HEALTH ECONOMICS & REIMBURSEMENT

CARDIOMEMS™ HF SYSTEM CODING GUIDE

Hospital Inpatient

Effective October 1, 2026 to September 30, 2027

Hospital Outpatient, Ambulatory Surgical Center, Physician

Effective January 1, 2026 to December 31, 2026

MAT-2600122 v20.0

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OVERVIEW

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product's labeling. This content includes information regarding coverage, coding and reimbursement.

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IMPORTANT NOTE

Medicare participation varies by provider. The payment rates shown are the National Average Medicare payment rates. Reimbursement listed may not apply to all institutions despite Medicare participation.

REIMBURSEMENT SUPPORT

REIMBURSEMENT HOTLINE

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

8 a.m. to 5 p.m. CT, Monday – Friday
Call (855) 569-6430
Email hce@abbott.com

This content and supporting documents are available at
www.cardiovascular.abbott/us/en/hcp/reimbursement

REIMBURSEMENT FIELD TEAM

To contact a reimbursement specialist for coverage, coding or payment questions, scan the QR code or send an email to abbotteconomics@abbott.com.

MEDICARE

NATIONAL COVERAGE DETERMINATION

On January 13, 2025 the Centers for Medicare and Medicaid Services (CMS) issued a National Coverage Determination (NCD) 20.36, to cover Implantable Pulmonary Artery Pressure Sensors (IPAPS) for Heart Failure Management under Coverage with Evidence Development (CED). See detailed information through the following link: www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=378&ncdver=1

The CardioMEMS™ HF System CED study is approved by CMS for the IPAPS NCD. Medicare beneficiaries, including previously denied Medicare Advantage patients, will have access to the CardioMEMS HF System when policy criteria is met.

MEDICARE ADVANTAGE AND COMMERCIAL PAYERS

Medicare Advantage plans are required to follow Medicare coverage policies, such as NCD or LCD.

The CardioMEMS™ HF System CED study is approved by CMS for the IPAPS NCD. Medicare beneficiaries, including previously denied Medicare Advantage patients, will have access to the CardioMEMS HF System when policy criteria is met.
Please refer to www.cms.gov/medicare/coverage/coverage-evidence-development/implantable-pulmonary-artery-pressure-sensors-heart-failure-management.

Third party commercial payers may have their own coverage policies and may also require prior authorization; please check with your payers for any requirements.

Additional materials are available for physicians when seeking coding guides, prior authorization, Medicare resource and webinars. These materials can be accessed on the Abbott Heart Failure Resource Center webpage at www.cardiovascular.abbott/us/en/hcp/reimbursement/hf.html.

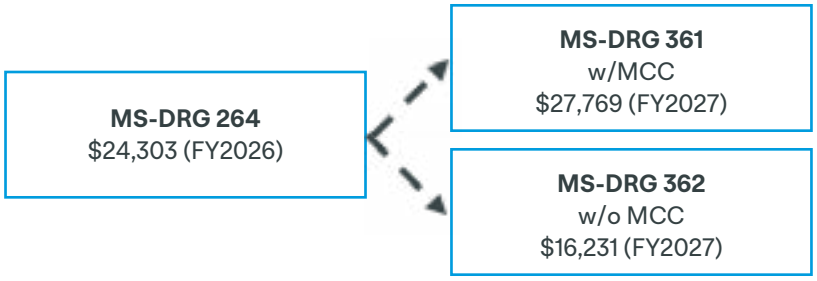
HOSPITAL INPATIENT[3]

Effective October 1, 2026 to September 30, 2027

ICD-10-PCS CODES[6]

ICD-10-PCS CODE[6]	DESCRIPTION	TYPICAL MS-DRG	MEDICARE RATE
02HQ30Z	Insertion of pressure sensor monitoring device into right pulmonary artery, percutaneous approach	with MCC 361	$27,769
02HR30Z	Insertion of pressure sensor monitoring device into left pulmonary artery, percutaneous approach	without MCC 362	$16,231

CMS has deleted MS-DRG 264 (Other Circulatory System O.R. Procedures) and split into two new MS-DRGs 361 and 362 (Other Circulatory System O.R. Procedures with and without MCC, respectively) (beginning October 1, 2026)



- 34% of CardioMEMS™ HF System inpatient procedures are performed on Traditional Medicare patients
- Approximately 20-25% of CardioMEMS™ HF System procedures are performed in an inpatient setting

Analysis: Evaluated historical CardioMEMS™ HF System claims data to estimate impact/risk for MS-DRG reassignment.

Key Details of MCC (Major Complication or Comorbidity)

- **Definition:** A serious extra condition that makes treating the main disease harder.
- **Complication vs. Comorbidity:** A complication starts during the hospital stay, while a comorbidity is a pre-existing condition present before admission.
- **Common Examples:** Acute kidney failure, severe sepsis, and acute respiratory failure.
- **Payment Impact:** Triggers higher reimbursement rates in the hospital billing system than regular complications or basic cases.

