



HEALTH ECONOMICS & REIMBURSEMENT



2026

CODING HELP SwissDRG

CORONARY INTERVENTIONS – PCI

7th EDITION (incl. Outpatient)

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OVERVIEW

Swiss outpatient reimbursement (2026)	4
General information	4
Outpatient flat rate – coding	5
Outpatient flatrates	6
Inpatient–percutaneous coronary intervention	8
Main diagnosis (ICD-10)	8
Procedures	9
Percutaneous transluminal coronary angioplasty [PTCA]	9
Percutaneous transluminal coronary stenting	11
Fractional flow reserve (FFR) and optical coherence tomography (OCT)	13
DRG grouping	14
Percutaneous coronary angioplasty (PTCA) with/without OCT & FFR	14
Coronary diagnostics with OCT & FFR	18
ANNEX	20
Important DRG flat rates for percutaneous coronary intervention	20
DRGs for percutaneous coronary angioplasty (PTCA)	20
DRGs for invasive cardiological diagnostics except for acute myocardial infarction	21

SWISS OUTPATIENT REIMBURSEMENT (2026)

GENERAL INFORMATION

For PTA interventions reimbursement is primarily based on Ambulatory Flat Rates (Ambulante Pauschalen / Outpatient Flatrates). In this context, TARDOC is not relevant for PTCA/PTA; outpatient flatrates apply. The applicable flat rate is determined via the single-case grouper (Einzelbehandlungsgrouper) based on the documented and coded services.

Key building blocks and terminology

LKAAT (Leistungskatalog ambulante Arzttarife)

- Catalogue of outpatient medical services containing procedure codes (often referenced as LKN items).
- Each code is classified by a code type (e.g., P / PZ / E / EZ / IN), which supports the downstream grouping logic.

Ambulatory Flat Rates / Outpatient Flatrates (Ambulante Pauschalen)

- Flat-rate reimbursement catalogue defining procedure-based packages (e.g., cardiovascular chapter C05) and the associated grouping/trigger logic.

Trigger / Main code / Additional codes

- Main code (trigger position): the lead outpatient procedure code that starts the grouping logic and drives the primary flat-rate assignment.
- Additional codes (optional): supplementary outpatient procedure codes that may refine the flat-rate assignment (e.g., complexity, add-on services, specific techniques/technologies).

Qualitative dignity

- Qualification/authorization requirements defining which providers are entitled to bill specific outpatient services or packages.

How outpatient reimbursement works (30-second overview)

1. **Clinical documentation** (indication, procedure details, devices/techniques, relevant findings)
2. **Outpatient coding in LKAAT**: assign the **Main code (trigger)** and, where applicable, **Additional codes**
3. **Single-case grouper (Einzelbehandlungsgrouper)** assigns the appropriate **Ambulatory Flat Rate**
4. **Reimbursement** is calculated based on the assigned flat rate (tax points and applicable rules)

For percutaneous coronary intervention reimbursement is primarily driven by **number of stents**.

OUTPATIENT FLAT RATE – CODING

For PCI the core procedure is represented by LKAAT P/PZ codes that trigger the outpatient flat rate in chapter C05 (circulatory system). The flat rate includes material and implant costs.

LKN	Medical interpretation
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C05.KC.0070	Percutaneous transluminal coronary angioplasty (PTCA) of one or more coronary segments, without diagnostic coronary angiography.
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- Code C05.KC.0070 once per outpatient session.
- If stent(s) are implanted: add C05.KC.Z007 once per stent
- If a CTO intervention is performed: add C05.KC.Z002
- Other optional additional codes can be coded as descriptive codes as well (e.g., FFR/IFR/IVUS/OCT, rotablation, temporary pacemaker)

Additional codes to arterial PTA (can be coded optional)

LKN	DESCRIPTION
C05.KC.Z002	CTO intervention
C05.KC.Z003	Endoluminal diagnostics (FFR, IFR, IVUS, and OCT)
C05.KC.Z004	Insertion of a hemodynamic assist device
C05.KC.Z005	Insertion of a temporary pacemaker
C05.KC.Z006	Rotablation
C05.KC.Z007	Stent implantation during PCI Note: needs to be coded per Stent.

