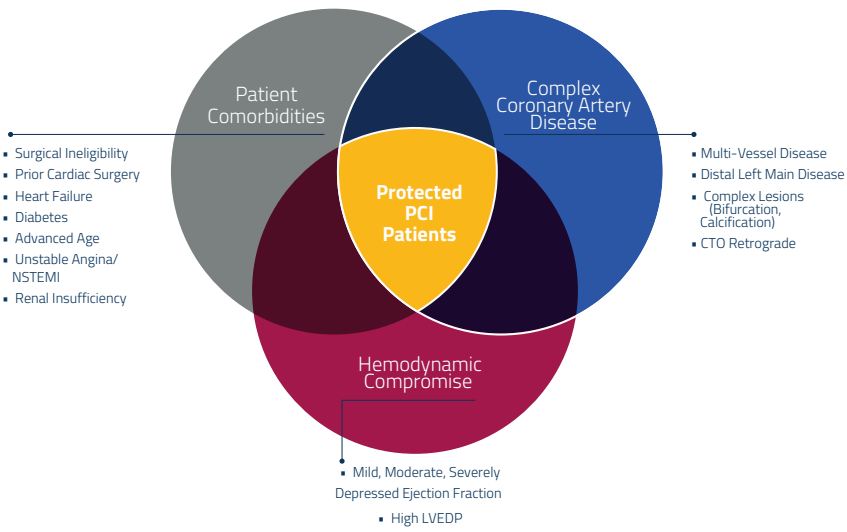
Protected PCI makes complete revascularization a safe and effective option for your patients who are poor candidates for surgery or conventional PCI

Growing Population Appropriate for PCI



To learn more about the Impella platform of heart pumps, including important risk and safety information associated with the use of the devices, please visit www.abiomed.com/important-safety-information

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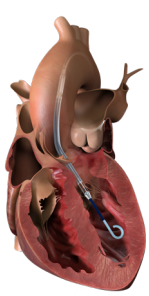
2021 Physician CODING & BILLING GUIDE



The information in this document is provided for educational purposes only and is not intended to be coding or billing advice. This coding information is based upon publicly available information and is current as of January 1, 2021 and subject to change without notice. Abiomed cannot guarantee that any product or service billed with the codes listed will be covered or, if covered, the listed payment amount will be paid by any payer. It is the responsibility of the provider to select appropriate codes for each patient and to submit appropriate codes, charges, and modifiers for services rendered. Providers should contact their insurers prior to submitting claims.

Questions? email: **reimbursement@abiomed.com**

Clinical Documentation
Procedures Utilizing The Impella® Heart Pump

01	**CLINICAL INDICATIONS** Severe Coronary Artery Disease with Depressed Left Ventricular Ejection Fraction, Cardiogenic Shock Following Acute Myocardial Infarction
02	**CLINICAL PROFILE** NYHA Class, CCS Class, Ejection Fraction
03	**OTHER CORMOBIDITIES** Diabetes, Renal Dysfunction, Pulmonary Disease, Immunosuppression, Arrhythmia
04	**CORONARY ANATOMY** Unprotected Left Main Disease, Triple-Vessel Coronary Artery Disease, Severe Calcification
05	**USE OF ADJUNCTIVE DEVICES** Orbital/Rotational Atherectomy
06	**HEMODYNAMIC PROFILE** Shock, Hypotension, Severely Elevated EDP, Severely Elevated PCWP
07	**SURGICAL CANDIDACY** e.g. Prohibitive Risk for Surgical Revascularization Following Evaluation by Heart Team

PHYSICIAN CODING AND BILLING
IMPELLA® HEART PUMP
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2021 Impella® Heart Pump Circulatory Support

CPT	Description	Total RVUs[1]	Work RVUs[1]	Medicare National Avg.[2]
Insertion				
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; **left heart**, arterial access only	10.56	6.75	$368
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; **right heart**, venous access only	10.61	6.75	$370
Removal				
33992	Removal of percutaneous **left heart** ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion	5.49	3.55	$192
33997	Removal of percutaneous **right heart** ventricular assist device, venous cannula, at separate and distinct session from insertion	4.72	3	$165
Repositioning				
33993**	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	4.83	3.1	$169
Critical Care Monitoring				
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	6.33	4.5	$221
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)	3.18	2.25	$111

Additional Guidance

Removal and Repositioning

CPT code 33992 (removal) and CPT code 33993 (repositioning) may be billed and paid for in addition to CPT code 33990 (insertion) if performed during a separate session. Medicare's definition of a separate session is that the services be performed during a different patient encounter. Payers may require the use of a modifier to report multiple procedures by the same physician on the same day.

Radiology and Imaging

CPT Codes 33990 and 33993 include radiology or imaging guidance in their description. This indicates to some payers that the imaging and radiology procedures are included in the primary procedure and are not eligible for separate payment.

Other Procedural Activities

* When using an unlisted procedure code, it is important to submit a copy of the procedure to explain the services performed. It is strongly recommended that the freeform field of the claim form (Field 19,"Reserved For Local Use,") be used to document a crosswalk to another procedure believed to be fairly equivalent. You should also indicate in Field 19 an expected payment amount for the payer's reference. It is important to check with each payer regarding their specific coding policy for axillary insertion and repair and, if covered, obtain instruction as to how to report the service (i.e., code 33999 or another CPT code).

**When repositioning the Impella CP with SmartAssist without using imaging guidance, it is recommended that unlisted, cardiac surgery procedure code 33999 is used.

Multiple Procedure Payment Reduction (MPPR) on the Professional Component may apply.

RVU, Relative Value Units. RVUs are measures of the physician's work, time and intensity of the procedure and are used to calculate payments for physicians

1. CMS 2021 Physician Fee Schedule, released December 2020
2. 2021 payment calculated using 2020 conversion factor of $34.89

Questions? email: **reimbursement@abiomed.com**

IMP-996 .V4

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Sample Dictation

Procedures Utilizing The Impella® Heart Pump

Final procedural dictation must document specific details of coronary intervention and Impella® insertion.

At the end of brief summary of clinical scenario, comorbidities, anatomy (see other side) include summary sentence noting , if appropriate, that patient is at increased risk of intraprocedural hemodynamic compromise due to high-risk anatomic features, depressed systolic function, ineligibility for surgical intervention, and major clinical comorbidities, necessitating percutaneous mechanical circulatory support.

"Mr. X is a 85 year-old man with diabetes, end-stage renal disease on hemodialysis, severe COPD, moderate aortic stenosis, and severely depressed LV systolic function with an estimated ejection fraction of 30-35%, who is admitted for a large non-ST-elevation myocardial infarction with acute systolic heart failure. Diagnostic coronary angiography this admission is notable for heavily calcified severe left main and multivessel coronary artery disease, determined to be prohibitive risk for surgical revascularization after heart team evaluation. Here for left main and multivessel percutaneous coronary intervention, atherectomy, and stenting with planned Impella percutaneous mechanical circulatory support due to an increased risk of intraprocedural hemodynamic compromise and death secondary to the above clinical presentation, multiple major clinical comorbidities, high-risk anatomic features (specifically heavy calcification with anticipated use of atherectomy and temporary pacing), severely depressed baseline systolic function, and ineligibility for surgical intervention."

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