

# Reimbursement Quick Guide



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## **Reimbursement Hotline**

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Monday - Friday, 8:00am - 5:00pm, CT

## **Emergency Clinical Support**

1-800-422-8666

# Abiomed Reimbursement Guide

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ICD-9 Procedure Code 37.68

\* Impella 5.0 37.62 - no further steps required

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Code underlying cath procedure

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Code appropriate MCC / CCs

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Physician Coding

## Impella® 2.5 Reimbursement Hospital Coding

1

ICD-9 Procedure Code

ICD-9 Procedure Code 37.68 for insertion of Impella® 2.5

\*ICD-9 Procedure Code 37.62 for Impella 5.0

2

Cardiac Cath

ICD-9 is "mapped" to a payment group using 11 Cardiac Cath Codes. Properly code cardiac cath procedure in the same admission.

\*Without Cath Lab Procedures, Impella 2.5 (37.68) will map to MS-DRG 219, 220, or 221 with lower reimbursement

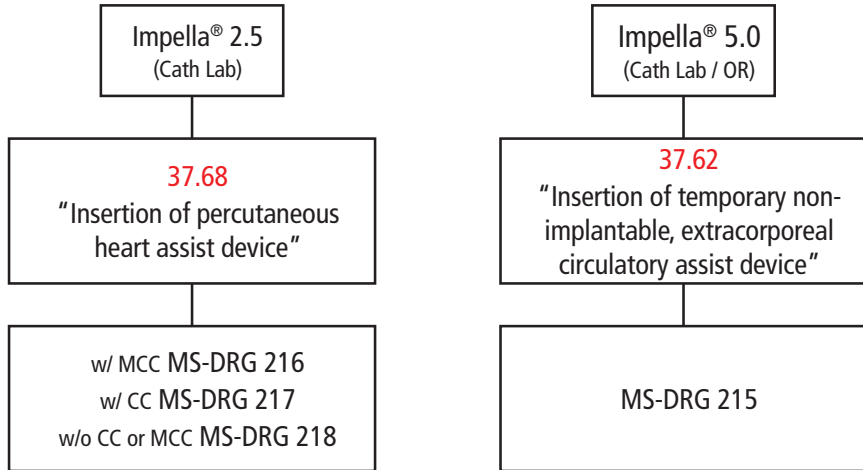
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MCC / CC's

Identify and code for appropriate MCC / CC's

Specific documentations of "acute" conditions

## ICD-9 Procedure Coding



## Impella® 2.5 Reimbursement Step 2

### Cardiac Cath Lab Procedure Codes

ICD-9 Procedure Code	Description	Inclusion / Exclusion Criteria
37.21	Right heart cardiac catheterization	Cardiac catheterization NOS EXCLUDES: that with catheterization of left heart (37.23)
37.22	Left heart cardiac catheterization	EXCLUDES: that with catheterization of right heart (37.23)
37.23	Combined right and left heart cardiac catheterization	
37.26	Catheter based invasive electrophysiologic testing	Electrophysiologic studies [EPS] Code also any concomitant procedure EXCLUDES: device interrogation only without arrhythmia induction (bedside check) (89.45-89.49) His bundle recording (37.29) non-invasive programmed electrical stimulation (NIPS) (37.20) that as part of intraoperative testing - omit code
88.52	Angiocardiology of right heart structures	Angiocardiology of: pulmonary valve right atrium right ventricle (outflow tract) EXCLUDES: that combined with left heart angiocardiology (88.54)

## Impella® 2.5 Reimbursement Step 2

### Cardiac Cath Lab Procedure Codes

ICD-9 Procedure Code	Description	Inclusion / Exclusion Criteria
88.53	Angiocardiology of left heart structures	Angiocardiology of: aortic valve left atrium left ventricle (outflow tract) EXCLUDES: that combined with right heart angiocardiology (88.54)
88.54	Combined right and left heart angiocardiology	
88.55	Coronary arteriography using single catheter	Coronary arteriography by Sones technique Direct selective coronary arteriography using a single catheter
88.56	Coronary arteriography using two catheters	Coronary arteriography by: Judkins technique Ricketts and Abrams technique Direct selective coronary arteriography using two catheters
88.57	Other and unspecified coronary arteriography	Coronary arteriography NOS
88.58	Negative-contrast cardiac roentgenography	Cardiac roentgenography with injection of carbon dioxide

## Common MCC / CC diagnostic codes associated with Impella® 2.5 reimbursement

Code	Description	CC
4200	Acute pericarditis in diseases classified elsewhere	CC
42090	Acute pericarditis, unspecified	CC
42091	Acute idiopathic pericarditis	CC
42099	Other acute pericarditis	CC
4230	Hemopericardium	CC
4231	Adhesive pericarditis	CC
4232	Constrictive pericarditis	CC
4233	Cardiac tamponade	CC
4238	Other specified diseases of pericardium	CC
42490	Endocarditis, valve unspecified, unspecified cause	CC
42491	Endocarditis in diseases classified elsewhere	CC
4250	Endomyocardial fibrosis	CC
4251	Hypertrophic obstructive cardiomyopathy	CC
4253	Endocardial fibroelastosis	CC
4254	Other primary cardiomyopathies	CC
4255	Alcoholic cardiomyopathy	CC
4257	Nutritional and metabolic cardiomyopathy	CC
4258	Cardiomyopathy in other diseases classified elsewhere	CC
4259	Secondary cardiomyopathy, unspecified	CC
4260	Atrioventricular block, complete	CC
42612	Mobitz (type) II atrioventricular block	CC
42653	Other bilateral bundle branch block	CC
42654	Trifascicular block	CC
4270	Paroxysmal supraventricular tachycardia	CC
4271	Paroxysmal ventricular tachycardia	CC
42732	Atrial flutter	CC
4281	Left heart failure	CC
42820	Unspecified systolic heart failure	CC
42822	Chronic systolic heart failure	CC
42830	Unspecified diastolic heart failure	CC
42832	Chronic diastolic heart failure	CC
42840	Unspecified combined systolic and diastolic heart failure	CC
42842	Chronic combined systolic and diastolic heart failure	CC
42981	Other disorders of papillary muscle	CC