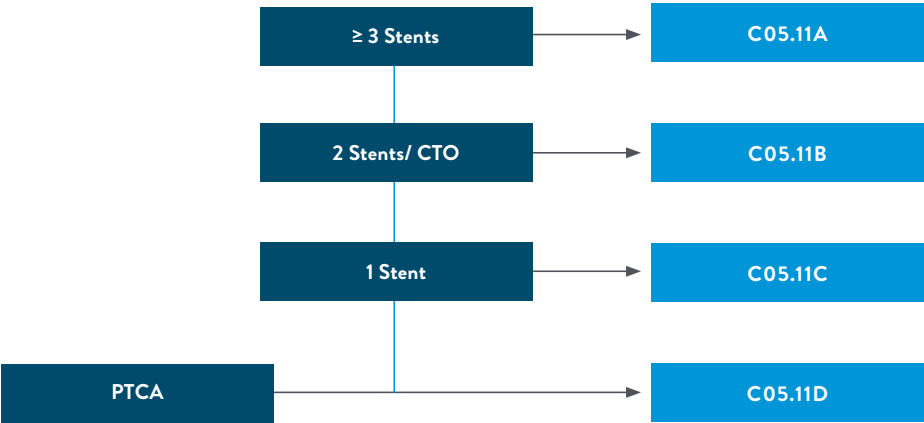
OUTPATIENT FLATRATES

For PCI/PTCA outpatient cases, the flatrate level is assigned within **C05.11A–D** and is driven by a limited set of procedure-based upgrade triggers. The baseline service is established by coding the main PCI/PTCA procedure, which maps to **C05.11D**.

The decisive upgrade mechanism is coronary stent implantation, where the assignment depends on the number of stents coded per case: 1 stent typically leads to **C05.11C**, 2 stents to **C05.11B**, and ≥3 stents to **C05.11A**. In addition, CTO intervention represents a defined complexity trigger; if CTO treatment is performed and coded, the case is typically assigned to **C05.11B**, even if the stent count alone would not meet that level.

Other add-on services frequently performed in the cath lab (e.g., FFR/iFR, IVUS/OCT, hemodynamic assist devices, temporary pacing, rotablation) should be documented and coded when performed, but they do not change the assigned flatrate level on their own based on the mapping shown.

Figure 1 Flatrate C05.11 - Split Criteria



TARIFF POSITION	DESCRIPTION	TAX POINTS	REIMBURSEMENT*
C05.11A	Percutaneous coronary angioplasty (PTCA) with three or more stents	8.230,24	7'407 CHF
C05.11B	Percutaneous coronary angioplasty (PTCA) with two stents	6.837,04	6'153 CHF
C05.11C	Percutaneous coronary angioplasty (PTCA) with a stent	4.846,73	4'362 CHF
C05.11D	Percutaneous coronary angioplasty (PTCA)	4.291,59	3'862 CHF

* A tax point value of CHF 0,90 was assumed for the calculation of reimbursement.

INPATIENT – PERCUTANEOUS CORONARY INTERVENTION

MAIN DIAGNOSIS (ICD-10)

The diagnoses on which the treatment case is based are coded in accordance with the International Classification of Diseases, German version (ICD-10 GM Version 2024*). The main diagnosis groups are "chronic ischemic heart disease", "angina pectoris" and "acute myocardial infarction". The following tables show a selection of the most important ICD codes in the current 2024 version.

ICD-CODE	ICD-TEXT: CHRONIC ISCHAEMIC HEART DISEASE
I25.1-	Atherosclerotic heart disease
I25.10	Without hemodynamically significant stenoses
I25.11	Single-vessel coronary artery disease
I25.12	Double-vessel coronary artery disease
I25.13	Triple-vessel coronary artery disease
I25.14	Left main stem stenosis
I25.15	With stenosis of bypass grafts
I25.16	With stenosis of stents
I25.19	Unspecified

ICD-CODE	ICD-TEXT: ANGINA PECTORIS
I20.0	Unstable angina pectoris
I20.1	Angina pectoris with documented spasm
I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified

ICD-CODE	ICD-TEXT: ACUTE MYOCARDIAL INFARCTION
I21.0	Acute transmural myocardial infarction of anterior wall
I21.1	Acute transmural myocardial infarction of inferior wall
I21.2	Acute transmural myocardial infarction of other sites
I21.3	Acute transmural myocardial infarction of unspecified site
I21.4	Acute subendocardial myocardial infarction
I21.9	Acute myocardial infarction, unspecified

* Please note that in Switzerland, ICD 2024 will be used in 2026.

