

# ABBOTT CODING GUIDE

## STRUCTURAL HEART AND VALVES

CONGENITAL DEFECTS

SURGICAL HEART VALVES

AMPLATZER™ PFO OCCLUDER

Effective January 1, 2019

# STRUCTURAL HEART AND VALVES

Effective January 1, 2019

## Introduction

The Structural Heart and Valves Coding Guide is intended to provide reference material related to the reimbursement of Abbott products when used consistently with their labeling.

## Reimbursement Hotline

In addition, Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday at (855) 569-6430 or [hce@abbott.com](mailto:hce@abbott.com).

This guide and all supporting documents are available at <https://www.cardiovascular.abbott/us/en/hcp/reimbursement/structural-heart.html>. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

## Disclaimer

This document and the information contained herein is for general information purposes only and is not intended and does not constitute legal, reimbursement, coding, business or other advice. Furthermore, it is not intended to increase or maximize payment by any payer. Nothing in this document should be construed as a guarantee by Abbott regarding levels of reimbursement, payment or charge, or that reimbursement or other payment will be received. Similarly, nothing in this document should be viewed as instructions for selecting any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. Also note that the information presented herein represents only one of many potential scenarios, based on the assumptions, variables and data presented. In addition, the customer should note that laws, regulations, coverage and coding policies are complex and updated frequently. Therefore, the customer should check with their local carriers or intermediaries often and should consult with legal counsel or a financial, coding or reimbursement specialist for any coding, reimbursement or billing questions or related issues. This information is for reference purposes only. It is not provided or authorized for marketing use.

# ABBOTT CODING GUIDE

## CONGENITAL DEFECTS

Effective January 1, 2019

## CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

### Physician<sup>1</sup>

CPT# CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
<b>ATRIAL SEPTAL DEFECT/PATENT FORAMEN OVALE</b>				
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., fontan fenestration, atrial septal defect) with implant	17.97	\$1,025	NA
<b>PATENT DUCTUS ARTERIOSUS</b>				
93582	Percutaneous transcatheter closure of patent ductus arteriosus	12.31	\$700	NA
<b>VENTRICULAR SEPTAL DEFECT</b>				
93581	Percutaneous transcatheter closure of congenital ventricular septal defect with implant	24.39	\$1,397	NA

<sup>1</sup>It is incumbent upon the physician to determine which, if any modifiers should be used first.

Effective Dates: January 1, 2019 - December 31, 2019

## CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

### Hospital Outpatient<sup>2</sup>

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
<b>ATRIAL SEPTAL DEFECT</b>				
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., fontan fenestration, atrial septal defect) with implant	J1	5194	\$15,355
<b>PATENT DUCTUS ARTERIOSUS</b>				
93582	Percutaneous transcatheter closure of patent ductus arteriosus	J1	5194	\$15,355
<b>VENTRICULAR SEPTAL DEFECT</b>				
93581	Percutaneous transcatheter closure of congenital ventricular septal defect with implant	J1	5194	\$15,355

J1 = Hospital Part B services paid through a comprehensive APC

Effective Dates: January 1, 2019 - December 31, 2019



## CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

### Hospital Inpatient<sup>3</sup>

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>PATENT DUCTUS ARTERIOSUS</b>			
		270 with MCC	\$30,924
02LR3DT	Occlusion of ductus arteriosis with intraluminal device, percutaneous	271 with CC	\$21,345
		272 without CC/MCC	\$15,995

\*For vascular plug ICD-10 PCS position four code, please click on Additional Codes, and then Vessel Location

## CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

### Hospital Inpatient<sup>3</sup>

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>ATRIAL SEPTAL DEFECT</b>			
02U53JZ	Supplement atrial septum with synthetic substitute, percutaneous approach	273 with MCC	\$22,314
		274 without MCC	\$18,196
<b>VENTRICULAR SEPTAL DEFECT</b>			
02UM3JZ	Supplement ventricular septum with synthetic substitute, percutaneous approach	228 with MCC	\$40,176
		229 without MCC	\$28,399

Effective Dates: October 1, 2018 - September 30, 2019

## CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

### HCPCS Device Category C-Codes<sup>5</sup>

C-CODE	DESCRIPTION
C1817	Septal defect implant system, intracardiac
C1769	Guide wire
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away



## CODING AND REIMBURSEMENT FOR CONGENITAL DEFECTS

### ICD-10-CM Diagnosis Codes<sup>4</sup>

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Structural Heart and Valve patients, there are many possible diagnosis code scenarios and a wide variety of possible combinations. The possible scenarios and combinations are too numerous to capture in this document. 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.

