providers are paid, Abbott will continue to explore programs that seek to improve meaningful patient outcomes through shared risk.

For more information on how Medicare's rulemaking or reform initiatives may impact your facility or institution, please contact Abbott's Reimbursement team at 855-569-6430 or at hce@abbott.com.







DISCLAIMER

This update is intended to provide general information to assist the reader in understanding the Medicare IPPS final rule for fiscal year 2019. We encourage readers to review the regulation and other interpretive materials for a full and accurate understanding of the contents. This information does not guarantee coverage or payment at any specific level.

This information is provided to assist the recipient to understand the alternative codes and payment amounts that may be available when Abbott products are used. This information is for reference purposes only. It is not provided or authorized for marketing use. Note that codes, coverage and payment can vary from setting to setting, and from insurer to insurer. This information does not guarantee that use of any particular codes will result in coverage or payment at any specific level. Insurers make reimbursement decisions according to the insurer's evaluation of the patient's medical needs. The provider should select the code or codes that most accurately describe the patient's conditions and the procedures performed and products used. The provider should fully comply with the insurer requirements in submitting claims. The billing entity is solely responsible for the accuracy of the codes submitted.

REFERENCES

Hospital Inpatient Prospective Payment-Final Rule FY2020 Payment Rates. 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-Regulations. DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending

Final Acute Inpatient Prospective Payment System FY 2019 Rule, CMS-1694-F: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteIn-patientPPS/FY2019-IPPS-Final-Rule-Home-Page.html

Tables created by Abbott Health Economics and Reimbursement team based on analysis of Medicare 2020 IPPS Final rule as of September 2019

 $CMS\ Matrix\ of\ Key\ Dates:\ https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/HAC-Reduction-Program-Key-Dates-Matrix.pdf$

 $CMS\ Readmissions\ Reduction\ Program\ (HRRP):\ https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html$

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