PROCEDURES

Percutaneous transluminal coronary angioplasty [PTCA]

CHOP-CODE	CHOP-TEXT: VASCULAR INTERVENTIONS
00.66.2	Coronary angioplasty [PTCA], by type of balloon used <i>Excl.: Percutaneous transluminal coronary intervention by lithotripsy (00.66.37)</i>
00.66.20	With balloons, not specified further
00.66.21	With drug-releasing balloons <i>Code ibid.: Number of drug-elution balloons used (00.4C.1-)</i>
00.66.22	With antibody-coated balloons
00.66.29	With balloons, other
00.66.3	Coronary angioplasty [PTCA], by intervention
00.66.30	Coronary angioplasty [PTCA] by rotablation
00.66.31	Percutaneous transluminal vascular intervention on the coronary arteries by laser angioplasty
00.66.32	Percutaneous transluminal vascular intervention on the coronary arteries by atherectomy
00.66.33	Percutaneous transluminal vascular intervention on the coronary arteries with foreign body removal
00.66.36	Percutaneous transluminal vascular intervention on the coronary arteries by thrombectomy
00.66.37	Percutaneous transluminal vascular intervention on the coronary arteries by lithotripsy <i>Incl. Balloon angioplasty</i> Note: <i>Lithotripsy is a combination of shock wave therapy and angioplasty by balloon dilatation.</i>
00.66.38	Percutaneous transluminal vascular intervention on the coronary arteries, selective thrombolysis
00.66.3A	Percutaneous transluminal vascular intervention on the coronary arteries via the collaterals of the corresponding vessel Indicated e.g. for chronic coronary occlusion [Chronic total occlusion - CTO]

Additional important notes on coding 00.66 PTCA

When coding coronary angioplasty [PTCA] (00.66.-), please code the following:

- *If performed:* Percutaneous transluminal vascular intervention on the coronaries, selective thrombolysis (00.66.38)
- Implantation of stents in coronary arteries, percutaneous-transluminal (36.08.-)
- Injection or Infusion of thrombolytic substance (99.10.-)
- Any number of treated vessels (00.40-00.43)
- Any measure at vascular bifurcation (00.44)
- Microcatheter systems used in transluminal coronary vascular interventions, by number (00.4H.3-)
- Use of an embolic protection system (39.E1)

CHOP-CODE	CHOP-TEXT: NUMBER OF VESSELS
00.40	Procedure on one vessel ¹ Number of vessels, unspecified Note: <i>If applicable, this supplementary code must be coded for each procedure.</i>
00.41	Procedure on two vessels ^{1,2}
00.42	Procedure on three vessels ^{1,2}
00.43	Procedure on four or more vessels ^{1,2}
00.44	Measure on vascular bifurcation Note: <i>This code is to be used to indicate the presence of a vascular bifurcation; it does not describe a specific bifurcation stent. This code may only be used once per operation, regardless of the number of bifurcations treated.</i>

CHOP-CODE	CHOP-TEXT: NUMBER OF DRUG ELUTION BALLOONS
00.4C.1	Insertion of drug-elution balloons, number
00.4C.11	1 Balloon
00.4C.12	2 Balloons
00.4C.13	3 Balloons
00.4C.14	4 or more Balloons

¹ Excl.: (Aorto)coronary bypass (36.10.- - 36.1D.-)

² Note: *If applicable, this supplementary code must be coded for each procedure. The sum of the treated vessels per procedure must be shown.*

Percutaneous transluminal coronary stenting

Coronary stent implantations are coded in the Swiss surgical classification (CHOP) with code numbers from chapter 7 (Procedures on the cardiovascular system [35-39]) under subcategory 36.08. (Implantation of stents in coronary arteries, percutaneous-transluminal).