## Impella® 2.5 Reimbursement Step 3

# Impella® Reimbursement Codes MCC / CC's

Code	Description	MCC
4210	Acute and subacute bacterial endocarditis	MCC
4211	Acute and subacute infective endocarditis in diseases classified elsewhere	MCC
4219	Acute endocarditis, unspecified	MCC
4220	Acute myocarditis in diseases classified elsewhere	MCC
42290	Acute myocarditis, unspecified	MCC
42291	Idiopathic myocarditis	MCC
42292	Septic myocarditis	MCC
42293	Toxic myocarditis	MCC
42299	Other acute myocarditis	MCC
42741	Ventricular fibrillation	MCC
42742	Ventricular flutter	MCC
4275	Cardiac arrest	MCC
42821	Acute systolic heart failure	MCC
42823	Acute on chronic systolic heart failure	MCC
42831	Acute diastolic heart failure	MCC
42833	Acute on chronic diastolic heart failure	MCC
42841	Acute combined systolic and diastolic heart failure	MCC
42843	Acute on chronic combined systolic and diastolic heart failure	MCC
4295	Rupture of chordae tendineae	MCC
4296	Rupture of papillary muscle	MCC
78551	Cardiogenic shock	MCC
42741	Ventricular fibrillation (requires live discharge)	MCC
4275	Cardiac arrest (requires live discharge)	MCC
78551	Cardiogenic shock (requires live discharge)	MCC
78559	Other shock without mention of trauma	MCC
7991	Respiratory arrest	MCC

## Physician Reimbursement

**Procedure Name:** Insertion of circulatory support device in left ventricle - Impella® or AB5000™

**CPT-9 Code:** 33975

**Code Name:** Insertion of ventricular assist device; extracorporeal, single ventricle

**Documentation Protocol:** Placement of “insert product name” heart pump for left ventricular failure. Pump uptake placed in left ventricle, arterial delivery tube placed in aorta. Pump drive line exits through the artery, incision in skin. For cardiopulmonary support.

**Note:** Modifiers may be applicable for modified procedures.

*Modifier 52: “Under certain circumstances a service or procedure is partially reduced or eliminated at the physician’s discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.” (Source AMA Professional CPT Code Book 2009)*

*Modifier 22: “When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e. increased intensity, time, technical difficulty of procedure, severity of patient’s condition, physical and mental effort required). NOTE: this modifier should not be appended to an E/M service.” (Source AMA Professional CPT Code Book 2009)*

**CPT-9 Code:** 33999

**Code Name:** Unlisted procedure, cardiac surgery

Unlisted codes may be preferred by some payers in place of modifiers. Listed code 33975 may be used as a crosswalk in the procedure description in addition to recommended work units.

**Documentation Protocol:** Placement of “insert product name” heart pump for left ventricular failure. Pump uptake placed in left ventricle, arterial delivery tube placed in aorta. Pump drive line exits through the artery, incision in skin. For cardiopulmonary support.

*CPT codes and nomenclature are copyright 2009 American Medical Association*

## Physician Reimbursement

**Procedure Name:** Removal of circulatory support device from left ventricle - Impella® or AB5000™

**CPT-9 Code:** 33977

**Code Name:** Removal of ventricular assist device; extracorporeal, single ventricle

**Documentation Protocol:** Removed "insert product name" heart pump, weaned pump function, removed from LV through aorta and exited sheath (or vessel), vessel closed and repaired. All wounds closed. Patient heart function returned.

**Note:** Modifiers may be applicable for modified procedures.

*Modifier 52: Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. (Source AMA Professional CPT Code Book 2009)*

*Modifier 22: When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e. increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). NOTE: this modifier should not be appended to an E/M service. (Source AMA Professional CPT Code Book 2009)*

**CPT-9 Code:** 33999

**Code Name:** Unlisted procedure, cardiac surgery

Unlisted codes may be preferred by some payers in place of modifiers. Listed code 33977 may be used as a crosswalk in the procedure description in addition to recommended work units.

**Documentation Protocol:** Removed "insert product name" heart pump, weaned pump function from Px to stop, remove from LV through aorta and exited sheath vessel closed and repaired. All wounds closed. Patient heart function returned.

### Critical Care Codes

**99291** Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

**99292** Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)



**IMPORTANT:** Please note - Reimbursement information provided by ABIOMED, Inc. has been gathered from third-party sources and is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice, and ABIOMED makes no representation or warranty regarding this information or its completeness, accuracy, or timeliness. Laws, regulations, and payer policies concerning reimbursement are complex and change frequently, and service providers are responsible for all decisions related to coding and reimbursement submissions. Accordingly, ABIOMED strongly recommends that you consult with your payers, reimbursement specialist, and/or legal counsel regarding coding coverage and reimbursement matters.