HEALTH ECONOMICS & REIMBURSEMENT

LEFT ATRIAL APPENDAGE CLOSURE (LAAC) 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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TABLE OF CONTENTS

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
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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 COVERAGE

CMS provides coverage for LAAC under Coverage with Evidence Development.[1] Among the coverage criteria specified in this National Coverage Determination (NCD): LAAC devices are covered when the device has received Food and Drug Administration (FDA) Premarket Approval (PMA) for that device's FDA-approved indication and meet all of the conditions specified in the NCD.

The patient must have:

- A CHADS2 score ≥ 2 (Congestive heart failure, Hypertension, Age > 75, Diabetes, Stroke/transient ischemia attack/thromboembolism) or CHA2DS2-VASc score ≥ 3 (Congestive heart failure, Hypertension, Age ≥ 65, Diabetes, Stroke/transient ischemia attack/ thromboembolism, Vascular disease, Sex category).
- A formal shared decision making interaction with an independent non-interventional physician using an evidence-based decision tool on oral anticoagulation in patients with NVAF prior to LAAC. Additionally, the shared decision making interaction must be documented in the medical record.
- A suitability for short-term warfarin but deemed unable to take long-term oral anticoagulation following the conclusion of shared decision making, as LAAC is only covered as a second line therapy to oral anticoagulants. The patient (preoperatively and postoperatively) is under the care of a cohesive, multidisciplinary team (MDT) of medical professionals. The procedure must be furnished in a hospital with an established structural heart disease (SHD) and/or electrophysiology (EP) program.

The procedure must be performed by an interventional cardiologist(s), electrophysiologist(s), or cardiovascular surgeon (s) that meet certain requirements.

The patient is enrolled in, and the multidisciplinary team (MDT) and hospital must participate in, a prospective, national, audited registry that: 1) consecutively enrolls LAAC patients and, 2) tracks the specific annual outcomes for each patient for a period of at least 4 years from the time of the LAAC.

MEDICARE CLAIM FORM INSTRUCTIONS

Additional coding requirements are necessary for LAAC cases enrolled in the LAAO Registry.
For additional considerations for private payer and Medicare Advantage plans, please reference the coverage section of this guide.

CLAIMS SIGNIFYING PATIENT IS PARTICIPATING IN A STUDY	PROFESSIONAL CLAIM FORM (CMS 1500-837P)	INSTITUTIONAL CLAIM FORM (UB-04-837i)
National Clinical Trial (NCT) Number	National Clinical Trial Number is required for cases enrolled in the TVT Registry. For Form UB-04 paper claims, enter **CT02699957** in the value amount, value code D4. For 837I electronic claims, enter 02699957 in Loop 2300 REF02 (REF01 = P4)	National Clinical Trial (NCT) Number is required for cases enrolled in the TVT Registry. For Form UB-04 paper claims, enter **CT02699957** in the value amount, value code D4. For 837I electronic claims, enter 02699957 in Loop 2300 REF02 (REF01 = P4)
Modifier Q0	Use for physician claims for cases enrolled in the LAAO Registry	Not applicable
Modifier -62	Use for physician claims for LAAO procedure to indicate participation of two surgeons/co-surgeons	Not applicable
Place of Service 21	Inpatient Hospital	Inpatient Hospital
Secondary Diagnosis Code Z00.6	Z00.6 – Encounter for the examination for normal comparison and control in clinical research program – required for inclusion in LAAO Registry	Not applicable
Condition Code 30	Not applicable	Condition code is required for cases enrolled in the TVT Registry
Revenue Code 278	Not applicable	Medical/surgical supplies and devices: Other implants. A revenue code must be included on all claims

COVERAGE

MEDICARE ADVANTAGE

Medicare Advantage plans must cover LAAC therapy consistent with the National Coverage Determination (NCD):

- Medicare Advantage plans may not impose more restrictive coverage criteria than detailed in the NCD.
- Medicare Advantage plans may use prior authorization/precertification to ensure compliance with the NCD.

Please reach out directly to Medicare Advantage plan administrators to understand any specific prior authorization/pre-certification requirements that may apply.

PRIVATE PAYERS

- Private payer plans vary significantly in coverage and compliance requirements for LAAC.
- Private payers should be consulted in advance of the procedure to verify terms and conditions of coverage.
- Please check with your payer regarding appropriate coding and payment information.
- Commercial payer payment methods vary for reimbursing inpatient services including case rates, percent of billed charges, DRGs, and device carve outs.
- Commercial payer policies vary on details such as prior authorization requirements.