CHOP-CODE	CHOP-TEXT: ADDITIONAL INFORMATION ON STENTS
36.08.1-	Percutaneous-transluminal implantation of stents in coronary arteries without drug elution
36.08.11	Stents without drug elution, in one coronary artery
36.08.12	Stents without drug elution, in several coronary arteries
36.08.13	Self-expanding stents without drug elution, in one coronary artery
36.08.14	Self-expanding stents without drug elution, in several coronary arteries
36.08.15	Bifurcation stents without drug elution in coronary arteries
36.08.16	Covered stents without drug elution, in one coronary artery
36.08.17	Covered stents without drug elution, in several coronary artery
36.08.2-	Percutaneous-transluminal implantation of stents with drug elution in coronary arteries
36.08.21	Stents with drug elution, in one coronary artery <i>Incl.: coated stents with drug elution</i>
36.08.22	Stents with drug elution, in several coronary arteries <i>Incl.: coated stents with drug elution</i>
36.08.23	Self-expanding stents with drug elution, in one coronary artery
36.08.24	Self-expanding stents with drug elution, in several coronary arteries
36.08.25	Bifurcation stents with drug elution in coronary arteries
36.08.26	Covered stents with drug elution, in one coronary artery
36.08.27	Covered stents with drug elution, in several coronary artery
36.08.3-	Percutaneous-transluminal implantation of coated stents in coronary arteries <i>Excl. code omitted - implantation of percutaneous transluminal drug-elution stents in one or more coronary arteries (36.08.21, 36.08.22)</i>
36.08.31	In one coronary artery
36.08.32	In several coronary arteries

Additional important information on coding (36.08.-) Percutaneous transluminal coronary artery stenting

These codes are also to be used for procedures on a bypass vessel.

The following codes should be used for percutaneous transluminal coronary stenting (36.08.-):

- Hybrid therapy (00.99.80)
- Procedure on vascular bifurcation (00.44)
- Material characteristics of the implanted stents (39.C2.-)
- PTCA or coronary atherectomies (00.66.-)
- Type of surface and coating (39.C3.-)
- Use of an embolism protection system (39.E1)

CHOP-CODE	CHOP-TEXT: ADDITIONAL INFORMATION ON STENTS
39.C2	Material properties of the implanted stents
39.C2.11	Bioresorbable stent
39.C2.12	Bare metal stent
39.C3	Type of surface and coating
39.C3.11	Antibody-coated stents without antiproliferative function
39.C3.12	Antibody-coated stents with antiproliferative function
39.C3.13	Covered stents with bioactive surface
39.C3.14	Antithrombogenic hydrophilic polymer coating [HPC] of stents and Flow-Diverter

Please note: The codes must be coded for each implanted stent. If, for example, drug-elution stents were implanted in several coronary arteries during an intervention, the code with the indication "in several coronary arteries" should be selected and coded as often as stents of this type were implanted.

Example: PTCA with 3 drug-elution stents in LAD and LCx:

Code 36.08.22 "Implantation percutaneous-transluminal of drug-elution stents in multiple coronary arteries" must be coded **three times**.

The coding of the number of stents is crucial for achieving higher-valued DRGs.

Fractional flow reserve (FFR) and optical coherence tomography (OCT)

CHOP coding of FFR measurement or optical coherence tomography is done with the following codes:

CHOP-CODE	CHOP-TEXT: ADDITIONAL INFORMATION ON STENTS
37.2A.12	Intravascular imaging of the coronary vessels using optical coherence tomography Optical coherence tomography [OCT], coronary vessels
37.2A.21	Invasive intravascular coronary diagnostics using catheters, pressure measurement Catheter-based measurement of the fractional flow reserve [FFR]

DRG GROUPING

PERCUTANEOUS CORONARY ANGIOPLASTY (PTCA) WITH / WITHOUT OCT & FFR

The DRG grouping in 2026 continues to be primarily based on the criteria of principal diagnoses, the patient-specific overall severity level (PCCL), and the number of coded stents and drug-eluting balloons (DEB). The DRGs F24A to F24D are assigned to the base DRG F24 'Percutaneous Coronary Angioplasty' (PTCA). Bare-metal stents and drug-eluting stents are classified identically.

The placement of only one stent in adult patients without myocardial infarction (in particular: without a complicating diagnosis) leads to DRG F24D, if there are no extremely severe comorbidities and that no complicating or multi-stage procedures are performed. Similarly, DRG F24D is reached for any balloon angioplasty (00.66) without the use of a stent (exception: ≥ 3 DEBs $\rightarrow$ DRG F24B).

