

STRUCTURAL HEART INTERVENTIONS AND VALVES

CONGENITAL DEFECTS
SURGICAL HEART VALVES

EFFECTIVE JANUARY 1, 2024

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INTRODUCTION

The Structural Heart and Valves Coding Guide is intended to provide reference material related to the reimbursement of Abbott products when used consistently with their labeling.

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 or ReimbursementHelp@abbott.com. This guide and all supporting documents are available at <https://www.cardiovascular.abbott/us/en/hcp/reimbursement/sh.html>. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

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CONGENITAL DEFECTS

EFFECTIVE JANUARY 1, 2024

CONGENITAL DEFECTS

Fiscal Year (FY) 2024 Hospital Inpatient Reimbursement - Medicare

NATIONAL AVERAGE REIMBURSEMENT INFORMATION

The rates in the table below are the national average reimbursement rates³. For hospital specific rates, please contact your local Abbott representative.

MS-DRG	FY 2024 ³
ATRIAL SEPTAL DEFECT	
273 with MCCs	\$27,285
274 without MCC	\$22,691
PATENT DUCTUS ARTERIOSUS	
270 with MCCs	\$35,406
271 with CCs	\$24,199
272 without CC/MCC	\$17,080
VENTRICULAR SEPTAL DEFECT	
228 with MCC	\$35,279
229 without MCCs	\$22,262

FY2024 Payment Rates Effective October 1, 2023 - September 30, 2024

CONGENITAL DEFECTS

PROCEDURE CODES⁶

ICD-10-PCS	DESCRIPTOR
ATRIAL SEPTAL DEFECT	
02U53JZ	Supplement atrial septum with synthetic substitute, percutaneous approach
PATENT DUCTUS ARTERIOSUS	
02LR3DT	Occlusion of ductus arteriosus with intraluminal device, percutaneous
VENTRICULAR SEPTAL DEFECT	
02UM3JZ	Supplement ventricular septum with synthetic substitute, percutaneous approach

CONGENITAL DEFECTS

ICD-10-CM DIAGNOSIS CODES⁴

It is the responsibility of the hospital and physician to determine the appropriate diagnosis code(s) for each patient. 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.

ICD-10-CM	DESCRIPTOR
Q21.10	Atrial septal defect, unspecified
Q21.11	Secundum atrial septal defect
Q21.12	Patent foramen ovale
Q21.19	Other specified atrial septal defect

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

HOSPITAL OUTPATIENT^{2, 8}

CPT [†] CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
ATRIAL SEPTAL DEFECT				
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant	J1	5194	\$16,725
PATENT DUCTUS ARTERIOSUS				
93582	Percutaneous transcatheter closure of patent ductus arteriosus	J1	5194	\$16,725
VENTRICULAR SEPTAL DEFECT				
93581	Percutaneous transcatheter closure of congenital ventricular septal defect with implant	J1	5194	\$16,725

HCPCS DEVICE CATEGORY C-CODES⁵

C-CODE	DESCRIPTOR
C1817	Septal defect implant system, intracardiac
C1769	Guide wire

J1 = Hospital Part B services paid through a comprehensive APC

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

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

PHYSICIAN IMPLANTER^{1,8}

CPT# CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE FACILITY	NON FACILITY
ATRIAL SEPTAL DEFECT				
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant	17.97	\$934	NA
PATENT DUCTUS ARTERIOSUS				
93582	Percutaneous transcatheter closure of patent ductus arteriosus	12.31	\$632	NA
VENTRICULAR SEPTAL DEFECT				
93581	Percutaneous transcatheter closure of congenital ventricular septal defect with implant	24.39	\$1,267	NA
INTRACARDIAC ECHOCARDIOGRAPHY (ICE)				
+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	1.44	\$67	NA

(+) = Indicates add-on code. List add-on code separately in addition to code for primary procedure.

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

CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

PROCEDURAL IMAGING¹

CPT [‡] CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
TRANSEOPHAGEAL ECHOCARDIOLOGY (TEE)⁸				
93355*	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (e.g., TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	4.66	\$215	NA

* Note that 93355 is bundled and not separately payable when reported on the same physician claim as the primary procedure or with anesthesia services⁷

CONGENITAL DEFECTS

ICD-10-CM DIAGNOSIS CODES⁴

It is the responsibility of the hospital and physician to determine the appropriate diagnosis code(s) for each patient. 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.

ICD-10-CM	DESCRIPTOR
Q21.10	Atrial septal defect, unspecified
Q21.11	Secundum atrial septal defect
Q21.12	Patent foramen ovale
Q21.19	Other specified atrial septal defect

SURGICAL HEART VALVES

EFFECTIVE JANUARY 1, 2024

SURGICAL VALVES

FY 2024 Hospital Inpatient Reimbursement - Medicare

NATIONAL AVERAGE REIMBURSEMENT INFORMATION

The rates in the table below are the national average reimbursement rates³. For hospital specific rates, please contact your local Abbott representative.

		FY 2024 ³
CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION		
216 with MCCs		\$67,953
217 without CCs		\$44,567
218 without CC/MCC		\$39,886
CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION		
219 with MCCs		\$53,991
220 with CCs		\$36,721
221 without CC/MCC		\$32,548
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES		
212	This new DRG includes hospital stays with combined Surgical AV repair/replacement + Surgical MV repair/replacement + third procedure (e.g. CABG, tricuspid)	\$75,412

FY2024 Payment Rates Effective October 1, 2023 - September 30, 2024

INPATIENT ONLY PROCEDURE

Surgical heart valve procedures are not allowed in Outpatient or non-Facility settings.¹ In addition, there is no designated APC payment for surgical heart valve procedures nor a C-Code for surgical heart valve procedures

SURGICAL VALVES

PROCEDURE CODES⁶

ICD-10 PCS CODE	DESCRIPTION
SURGICAL HEART VALVES AND ANNULOPLASTY RINGS	
02QF0ZZ	Repair aortic valve, open approach
02UF0JZ	Supplement aortic valve with synthetic substitute, open approach
02QG0ZZ	Repair mitral valve, open approach
02UG0JZ	Supplement mitral valve with synthetic substitute, open approach
02QJ0ZZ	Repair tricuspid valve, open approach
02UJ0JZ	Supplement tricuspid valve with synthetic substitute, open approach
02RF0JZ	Replacement of aortic valve with synthetic substitute, open approach
02RF08Z	Replacement of aortic valve with zooplastic tissue, open approach
02RG0JZ	Replacement of mitral valve with synthetic substitute, open approach
02RG08Z	Replacement of mitral valve with zooplastic tissue, open approach

CODING AND REIMBURSEMENT FOR SURGICAL HEART VALVES

PHYSICIAN¹

CPT [‡] CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
SURGICAL HEART VALVES AND ANNULOPLASTY RINGS⁸				
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	41.32	\$2,186	NA
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass	49.96	\$2,627	NA
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	43.28	\$2,294	NA
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	44.83	\$2,346	NA
33430	Replacement, mitral valve, with cardiopulmonary bypass	50.93	\$2,697	NA
33464	Valvuloplasty, tricuspid valve, with ring insertion	44.62	\$2,345	NA

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

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). <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc>
3. CMS_2024_Hospital Inpatient Prospective Payment-Final Rule Home Page CMS-1785-F: <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2024-ippa-final-rule-home-page>
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5. CMS, 2020 Alpha-Numeric Index HCPCS code set: <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS>
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