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HEALTH ECONOMICS & REIMBURSEMENT

Transmittal Support Resource

WHAT IS THE NATIONAL COVERAGE DETERMINATION (NCD) TRANSMITTAL?

Transmittal MM14000 provides formal guidance from Centers for Medicare and Medicaid Services (CMS) supporting the National Coverage Determination (NCD) 20.36 Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management including CardioMEMS™ HF System. Its purpose is to offer clarity for payers, providers, and industry partners by outlining:

Patient Eligibility Criteria:
Clearly defined clinical requirements for coverage

Billing Guidance:
Includes approved ICD-10 diagnosis codes and documentation requirements

Coverage with Evidence Development (CED):
Outlines criteria to be studied, reported on and published

Sites of Service:
Coverage applies for hospital inpatient, hospital outpatient, and ambulatory surgery centers (ASCs)

Transmittal: MM14000 - National Coverage Determination 20.36: Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management

APPROVED ICD-10 DIAGNOSIS CODES FOR CARDIOMEMS™ HF SYSTEM BILLING

When coding guidance is needed for hospital inpatient, hospital outpatient, and ASC, provided the criteria are met.

I50.1	Left ventricular failure, unspecified
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute/chronic diastolic (congestive) heart failure
I50.42	Chronic combined systolic and diastolic heart failure
I50.43	Acute on chronic combined systolic and diastolic heart failure
I50.82	Biventricular heart failure
I50.812	Chronic right heart failure

CLAIMS PROCESSING REQUIREMENTS

Hospital Outpatient, Ambulatory Surgical Center (ASC) and Physician HCPCS Code:

- 33289 (Wireless pulmonary artery pressure sensor implant)

Hospital Inpatient ICD-10-PCS Codes:

- 02HQ30Z (Insertion of pressure sensor monitoring device into right pulmonary artery, percutaneous approach)
- 02HR30Z (Insertion of pressure sensor monitoring device into left pulmonary artery, percutaneous approach)

Required Diagnosis Code:

- Z00.6 (Encounter for examination for normal comparison and control in clinical research)

Modifiers & Codes:

- Modifier Q0
- Condition code 30
- Value code D4 (NCT - 06779552)

Click or scan the QR code for FAQ's, Coding Guides and additional resources.

KEY TAKEAWAYS

Patients diagnosed with any of the ICD-10 codes listed above may qualify for coverage of the CardioMEMS™ HF System under CMS guidelines, provided they meet the necessary clinical criteria. The NCD Transmittal confirms that coverage is applicable regardless of whether the procedure is performed in a hospital inpatient, hospital outpatient, or ASC setting. Prior authorization may be required.

Important Safety Information

CardioMEMS™ HF System

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

CardioMEMS™ HF System Indications and Usage: The CardioMEMS HF System is indicated for wirelessly measuring and monitoring pulmonary artery pressure and heart rate in NYHA Class II or III heart failure patients who either have been hospitalized for heart failure in the previous year and/or have elevated natriuretic peptides. The hemodynamic data are used by physicians for heart failure management with the goal of controlling pulmonary artery pressures and reducing heart failure hospitalizations.

CardioMEMS™ HF System Contraindications: The CardioMEMS™ HF System is contraindicated for patients with an inability to take dual antiplatelet or anticoagulants for one month post implant.

CardioMEMS™ HF System Potential Adverse Events: Potential adverse events associated with the implantation procedure include, but are not limited to, the following: air embolism, allergic reaction, infection, delayed wound healing, arrhythmias, bleeding, hemoptysis, hematoma, nausea, cerebrovascular accident, thrombus, cardiovascular injury, myocardial infarction, death, embolization, thermal burn, cardiac perforation, pneumothorax, thoracic duct injury and hemothorax.

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CAUTION: Product(s) 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 www.eifu.abbott for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

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