HEALTH ECONOMICS & REIMBURSEMENT

2023 ABBOTT INPATIENT REIMBURSEMENT GUIDE AND FAQ

CardioMEMS™ HF System

The CardioMEMS™ HF System Inpatient Reimbursement Guide and FAQ is intended to provide educational material tied to the reimbursement of the CardioMEMS™ HF System when used consistently with product labeling. This guide includes information regarding inpatient prior authorization and coding.

In addition to this guide, Abbott offers a reimbursement hotline that provides coding and billing information, from dedicated reimbursement specialists. Hotline support is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday, at 1-855-569-6430 or email PTAHotline@abbott.com.

This guide and all supporting documents are available for download at www.cardiovascular.abbott/reimbursement.

This guide and all hotline reimbursement assistance is provided subject to the disclaimers set forth herein.

INPATIENT IMPLANTS WITH TRADITIONAL MEDICARE

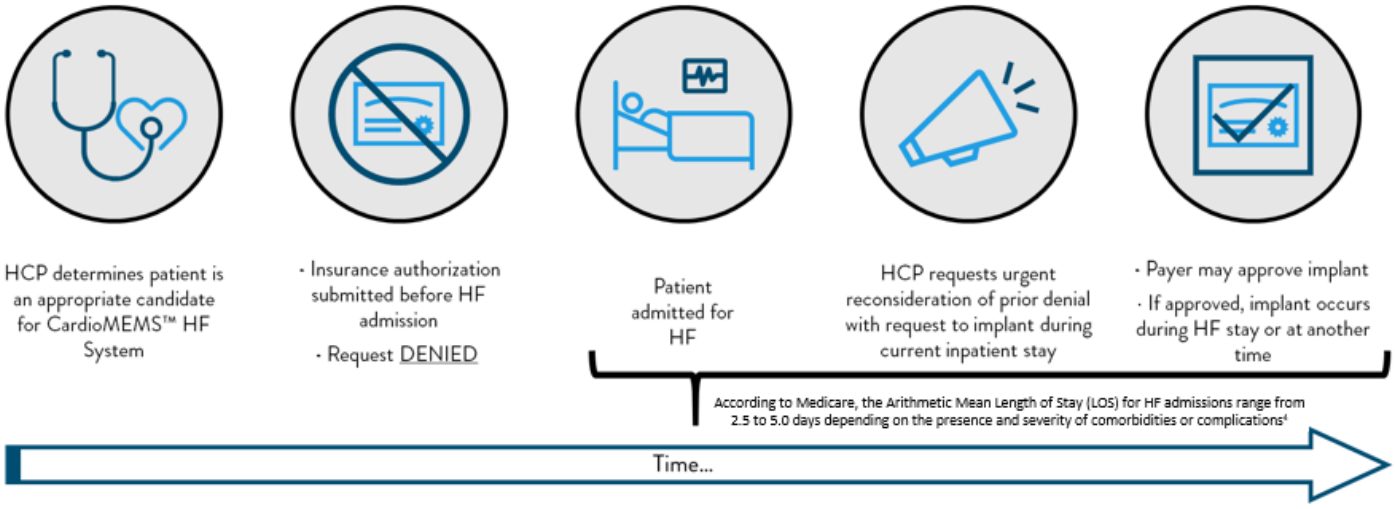
As deemed necessary by a clinician, the inpatient setting may be an appropriate site of service for patients indicated for the CardioMEMS™ HF System. For traditional Medicare fee-for-service, appropriately indicated patient coverage is based on reasonable and medically necessary guidelines whether that implant takes place in the Inpatient or Outpatient setting depending on clinical appropriateness.[1] Traditional Medicare fee-for-service does not require prior authorization for the CardioMEMS™ HF System.[2]

INPATIENT IMPLANTS FOR COMMERCIAL AND MEDICARE ADVANTAGE PLANS

Many private insurance providers, including those that offer Medicare Advantage plans (MAPs) can require enrollees to get approval from the plan prior to receiving services such as inpatient care.[3] Some commercial and Medicare Advantage plans maintain non-coverage policies for the CardioMEMS™ HF System. This is the reason why prior authorization continues to be important in obtaining individual case consideration supporting coverage.

In certain cases, patients whose insurance provider previously denied a prior authorization for PA pressure monitoring with the CardioMEMS™ HF System may be deemed by their HCP as medically appropriate while admitted for a heart failure (HF) admission. The emergent HF hospitalization may provide the insurance provider further evidence of the medical necessity of PA pressure monitoring. An urgent reconsideration of the prior denial with a request to implant a CardioMEMS™ HF Sensor may be authorized.

Please see the figure below for an example of the process:



COMMON QUESTIONS

I have a CardioMEMS candidate hospitalized for a reason unrelated to HF, should I seek approval for a CardioMEMS™ HF System implant while they're an inpatient?

Generally, an admission unrelated to HF would not create additional (and needed) evidence of medical necessity for insurance providers. However, if the HCP deems it as an appropriate therapy given the patient's condition and wants to reengage with the insurance provider, it is important to understand that there is uncertainty surrounding the evidence a non-HF related hospital admission provides to support additional medical necessity.

I did not seek approval for CardioMEMS™ HF System prior to the inpatient admission but now believe CardioMEMS is necessary for my patient. What are some considerations I need to think about regarding seeking approval now?

While a prior (denied) prior authorization establishes evidence of your treatment intentions and contains documentation / information needed for the payer to process an urgent request to implant during the current stay, if the HCP believes it medically necessary, a de novo prior authorization process can be initiated.

It is important to keep in mind that internal logistics (hospital and payer) make an approval during the current stay (w/o a previous prior request) challenging. Your patient may be discharged before request is approved.

I received a prior authorization but the patient has already been discharged. Are they still able to be implanted at a later time?

State laws and insurance policies state that prior authorizations are valid for a specified amount of time (such as 60 days) after the approval has been granted.[5] Please review your state's laws and insurance provider policies regarding how long prior authorizations are valid.

What are the ICD-10-PCS codes for the inpatient implant of the CardioMEMS™ HF Sensor?

Please see table below. For in depth coding guidance and reimbursement rates, please refer to Abbott's 2023 Coding Guide for the CardioMEMS™ HF System.

ICD-10 PCS CODE	DESCRIPTION
CHOOSE THE APPROPRIATE ICD-10 PROCEDURE CODE BASED ON PLACEMENT OF SENSOR	
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

IMPORTANT SAFETY INFORMATION

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.

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

REFERENCES

1. Novitas Solutions. Reasonable & Necessary Guidelines. Novitas-Solutions. November 01, 2019. Accessed August 7, 2023. https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00099545
2. Centers for Medicare and Medicaid Services. Prior Authorization and Pre-Claim Review Initiatives. CMS. May 15, 2023. Accessed August 7, 2023. https://www.cms.gov/research-statistics-data-systems/medicare-fee-service-compliance-programs/prior-authorization-and-pre-claim-review-initiatives
3. Jacobson G, Neuman T. Prior Authorization in Medicare Advantage Plans: How Often Is It Used? Kaiser Family Foundation. October 24, 2018. Accessed August 7, 2023. https://www.kff.org/medicare/issue-brief/prior-authorization-in-medicare-advantage-plans-how-often-is-it-used/
4. Hospital Inpatient Prospective Payment-FY 2023 Final Rule Home Page CMS-1771-F: https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-ipps-final-rule-home-page
5. American Medical Association. Prior Authorization State Law Chart. AMA-ASSN. Accessed August 7, 2023. https://www.ama-assn.org/system/files/2021-04/pa-state-chart.pdf

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