If a myocardial infarction is added to the above-mentioned cases, this results in DRG F24C. If the patient is younger than 16 years and no balloon angioplasty is performed, the patient is grouped into DRG F24B with any balloon angioplasty (00.66) the case will be assigned to F24B as well.

The implantation of two stents triggers DRG F24C, while the implantation of ≥ 3 stents or ≥ 3 DEBs results in the assignment of DRG F24B.

Impact / Uplift of OCT F24D $\rightarrow$ F24B:

This DRG is also reached in any of the cases mentioned above if OCT (optical coherence tomography) is also performed. Similarly, rotational atherectomy (rotablation) in coronary arteries is reimbursed under DRG F24B.

DRGs F24B and F24A are reserved for multi-stage cases (i.e., cases in which procedures are spread over at least two days with at least one overnight stay). Additionally, cases involving complicating procedures as well as myocardial infarction and/or extremely severe comorbidities (PCCL > 3) are assigned to DRGs F24B and F24A. Complicating procedures are not specific to coronary interventions and are defined in detail in the SwissDRG Definitions Manual, Volume 4.

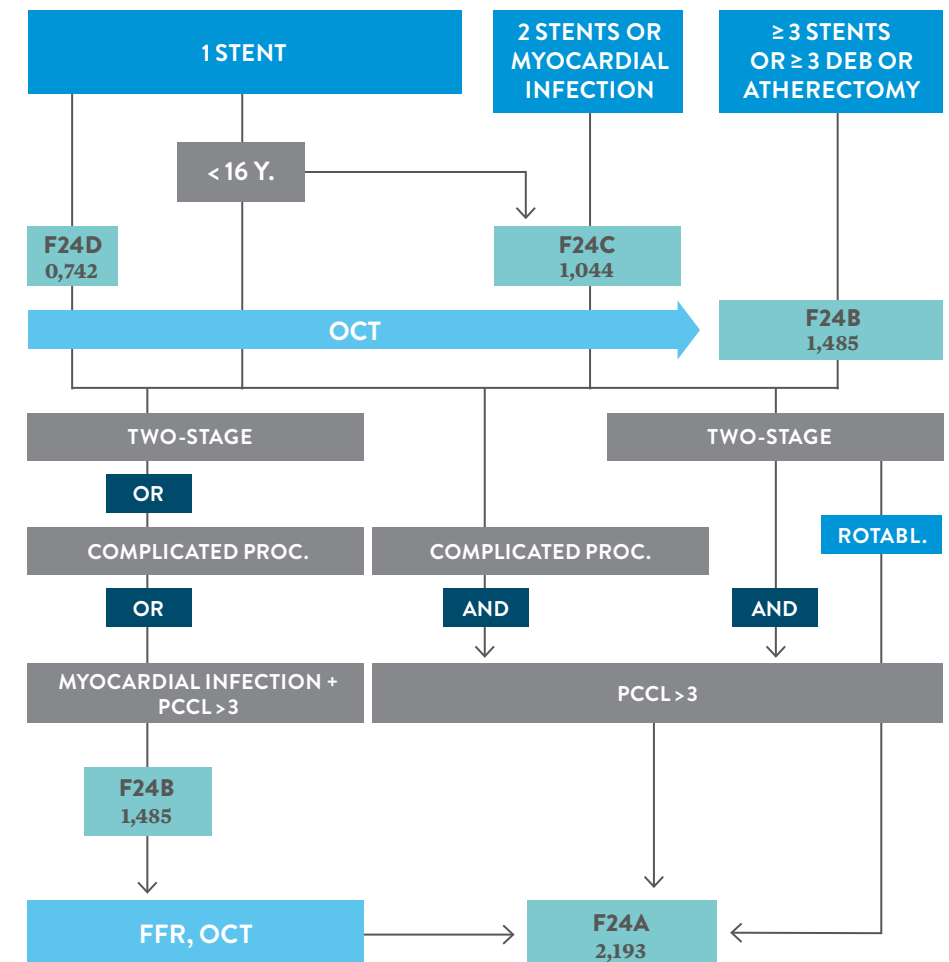
If only one of the criteria of multiple times, complicating procedure, or myocardial infarction with PCCL > 3 applies, DRG F24B is reached.

In cases of multi-stage procedures or complicating procedures combined with extremely severe comorbidities, DRG F24A is assigned.

