HEALTH ECONOMICS & REIMBURSEMENT

AMPLATZER PICCOLO™ OCCLUDER 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-2600658 v10.0

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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.

COVERAGE CONSIDERATIONS FOR DEVICES INTENDED FOR PREMATURE INFANTS

The Amplatzer Piccolo™ Occluder is intended for very small infants; as a result, it is likely that pediatric patients will have private payer coverage or Medicaid.

In some cases, these patients may have no insurance coverage. While it is not likely that these patients will be Medicare beneficiaries, we refer to Medicare payment rates in this guide as baseline or payment references for providers.

PRIVATE PAYER COVERAGE

Most private payers currently cover percutaneous PDA closure with the Amplatzer Duct Occluder II. Check with your private payers for specific coverage policies regarding the Amplatzer Piccolo™ Occluder. Prior authorization is recommended if possible.

MEDICAID COVERAGE

Babies who are born premature often may qualify for Supplemental Security Income (SSI) and Medicaid. Qualification for SSI is based on the child's birth weight and/or gestational age as well as family income and assets.

In many states, a baby who receives SSI benefits maybe automatically eligible for Medicaid to help pay for health care costs. Parents may be able to apply for SSI benefits for their child at a local Social Security Administration office or be directed to the office where they can apply for Medicaid.[1]

HOSPITAL INPATIENT[3]

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HOSPITAL SERVICES

Patients are likely to receive the Amplatzer Piccolo™ Occluder during their initial inpatient stay after being born. Due to the high incidence of multiple comorbidities for these premature infants, the inpatient stay is likely to be lengthy with a significant portion of the stay in the neonatal intensive care unit (NICU). When the hospital is reimbursed under a prospective payment system, such as MS-DRGs or a negotiated per diem rate, it is unlikely that the implant of the Amplatzer Piccolo™ Occluder will be reimbursed with a separate payment. The overall reimbursement for the inpatient stay is likely to include a single payment for all services delivered during the stay.

MEDICARE NATIONAL AVERAGE REIMBURSEMENT INFORMATION

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

TYPICAL MS-DRG	MEDICARE RATE
270 With MCCs	$38,914
271 Without MCCs	$26,581
272 Without MCC or CC	$18,365

PROCEDURE CODES

ICD-10-PCS CODE[4]	DESCRIPTION
2LR3DT	Occlusion of ductus arteriousus with intraluminal device, percutaneous

MCC: Major complication or comorbidity
CC: Complications or comorbidity.

PHYSICIAN[2]

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		PHYSICIAN		
CPT‡ CODE[5]	DESCRIPTION	WORK RVU	FACILITY RATE	OFFICE RATE
93582	Percutaneous transcatheter closure of patent ductus arteriosus	12.00	17.11	$571

While premature infants are rarely Medicare beneficiaries, the Medicare rate may serve as a baseline amount for physician payment. Private payer and Medicaid rates may vary substantially, from Medicare rates; however, differentials from Medicare rates are usually consistent across procedures.

It is incumbent upon the physician to determine which, if any modifiers should be used first.

RESOURCES

ACRONYM DEFINITIONS

ACRONYM	DEFINITION
CC	Complications or Comorbidities
CMS	Centers for Medicare & Medicaid Services
CPT‡	Current Procedural Terminology
MCC	Major Complications or Comorbidities
MS-DRG	Medicare Severity Diagnosis Related Group

See Important Safety Information referenced within on page 8.

IMPORTANT SAFETY INFORMATION

Rx Only
AMPLATZER PICCOLO™ OCCLUDER

Indication of Use
The Amplatzer Piccolo™ Occluder is a percutaneous, transcatheter occlusion device intended for the nonsurgical closure of a patent ductus arteriosus (PDA).

Contradictions
Weight < 700 grams at time of the procedure; Age < 3 days at time of procedure; Coarctation of the aorta; Left pulmonary artery stenosis; Cardiac output that is dependent on right to left shunt through the PDA due to pulmonary hypertension; Intracardiac thrombus that may interfere with the implant procedure; Active infection requiring treatment at the time of implant; Patients with a PDA length smaller than 3 mm; Patients with a PDA diameter that is greater than 4 mm at the narrowest portion.

Potential Adverse Events
Potential adverse events that may occur during or after a procedure using this device may include, but are not limited to: Air embolus, Allergic reaction, Anemia, Anesthesia reactions, Apnea, Arrhythmia, Bleeding, Cardiac perforation, Cardiac tamponade, Chest pain, Device embolization, Device erosion, Death, Endocarditis, Fever, Headache/migraine, Hemolysis, Hematoma, Hypertension, Hypotension, Infection, Myocardial infarction, Palpitations, Partial obstruction of aorta, Partial obstruction of pulmonary artery, Pericardial effusion, Pericarditis, Peripheral embolism, Pleural effusion, Pulmonary embolism, Re-intervention for device removal, Respiratory distress, Stroke, Thrombus, Transient ischemic attack, Valvular regurgitation, Vascular access site injury, Vascular occlusion, Vessel perforation.

REFERENCES

1. Social Security Administration website: https://www.ssa.gov/ssi/text-other-ussi.htm
2. Physician Prospective Payment-Final rule with Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY2026. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f
3. Hospital Inpatient Prospective Payment - Final Rule FY 2027. CMS-1849-F: https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2027-ipps-final-rulehome-page
4. 2027 ICD-10-PCS: https://www.cms.gov/files/document/fy-2027-icd-10-cm-coding-guidelines.pdf
5. CPT‡ American Medical Association: https://www.ama-assn.org/

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