HEALTH ECONOMICS & REIMBURSEMENT

CONGENITAL DEFECTS CODING GUIDE

Hospital Inpatient

Effective October 1, 2026 to September 30, 2027

Hospital Outpatient and Physician

Effective January 1, 2026 to December 31, 2026

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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.

HOSPITAL INPATIENT[1]

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MEDICARE NATIONAL AVERAGE REIMBURSEMENT INFORMATION

The rates in the table below are the national average reimbursement rates.[3] For hospital specific rates, please contact your local Abbott representative.

TYPICAL MS-DRG	MEDICARE RATE
ATRIAL SEPTAL DEFECT	
273 with MCCs	$31,761
274 without MCCs	$24,620
PATENT DUCTUS ARTERIOSUS	
270 with MCCs	$38,914
271 with CCs	$26,581
272 without CC/MCC	$18,365
VENTRICULAR SEPTAL DEFECT	
228 with MCCs	$36,694
229 without MCCs	$25,421

PROCEDURE CODES[2]

ICD-10-PCS CODE	DESCRIPTION
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

HOSPITAL OUTPATIENT[3] & PHYSICIAN[4]

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		HOSPITAL OUTPATIENT			PHYSICIAN	
CPT‡ CODE[5]	DESCRIPTION	SI	APC	APC RATE	WORK RVU	FACILITY RATE
ATRIAL SEPTAL DEFECT						
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., fontan fenestration, atrial septal defect) with implant	J1	5194	$18,729	7.30	$844
PATENT DUCTUS ARTERIOSUS						
93582	Percutaneous transcatheter closure of patent ductus arteriosus	J1	5194	$18,729	3.00	$571
VENTRICULAR SEPTAL DEFECT						
93581	Percutaneous transcatheter closure of congenital ventricular septal defect with implant	J1	5194	$18,729	23.78	$1,146

PROCEDURAL IMAGING		HOSPITAL OUTPATIENT			PHYSICIAN	
CPT‡ CODE[5]	DESCRIPTION	SI	APC	APC RATE	WORK RVU	FACILITY RATE
TRANSEOPHAGEAL ECHOCARDIOGRAPHY (TEE)**						
93355**	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to the code for primary procedure	NA	NA	NA	4.54	$192
INTRACARDIAC ECHOCARDIOGRAPHY (ICE)						
+93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	NA	NA	NA	1.40	$69

For physician* non-congenital post myocardial infarction (MI) ventricular septal defects, two codes can be utilized:

- 93799 - Unlisted cardiovascular service or procedure, or,
- 33999 - Unlisted procedure, cardiac surgery

The unlisted code should be submitted with a crosswalk code similar in scope and complexity to the unlisted procedure being performed.

J1: Hospital Part B services paid through a comprehensive APC
SI: Status indicator
(+): Indicates add-on code. List add-on code separately in addition to code for primary procedure
NA: There is no established Medicare payment in this setting
**Note that 93355 is bundled and not separately payable when reported on the same physician claim as the primary procedure or with anesthesia services[6]

ADDITIONAL CODES

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HCPCS DEVICE CATEGORY C-CODES[7]

C-CODES[7]	DESCRIPTION
C1817	Septal defect implant system, intracardiac
C1769	Guide wire

ICD-10-CM DIAGNOSIS CODES[8]

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 CODES[8]	DESCRIPTION
Q21.10	Atrial septal defect, unspecified
Q21.11	Secundum atrial septal defect
Q21.12	Patent foramen ovale
Q21.19	Other specified atrial septal defect

RESOURCES

ACRONYM DEFINITIONS

ACRONYM	DEFINITION
CC	Complications or Comorbidities
CMS	Centers for Medicare & Medicaid Services
CPT‡	Current Procedural Terminology
ICE	Intracardiac Echocardiography
MCC	Major Complications or Comorbidities
MS-DRG	Medicare Severity Diagnosis Related Group
MI	Myocardial Infarction
TEE	Transeophageal Echocardiography

REFERENCES

1. Hospital Inpatient Prospective Payment-Final Rule Home Page FY 2027 CMS-1849-F. https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2027-ipps-final-rule-home-page
2. CMS 2027 ICD-10-PCS. https://www.cms.gov/files/document/2026-official-icd-10-pcs-coding-guidelines.pdf
3. CMS 2026 Hospital Outpatient Prospective Payment-Final Rule Home Page CMS-1834-FC. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc
4. Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2026. CMS-1832-F. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f
5. CPT‡ Coding Guidelines. American Medical Association. https://www.ama-assn.org/
6. National Correct Coding Initiative Edit. https://www.cms.gov/national-correct-coding-initiative-ncci
7. CMS Alpha-Numeric Index HCPCS code set. https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/alpha-numeric
8. CMS 2027 ICD-10-CM. https://www.cms.gov/medicare/coding-billing/icd-10-codes

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