Please consult the private payer directly to ensure complete understanding of any relevant coverage policies and billing requirements.

HOSPITAL INPATIENT[2]

Effective October 1, 2026 to September 30, 2027

MEDICARE NATIONAL AVERAGE REIMBURSEMENT INFORMATION

TYPICAL MS-DRG	MEDICARE RATE
PERCUTANEOUS INTRACARDIAC PROCEDURE	
273 with MCCs	$31, 781
274 without MCCs	$24,620
CONCOMITANT LEFT ATRIAL APPENDAGE CLOSURE AND CARDIAC ABLATION	
317 all cases	$52,381

INPATIENT ONLY PROCEDURE

The LAAC procedure is designated by CMS as an Inpatient-Only Procedure. This means there is no designated APC payment for the LAAC procedure nor a C-Code for the LAAC device. For non-Medicare Fee For Service payers who may request LAAC be done in the outpatient setting, consult with the payer on relevant billing instructions and the reimbursement.

PROCEDURE CODES[3]

ICD-10-PCS CODE	DESCRIPTION
02L73DK	Occlusion of left atrial appendage with intraluminal device, percutaneous approach

PHYSICIAN[4]

Effective January 1, 2026 to December 31, 2026

PHYSICIAN IMPLANTER[4]		PHYSICIAN		
CPT‡ CODE[5]	DESCRIPTION	WORK RVU	FACILITY RATE	OFFICE RATE
LEFT ATRIAL APPENDAGE CLOSURE				
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	9.99	$619	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)	1.40	$69	NA

PROCEDURAL IMAGING[4]		PHYSICIAN		
CPT‡ CODE[5]	DESCRIPTION	WORK RVU	FACILITY RATE	OFFICE RATE
TRANSESOPHAGEAL 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	4.54	$192	NA

(+): 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[7]

ADDITIONAL CODES

Effective January 1, 2026 to December 31, 2026

DIAGNOSIS CODES[7]

Below are the ICD-10-CM codes currently included in the NCD for Left Atrial Appendage Occlusion (LAAO).[3] It is the responsibility of the hospital and physician to determine the appropriate diagnosis code(s) for each patient. As discussed above, participation in the LAAO Registry is a requirement of LAAC coverage. Secondary ICD-10-CM diagnosis code Z00.6 should be used to denote clinical trial participation for these LAAC claims.[7]

ICD-10-CM CODES[7]	DESCRIPTION
Z00.6	Encounter for exam for normal comparison and control in clinical research program
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.91	Unspecified atrial fibrillation

DOCUMENTATION OF PATIENT COMORBIDITIES

Patient complications and comorbidities should be identified on admission. Ensure the documentation addresses the acuity, treatment of the comorbidity while in the hospital, and the status on discharge. Always use the most detailed and appropriate code available versus defaulting to an "unspecified" code. It is the responsibility of the hospital or physician to determine appropriate coding for a particular patient and/or procedure. For reference, below are the common major complications and comorbidities on LAAC claims.[8]

ICD-10-CM CODES[7]	DESCRIPTION
A41.9	Sepsis, unspecified organism
E43	Unspecified severe protein-calorie malnutrition
G93.41	Metabolic encephalopathy
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I50.23	Acute on chronic systolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
J18.9	Pneumonia, unspecified organism
J69.0	Pneumonitis due to inhalation of food and vomit
J96.01	Acute respiratory failure with hypoxia
J96.21	Acute and chronic respiratory failure with hypoxia
K25.4	Chronic or unspecified gastric ulcer with hemorrhage
K31.811	Angiodysplasia of stomach and duodenum with bleeding
K55.21	Angiodysplasia of colon with hemorrhage
N17.0	Acute kidney failure with tubular necrosis
N18.6	End stage renal disease
R57.0	Cardiogenic shock
R57.1	Hypovolemic shock
R57.8	Other shock

ADDITIONAL CODES

Effective January 1, 2026 to December 31, 2026

PHYSICIAN ICD-10-CM DIAGNOSIS CODES[7]

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RESOURCES

PRIOR AUTHORIZATION CHECKLIST FOR IMPLANTING PHYSICIAN(S)

This checklist is provided as a summary of the information used to process Prior Authorization Requests for Left Atrial Appendage Closure (LAAC) Intervention procedures. This list of codes is not all-inclusive. Please check your patient's benefit administrator's prior authorization requirements before submitting a prior authorization request. Please do not include this form in your submission to the payer.

