

CARDIOMEMS™ HF SYSTEM CODING GUIDE

Effective October 1, 2024

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INTRODUCTION

The CardioMEMS™ HF System Coding Guide is intended to provide general information related to the reimbursement of reference material related to general guidelines for the reimbursement of the CardioMEMS™ HF System when used consistently with the product's labeling. This guide includes information regarding coverage, coding and reimbursement.

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. For Patient Therapy Access support contact (877) 706-7246 or pta_cardiac@abbott.com. This guide and all supporting documents are available at <https://www.cardiovascular.abbott/us/en/hcp/reimbursement/hf.html>. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

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 is subject to change without notice. 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.

CODING AND REIMBURSEMENT FOR CARDIOMEMS™ HF SYSTEM

PHYSICIAN¹

CPT# CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
IMPLANT				
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography	6.00	\$321	NA
REMOTE MONITORING				
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional.	0.70	\$34	\$50

ADDITIONAL AMERICAN MEDICAL ASSOCIATION (AMA) CPT INSTRUCTIONS/GUIDANCE AROUND REPORTING 93264

- Report 93264 only once per 30 days
- Do not report 93264 if monitoring period is less than 30 days
- Do not report if download(s), interpretation(s), trend analysis, and report(s) do not occur at least weekly during the 30-day time period
- Do not report 93264 if review does not occur at least weekly during 30-day time period

* Effective January 1, 2019, providers should utilize CPT⁺ codes 33289 and 93264 for reporting Pulmonary Artery (PA) pressure sensor implant and remote monitoring procedures.

It is incumbent upon the physician to determine which, if any modifiers should be used first.

Effective Dates: January 1, 2024 - December 31, 2024

CODING AND REIMBURSEMENT FOR CARDIOMEMS™ HF SYSTEM

HOSPITAL OUTPATIENT²

CPT [‡] CODE ⁵	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
IMPLANT				
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography	J1	5200	\$27,721

AMBULATORY SURGICAL SETTING⁷

CPT [‡] CODE ⁵	DESCRIPTION	STATUS INDICATOR	NATIONAL MEDICARE RATE
IMPLANT			
33289*	Transcatheter implantation of wireless pulmonary artery pressure sensor for long term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography	J8	\$24,713

J1 = Hospital Part B services paid through a comprehensive APC

J8 = Device-intensive procedures; paid at adjusted rate

* 2024 Final rule approved CardioMEMS™ HF System in the Ambulatory Surgical Setting (ASC) setting

Effective Dates: January 1, 2024 - December 31, 2024

CODING AND REIMBURSEMENT FOR CARDIOMEMS™ HF SYSTEM

HOSPITAL INPATIENT³

ICD-10 PCS CODE ⁶	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
IMPLANT			
02HQ30Z	Insertion of pressure sensor monitoring device into right pulmonary artery, percutaneous approach	264	\$24,873
02HR30Z	Insertion of pressure sensor monitoring device into left pulmonary artery, percutaneous approach		

CODING AND REIMBURSEMENT FOR CARDIOMEMS™ HF SYSTEM

CARDIOMEMS™ HF SYSTEM REPLACEMENT SUPPLY AND ACCESSORY CODES⁴

HCPCS	DESCRIPTION	MEDICALLY UNLIKELY EDIT**	DMEPOS FEE SCHEDULE NATIONAL AVG
CARDIOMEMS REPLACEMENT ACCESSORIES AND SUPPLIES - HOSPITAL OUTPATIENT OR PHYSICIAN OFFICE SETTING*			
L9900	Orthotic and prosthetic supply, accessory, and /or service component of another HCPCS L code.	0	Carrier priced, please submit invoice and supporting documentation

L9900 will require an invoice and supporting documentation for payment consideration.

*For replacements of the CardioMEMS Patient Electronic System (PES) that fall outside of the manufacturer’s warranty, providers will have the opportunity to furnish replacements based on the medical policies and guidelines for Medicare and/or commercial payers. Please check with your payer. If you would like assistance facilitating replacements PES’s, please contact Continuum via their website at <http://continuuminc.com/>. Since the replacement PES is reported under the unlisted supply code, there is no defined payment amount. Payment is determined by your payer or Medicare Administrative Contractor, so please submit appropriate documentation, medical necessity, and invoice for coverage and payment consideration.

All items must have documentation of medical necessity for payment; if any item not under warranty is lost, stolen, or damaged prior to one year post discharge, the-RA modifier should be used.

**Medically Unlike Edits (MUEs) are updated on a quarterly basis on CMS’s website. The MUEs reflected in this guide are based on the date of service edits for Q3 2024. <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits>

CODING AND REIMBURSEMENT FOR CARDIOMEMS™ HF SYSTEM

ICD-10-CM DIAGNOSIS CODES⁴

Diagnosis codes are used by both hospital and physicians to document the indication for the procedure.

ICD-10-CM DESCRIPTION	
ICD CODES THAT MAY APPLY	
I50.1	Left ventricular failure
I50.20	Unspecified systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic(congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.9	Heart failure, unspecified

This list is a partial list of possible diagnosis codes and it is not meant to be an exhausting list representative of all diagnosis options for the procedure. It is always the responsibility of healthcare providers to choose the most appropriate diagnosis code(s) representative of their patients’ clinical condition

HEALTH ECONOMICS & REIMBURSEMENT

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.

References

1. Physician Prospective Payment-Final rule with Comment Period and Final CY2024 Payment Rates. CMS-1784-F: <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f>
2. Hospital Outpatient Prospective Payment CY2024- Notice of Final Rulemaking with Comment Period (NFRM) CMS 1786-FC: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc>
3. Hospital Inpatient Prospective Payment-FY 2025 IPPS Final Rule Home Page 1808-F: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipp-pps-final-rule-home-page>
4. CMS 2025 ICD-10-CM: <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2025-icd-10-cm>
5. CMS 2020 Alpha-Numeric Index HCPCS code set: <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS>
6. CMS 2025 ICD-10-PCS Procedure Coding System and Index: <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2025-icd-10-pcs>
7. Ambulatory Surgical Center Payment- Notice of Final Rulemaking with Comment Period (NFRM). CMS-1786-FC: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1786-fc>

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