# ABBOTT CODING GUIDE

## SURGICAL HEART VALVES

Effective January 1, 2019

## CODING AND REIMBURSEMENT FOR SURGICAL HEART VALVES

### Physician<sup>1</sup>

CPT <sup>+</sup> CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
<b>SURGICAL HEART VALVES AND ANNULOPLASTY RINGS</b>				
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	41.32	\$2,367	NA
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	62.07	\$3,508	NA
33412	Replacement, aortic valve, with transventricular aortic annulus enlargement (Konno procedure)	59.00	\$3,282	NA
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass	49.96	\$2,849	NA
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	43.28	\$2,486	NA
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	44.83	\$2,552	NA
33430	Replacement, mitral valve, with cardiopulmonary bypass	50.93	\$2,921	NA
33464	Valvuloplasty, tricuspid valve, with ring insertion	44.62	\$2,548	NA

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

Effective Dates: January 1, 2019 - December 31, 2019

## CODING AND REIMBURSEMENT FOR SURGICAL HEART VALVES

### Hospital Inpatient<sup>3</sup>

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>SURGICAL HEART VALVES AND ANNULOPLASTY RINGS</b>			
02QF0ZZ	Repair aortic valve, open approach	216 with MCC	\$59,999
02QG0ZZ	Repair mitral valve, open approach	217 with CC	\$38,872
02QJ0ZZ	Repair tricuspid valve, open approach	218 without CC/MCC	\$36,077
02RF0JZ	Replacement of aortic valve with synthetic substitute, open approach	219 with MCC	\$46,990
02RF08Z	Replacement of aortic valve with zooplastic tissue, open approach	220 with CC	\$31,801
02RG0JZ	Replacement of mitral valve with synthetic substitute, open approach	221 without CC/MCC	\$28,148
02RG08Z	Replacement of mitral valve with zooplastic tissue, open approach		

**Notes:**

- Surgical heart valve procedures are not allowed in Outpatient or Non-Facility settings.
- Level II HCPCS codes, including C-codes, are not applicable to surgical valve procedures. C-codes are used in conjunction with the Medicare prospective payment system for outpatient procedures only.

Effective Dates: October 1, 2018 - September 30, 2019

## CODING AND REIMBURSEMENT FOR SURGICAL HEART VALVES

### ICD-10-CM Diagnosis Codes<sup>4</sup>

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Surgical Heart and Valve patients, there are many possible diagnosis code scenarios and a wide variety of possible combinations. The possible scenarios ICD-10-CM and combinations are too numerous to capture in this document. 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.

# ABBOTT CODING GUIDE

## AMPLATZER™ PFO OCCLUDER

Effective January 1, 2019



## CODING AND REIMBURSEMENT FOR AMPLATZER™ PFO OCCLUDER

### Physician<sup>1</sup>

CPT# CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant	17.97	\$1,025	NA

Effective Dates: January 1, 2019 - December 31, 2019

### Hospital Outpatient<sup>2</sup>

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant	J1	5194	\$15,355

J1 = Hospital Part B services paid through a comprehensive APC

Effective Dates: January 1, 2019 - December 31, 2019

### Hospital Inpatient<sup>3</sup>

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
02U53JZ	Supplement atrial septum with synthetic substitute, percutaneous approach	273	\$22,314
		274	\$18,196

Effective Dates: October 1, 2018 - September 30, 2019

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

## CODING AND REIMBURSEMENT FOR AMPLATZER™ PFO OCCLUDER

### HCPCS Device Category C-Codes<sup>5</sup>

C-CODE	DESCRIPTION
C1817	Septal defect implant system, intracardiac
C1769	Guidewire
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away closure device, vasular (implantable/insertable)

## CODING AND REIMBURSEMENT FOR AMPLATZER™ PFO OCCLUDER

### ICD-10-CM Diagnosis Codes<sup>4</sup>

ICD-10-CM	DESCRIPTION
Q21.1	Atrial septal defect

While there are no ICD-10-CM diagnosis codes to specifically describe cryptogenic stroke (CS) as a secondary condition, there is only one generic ICD-10-CM diagnosis code for ischemic stroke with no specification as to the type of the cerebrovascular condition which could be used for reporting of the CS:

- 163.9, Cerebral infarction, unspecified

Claims submission to a majority of U.S. private insurance companies is often driven by the existence of specific coding to explain the services requested. Payers will often require additional information on the claim form, or in addition to the claim form, in order to adjudicate the claims. Documentation requirements may vary by payer, however, at minimum, the following documentation should be provided.

- Description of test results performed to confirm PFO
- Description of test results confirming CS and likelihood of PFO involvement (other causes of stroke should be ruled out).

## References

1. Physician Prospective Payment-Final rule with Comment Period and Final CY2019 Payment Rates. CMS-1693-F: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html>
2. Hospital Outpatient Prospective Payment-Final Rule with Comment Period and Final CY2019 Payment Rates. CMS-1695-FC: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html>
3. Hospital Inpatient Prospective Payment-Final Rule with Comment Period and Final FY2019 Payment Rates. CMS-1694-F: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Regulations.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>
4. American Medical Association *2019 ICD-10-CM: The Complete Official Codebook*. Edition 1; 2019.
5. CMS, 2019 Alpha-Numeric Index HCPCS code set: <https://www.cms.gov/Medicare/Coding/HCPSCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2019-Alpha-Numeric-HCPCS-File.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>
6. CMS 2019 ICD-10-PCS Procedure Coding System and Index: <https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-PCS.html>

**CAUTION:** Products in this guide are 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 [medical.abbott/manuals](http://medical.abbott/manuals) for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

### Abbott

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