ICD-10-CM CODES[7]	DESCRIPTION	INCLUDED
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal uncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	☐

The following clinical information may be required when submitting a prior authorization request for the aforementioned CPT‡ codes. This information is subject to change. Please check your patient's benefit administrator's prior authorization requirements before submitting a prior authorization request.

SUGGESTED INFORMATION TO INCLUDE WITH PRIOR AUTHORIZATION	INCLUDED
ICD Diagnosis and indication for procedure	☐
Relevant history and physical to include member symptoms and pertinent findings due to atrial fibrillation	☐
Treatments tried, failed and/or contraindicated, including pharmacologic therapy, if applicable	☐
CHADS2 or CHA2DS2-VASC score	☐
Diagnostic images (e.g., angiography, transesophageal echocardiography (TEE), intracardiac echocardiography (ICE), or pre-procedural cardiac CT) to rule out the presence of intracardiac thrombus and presence of pericardial effusion, or to measure the left atrial appendage	☐

Note for combined procedures mapping to DRG 317, the multiple procedure payment reduction may apply.

RESOURCES

ECHOCARDIOGRAPHER CLAIM CHECKLIST

This checklist is provided as a summary of the information used to process claims for LAAC per CMS's NCD 20.34.[1] It is the responsibility of the hospital and/or physician to determine appropriate coding for a particular patient and / or procedure. Any claim should be coded appropriately and supported with adequate documentation in the medical record.

CODES/MODIFIERS/OTHER	WHEN USED	INCLUDED	NA
DIAGNOSIS CODES[7]			
Z00.6 Examination of a participant in a clinical trial	All cases	☐	☐
I48.0 Paroxysmal atrial fibrillation	When appropriate	☐	☐
I48.11 Longstanding persistent atrial fibrillation	When appropriate	☐	☐
I48.19 Other persistent atrial fibrillation	When appropriate	☐	☐
I48.20 Chronic atrial fibrillation, unspecified	When appropriate	☐	☐
I48.21 Permanent atrial fibrillation	When appropriate	☐	☐
I48.91 Unspecified atrial fibrillation	When appropriate	☐	☐
CPT‡ CODES[5]			
93355 TEE for intraprocedural monitoring	All cases	☐	☐
CPT‡ CODE MODIFIERS			
-Q0: Investigational / Routine clinical service provided in a clinical research study that is in an approved clinical research study.	All cases	☐	☐
NCT NUMBER			
02699957	All cases	☐	☐

RESOURCES

ACRONYM DEFINITIONS

ACRONYM	DEFINITION
CMS	Centers for Medicare & Medicaid Services
CPT‡	Current Procedural Terminology
EP	Electrophysiology
FDA	Food and Drug Administration
LAAC	Left Atrial Appendage Closure
LAAO	Left Atrial Appendage Occlusion
LCD	Local Coverage Determination
MCC	Major Complications or Comorbidities
MDT	Multidisciplinary Team
MS-DRG	Medicare Severity Diagnosis Related Group
NCD	National Coverage Determination
NCT	National Clinical Trial
NSTEMI	Non-ST-Segment Elevation Myocardial Infarction
NVAF	Non-Valvular Atrial Fibrillation
PMA	Premarket Approval
SHD	Structural Heart Disease
TEE	Transesophageal Echocardiography
TVT	Transcatheter Valve Therapy Registry

REFERENCES

1. CMS National Coverage Determination (NCD) for Percutaneous Left Atrial Appendage Closure (LAAC) (20.34): https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=367
2. 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
3. CMS 2027 ICD-10-PCS Procedure Coding System and Index: https://www.cms.gov/files/document/2027-official-icd-10-pcs-coding-guidelines.pdf
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 2027 ICD-10-CMS. https://www.cms.gov/medicare/coding-billing/icd-10-codes
8. MLN Matters Articles 2010-2016 Index-Percutaneous Left Atrial Appendage Closure (LAAC)-(MM9638). https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r192ncd.pdf
9. Medicare Claims Processing Manual, Chapter 12, Section 40.8, Section B-Billing Instructions. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
10. Medicare Inpatient Hospital Standard Analytical Files. 2023. Acclaim Data Analytics. Data set on file.

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