This DRG classification is also reached if, in addition to one of the criteria for DRG F24B, a diagnostic procedure such as OCT (optical coherence tomography) or FFR (fractional flow reserve measurement) is performed.

The multi-stage use of rotational atherectomy (rotablation) always leads to DRG F24A, without requiring additional conditions.

Figure 2 DRG F24 PTCA - Split Criteria, especially influence of OCT & FFR



DRG	DRG-TEXT: PERCUTANEOUS CORONARY ANGIOPLASTY (PTCA)
F24A	Percutaneous coronary angioplasty (PTCA) with multiple interventions or complicating procedures, and extremely severe CC, or specific diagnosis or specific procedure
F24B	Percutaneous coronary angioplasty (PTCA) with a multi-stage procedure, or complicating procedures, or a specified diagnosis with extremely severe CC and more than one inpatient day, or with two or more drug-eluting balloons and stent implantation, or global insufficiency, or age < 16 years
F24C	Percutaneous coronary angioplasty (PTCA) with two stents, or a complicating diagnosis, or age < 16 years, or global insufficiency, or drug-eluting balloons, or coronary vessel interventions
F24D	Percutaneous coronary angioplasty (PTCA), age > 15 years

With the SwissDRG system 2026, the cost weights have changed again, although the structure of the relevant DRGs in relation to balloon dilatations and stents has remained unchanged. The following table shows cost weights and revenues in addition to the lower limit lengths of stay (more precisely: 1st day with discount) and the lower limit length of stay discounts for the two SwissDRG systems 2025 and 2026.

Table 1 DRG F24 PTCA - Cost Weights (CW), Reimbursement & Maximum LOS

DRG	F24F	F24E	F24D	F24C
CW 2025	1,16	1,465	2,04	2,379
Reimbursement 2025 [CHF]	11'020	13'917,5	19'380	22'600.5
Lower LOS 2025	1	1	1	1
Reduction 2025	0,436	0,484	0,6	0,558
CW 2026	0,742	1,044	1,485	2,193
Reimbursement 2026 [CHF]	7'049	9'918	14'107.5	20'833.5
Lower LOS 2026	1	1	1	1
Reduction 2026	0,193	0,364	0,532	0,505
Diff. Reimb. [CHF]	-3'971	-3'999,5	-5'272,5	-1'767
Diff. Reimb. %	-36,0%	-28,7%	-27,2%	-7,8%

* Reimbursement calculation with base rate: CHF 9'500

Reimbursement uplift through OCT and/or FFR

In the base DRG F24 for PTCA, the codes for FFR and OCT in cases of multi-stage procedures, complicating procedures, or myocardial infarction with extremely severe comorbidities become revenue-relevant, by upgrading these cases—which would otherwise fall under DRG F24B—into the higher-value DRG F24A (see Fig. 1).

In addition, the CHOP code for OCT in cases involving balloon angioplasty (00.66) without stent placement as well as with the placement of one or two stents* is revenue-relevant. These cases, which are mapped to DRGs F24D and F24C, are all upgraded by coding of an OCT to the higher-value DRG F24B (see Fig. 1).

The cost weights, revenues, and length-of-stay cutoffs for DRG F24 for 2025 and 2026 can be found in Table 1 as well as in the DRG Table F24 in the appendix.

For 2026, the following revenue increases result from the coding of FFR or OCT (with a base rate of 9,500 CHF) for Percutaneous Coronary Angioplasty (PTCA) in regular patients (inliers):