COMMON EXAMPLES OF MCCs USED WITH MS-DRG 264

DIAGNOSIS CODES	DESCRIPTION
I50.33	Acute on chronic Heart Failure
I50.23	Acute on chronic Heart Failure
I50.43	Acute on chronic Heart Failure
J96.01	Acute respiratory failure with hypoxia
J96.21	Acute respiratory failure with hypoxia
R57.0	Cardiogenic shock
I21.A1	Myocardial infarction type 2 (type 2 MI)
J18.9	Pneumonia, unspecified organism
E43	Unspecified severe protein-calorie malnutrition
N17.0	Acute kidney failure with tubular necrosis
J96.22	Acute respiratory failure with hypercapnia
N18.6	End stage renal disease (ESRD)
G93.43	Metabolic encephalopathy
U07.1	COVID-19
I26.99	Other Pulmonary embolism without acute corpulmonale
J96.02	Acute respiratory failure with hypercapnia

HOSPITAL OUTPATIENT-ASC[2, 7]

Effective January 1, 2026 to December 31, 2026

		HOSPITAL OUTPATIENT			ASC		
CPT‡ CODE	DESCRIPTION	SI	APC	APC RATE	PI	MPPR	ASC 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	$29,305	J8	NA	$26,145
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.	Q1	5741	$38	NA	NA	NA

Please refer to the Institutional Claim Form for the CardioMEMS™ HF System implant for Medicare and Medicare Advantage claims at: www.cardiovascular.abbott/us/en/hcp/reimbursement/hf/coding-coverage.html

(+): Indicates add-on code. List add-on code separately in addition to code for primary procedure
*: 2024 Final rule approved CardioMEMS™ HF System in the Ambulatory Surgical Setting (ASC) setting
J1: Hospital Part B services paid through a comprehensive APC
J8: Device-intensive procedures; paid at adjusted rate
MPPR: Multiple procedure payment reduction
NA: There is no established Medicare payment in this setting
PI: Payment indicator
SI: Status indicator
See Important Safety Information referenced within on page 10

PHYSICIAN[1]

Effective January 1, 2026 to December 31, 2026

CPT‡ CODE	DESCRIPTION	PHYSICIAN		
		WORK RVU	FACILITY RATE	OFFICE 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	5.85	$284	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.	0.68	$30	$53
93290	In-person interrogation device evaluation with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system including analysis of one or more recorded physiologic cardiovascular data elements from all internal and external sensors.	0.42	NA	$52

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), interpretations(s), trend analysis, and report(s) does 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.

Please refer to the Professional Claim Form for the CardioMEMS™ HF System implant for Medicare and Medicare Advantage claims at: www.cardiovascular.abbott/us/en/hcp/reimbursement/hf/coding-coverage.html

NA: There is no established Medicare payment in this setting

ADDITIONAL CODES

Effective January 1, 2026 to December 31, 2026

HCPCS[5]

Level II HCPCS codes, including C-codes, are used in conjunction with the Medicare Prospective Payment System for outpatient procedures only. Medicare Hospital Outpatient Prospective Payment System (OPPS) requires providers to report device category C-codes on claims to improve the claims data used to annually update the OPPS payment rates.

C-CODE	DESCRIPTION	MEDICALLY UNLIKELY EDIT*	MEDICARE RATE
CARDIOMEMS REPLACEMENT ACCESSORIES AND SUPPLIES			
G0555	Replacement Patient Electronic System	1	Carrier priced

For replacements of the CardioMEMS Patient Electronic System (PES) to the CardioMEMS™ HERO 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 or HERO please contact Acelis at www.cardiovascular.abbott/us/en/campaigns/acelis-inr-vad-services.html

Payment is determined by your commercial payer or Medicare Administrative Contractor (MAC), 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 the RA modifier should be used.

***Medically Unlikely 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. Replacement of a durable medical equipment (DME), orthotic, or prosthetic item. See www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits

ICD-10-CM CODES[4]

ICD-10-CM CODE	DESCRIPTION
ICD CODES THAT MAY APPLY	
Z95.818	Presence of other cardiac implants or grafts
I50.1	Left ventricular failure
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 on chronic 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
I50.812	Chronic right heart failure
I50.82	Bi-Ventricular heart failure

This list is a partial list of possible diagnosis codes and it is not meant to be an exhaustive 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.

RESOURCES

ACRONYM DEFINITIONS

ACRONYM	DEFINITION
APC	Ambulatory Payment Classification
ASC	Ambulatory Surgical Center
CC	Complications or Comorbidities
CMS	Centers for Medicare & Medicaid Services
HCPCS	Healthcare Common Procedure Coding System
LCD	Local Coverage Determination
MCC	Major Complications or Comorbidities
MPPR	Multiple Procedure Payment Reduction
MS-DRG	Medicare Severity Diagnosis Related Group
NCD	National Coverage Determination
NTAP	New Technology Add-on Payment
PI	Payment Indicator
RVU	Relative Value Unit
SI	Status Indicator

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 CY2026 Payment Rates. CMS-1832-F: https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f
2. Hospital Outpatient Prospective Payment CY2026- Notice of Final Rulemaking with Comment Period (NFRM) CMS 1834-FC: https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc
3. Hospital Inpatient Prospective Payment-FY 2027 IPPS Final Rule Home Page 1849-F: https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2027-ipps-final-rule-home-page
4. CMS 2027 ICD-10-CM: https://www.cms.gov/medicare/coding-billing/icd-10-codes
5. CMS Alpha-Numeric Index HCPCS code set: https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS
6. CMS 2027 ICD-10-PCS Procedure Coding System and Index: https://www.cms.gov/files/document/2027-official-icd-10-pcs-coding-guidelines.pdf
7. Ambulatory Surgical Center Payment CY2026 - Notice of Final Rulemaking with Comment Period (NFRM). CMS-1834-FC: https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices/cms-1834-fc
8. CMS National Coverage Determination: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=378&ncdver=1
9. CMS Coverage with Evidence Development: https://www.cms.gov/medicare/coverage/evidence

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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Abbott
6101 Stoneridge Dr, Pleasanton, CA 94588 USA Tel: 1.925.847.8600
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