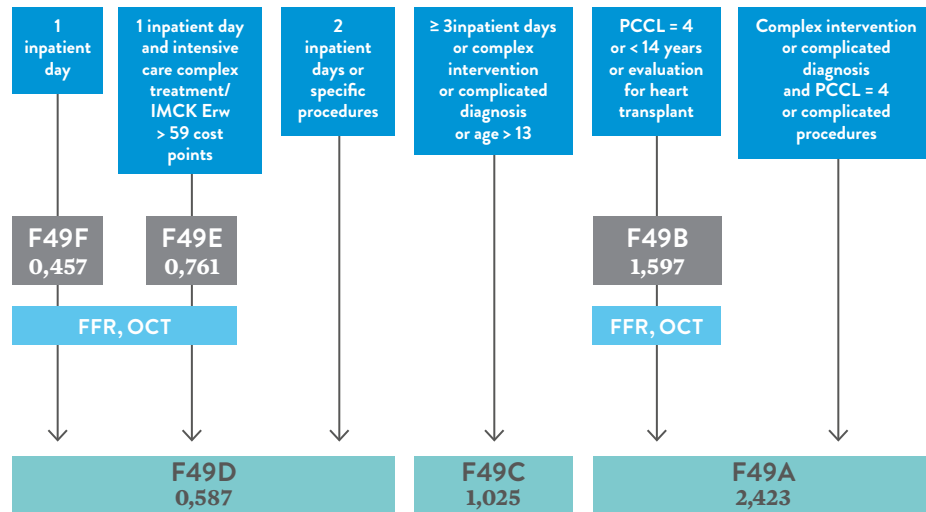
	Uplift with	Difference in cost weight with vs without FFR / OCT	Difference in proceeds with vs without FFR / OCT
0 stent, >15 yrs.	OCT	0,74	7'058.50 CHF
>1 & <3 stents or compl. diagn.	OCT	0,44	4'189.50 CHF
Two-staged procedure or compl. procedure or spec. diagn. w/ PCCL = 4	OCT, FFR	0,71	6'726.00 CHF

* Excluding complex or complicated procedures, multi-stage interventions, or extremely severe comorbidities.

CORONARY DIAGNOSTICS WITH OCT & FFR

In the base DRG F49 for invasive cardiological diagnostics, the CHOP codes for FFR and OCT shift the cases from DRG F49F to DRG F49E and from DRG F49B to DRG F49A.

Figure 3 DRG F49 Invasive cardiological diagnostics except for acute myocardial infarction – split Criteria, in particular influence of OCT & FFR



With the SwissDRG system for 2026, there have been structural changes to the base DRG F49, as well as the usual changes to the cost weights. The following table shows the cost weights and revenues, along with the lower length-of-stay thresholds (notably: the 1st day with a discount) and the lower length-of-stay discounts for the two SwissDRG systems for 2025 and 2026.

Table 2 DRG F49 Invasive cardiological diagnostics except for acute myocardial - Cost Weights (CW), Reimbursement & Minimum LOS

DRG	F49F	F49E	F49D	F49C	F49B	F49A
CW 2025		0,475	0,61	1,021	1,76	3,292
Reimbursement 2025 [CHF]		4'512,5	5'795	9'699,5	16'720	31'274
Lower LOS 2025				1	1	4
Reduction 2025				0,382	0,669	0,589
CW 2026	0,457	0,761	0,587	1,025	1,597	2,423
Reimbursement 2026 [CHF]				1	1	3
Lower LOS 2026				0,388	0,577	0,526
Reduction 2026	4'341,5	7'229,5	5'576,5	9'737,5	15'171,5	23'018,5
Diff. Reimb. [CHF]		2'717,00	-218,5	38,00	-1'548,5	-8'255,5
Diff. Reimb. %		60,2%	-3,8%	0,4%	-9,3%	-26,4%

* Reimbursement calculation with base rate: CHF 9'500

Reimbursement uplift through OCT and/or FFR

The coding of OCT (37.2A.12) or FFR (37.2A.21) results in the following increases in reimbursement (at a base rate of CHF 9'500) in diagnostic procedures for 2026 due to the coding of FFR or OCT:

	Difference in cost weight with vs without FFR / OCT	Difference in proceeds with vs without FFR / OCT
1 Occupancy day	0,304	2'888.00 CHF*
PCCL=4 or eval. for heart transpl.	0,826	7'847.00 CHF

* editorial note: no change for 1 occupancy day)

In case constellations with 2 days of hospitalization or certain procedures, there is no further increase in revenue from coding OCT or FFR. The same applies to complex procedures, complicating diagnoses, or patients older than 13 years.

ANNEX

IMPORTANT DRG FLAT RATES FOR PERCUTANEOUS CORONARY INTERVENTION

DRGs for percutaneous coronary angioplasty (PTCA)

DRG	DESCRIPTION	Cost weighting with asset utilisation costs (ANK)	Average LOS	First day with reduction	Cost weight / day	First day with surcharge	Cost weight / day
F24A	Percutaneous coronary angioplasty (PTCA) with multiple interventions or complicating procedures, and extremely severe CC, or specific diagnosis or specific procedure	2,193	5,7	1	0,505	12	0,19
F24B	Percutaneous coronary angioplasty (PTCA) with multiple interventions or complicating procedures or specific diagnosis with extremely severe CC with three or more stents and global insufficiency	1,485	3,7	1	0,532	8	0,22
F24C	Percutaneous coronary angioplasty (PTCA) with three or more stents or complex procedure or with two stents or with complicating diagnosis or age < 16 years and global insufficiency	1,044	3,3	1	0,364	7	0,194
F24D	Percutaneous coronary angioplasty (PTCA) with two stents	0,742	2,3	1	0,193	4	0,122
F24E	Percutaneous coronary angioplasty (PTCA) with complicating diagnosis or age < 16 years	2,193	5,7	1	0,505	12	0,19

DRGs for invasive cardiological diagnostics except for acute myocardial infarction

DRG	DESCRIPTION	Cost weighting with asset utilisation costs (ANK)	Average LOS	First day with reduction	Cost weight / day	First day with surcharge	Cost weight / day
F49A	Invasive cardiological diagnostics except for acute myocardial infarction with complex intervention or with complicating diagnosis, and extremely severe CC or complicating procedure	2,423	13,6	3	0,526	27	0,161
F49B	Invasive cardiological diagnostics except for acute myocardial infarction with extremely severe CC or age < 14 years or evaluation for heart transplantation	1,597	6,6	1	0,577	18	0,141
F49C	Invasive cardiac diagnostics except for acute myocardial infarction with complex intervention or with complicating diagnosis or age > 13 years	1,025	6	1	0,388	13	0,098
F49D	Invasive cardiological diagnostics except for acute myocardial infarction, 2 days of occupancy or certain procedures	0,587	1,6				
F49E	Invasive cardiological diagnostics except in cases of acute myocardial infarction, one day of hospitalization without specific procedures and intensive medical complex treatment/IMCK Erw > 59 cost points	0,761	1				
F49F	Invasive cardiological diagnostics except for acute myocardial infarction, one admission day without specific procedure	0,457	1				

GLOSSARY / ABBREVIATIONS

CC

Comorbidities and Complications (Basis for calculating the PCCL value)

CW

Cost Weight of a DRG

CHOP

Swiss classification of operations

DEB

Drug Eluting Balloon

DIMDI

Federal Insititute for Drugs and Medical Devices

DRG

Diagnosis Related Group

ICD-10-GM

International Classification of Diseases 10, German Modification

OCT

Optical Coherence Tomography

PCCL

Patient Comorbidity and Complexity Level (patient related total degree of disease)

PCI

Percutaneous Coronary Intervention

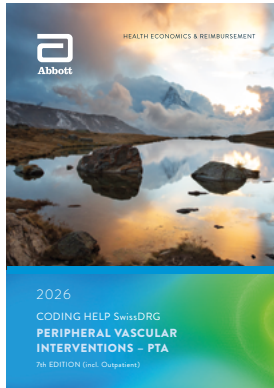
POBA

Plain Old Balloon Angioplasty
(Balloon dilatation without additional procedure)

PTCA

Percutaneous transluminal coronary angioplasty
(Perkutane transluminale Koronarangioplastie)

YOU COULD ALSO BE INTERESTED IN



Coding help SwissDRG
Coronary interventions – PCI

Further information and coding helps can be found under:

<https://www.cardiovascular.abbott/de/de/hcp/reimbursement.html>

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Sources:

- A) Deutsches Institut für Medizinische Dokumentation und Information (DIMDI): ICD10GM Version 2024:
https://www.bfarm.de/DE/Kodiersysteme/News/ICD-10-GM_2024_BfArM_veroeffentlicht_endgueltige_Fassung.html
- B) Bundesamt für Statistik BFS: Schweizerische Operationsklassifikation (CHOP), Version 2026:
<https://www.bfs.admin.ch/bfs/de/home/statistiken/gesundheitsnomenklaturen/medkk/instrumente-medizinische-kodierung.assetdetail.36016195.html>
- C) SwissDRG AG: SwissDRGVersion 15.0, Abrechnungsversion (2026/2026):
<https://www.swissdrg.org/de/akutsomatik/swissdrg-system-1502026/fallpauschalenkatalog>

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