

Facility and Physician Screening Guide and Facility Patient Coding Guide

Heart Valve Therapy

This guide is intended to support coding for screening tests and diagnostic work-ups for surgical aortic valve replacement (SAVR) procedures as well as support patient coding for SAVR procedures.

Facility and Physician Screening Information

Facility and Physician Coding		
Facilities and clinicians use Current Procedural Terminology (CPT ¹) codes to bill for screening procedures and services. Each CPT code is assigned unique relative value units (RVUs), which are used to determine payment by the Centers for Medicare and Medicaid Services (CMS). Some commonly billed CPT codes used to describe screening and diagnostic procedures related to SAVR are listed below. This is not intended to be an exhaustive list of all potential screening and diagnostic procedures.		
Definition		CPT Code
Transthoracic Echocardiogram		
<input type="checkbox"/>	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	93306
<input type="checkbox"/>	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	93307
Transesophageal Echocardiogram		
<input type="checkbox"/>	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	93312
<input type="checkbox"/>	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	93313
<input type="checkbox"/>	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	93314
<input type="checkbox"/>	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and integration leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	93318
<input type="checkbox"/>	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); complete	+93320
<input type="checkbox"/>	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); follow-up or limited study (list separately in addition to codes for echocardiographic imaging)	+93321
<input type="checkbox"/>	Doppler echocardiography color flow velocity mapping (list separately in addition to codes for echocardiography)	+93325
<input type="checkbox"/>	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri- and intra-procedural), real time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	93355



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Definition		CPT Code
Thoracic/Chest X-Ray		
<input type="checkbox"/>	Radiologic examination, chest; single view	71045
<input type="checkbox"/>	Radiologic examination, chest; 2 views	71047
<input type="checkbox"/>	Radiologic examination, chest; 3 views	71047
<input type="checkbox"/>	Radiologic examination, chest; 4 or more views	71048
<input type="checkbox"/>	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	76000
<input type="checkbox"/>	Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	76001
Standard 12-lead ECG		
<input type="checkbox"/>	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	93000
<input type="checkbox"/>	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	93005
<input type="checkbox"/>	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	93010
<input type="checkbox"/>	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report	G0403
<input type="checkbox"/>	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination	G0404
<input type="checkbox"/>	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination	G0405

Vascular Imaging

Abdominal Angiogram		
<input type="checkbox"/>	Introduction of catheter, aorta	36200
<input type="checkbox"/>	Aortography, abdominal, by serialography, radiological supervision and interpretation	75625
Abdominal Angiogram with Full Study of Iliofemoral Study (Single Catheter Position)		
<input type="checkbox"/>	Introduction of catheter, aorta	36200
<input type="checkbox"/>	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	75630
Abdominal Angiogram and Lower Extremity Angiogram (Two Catheter Positions)		
<input type="checkbox"/>	Introduction of catheter, aorta	36200
<input type="checkbox"/>	Aortography, abdominal, by serialography, radiological supervision and interpretation	75625
<input type="checkbox"/>	Angiography, extremity, bilateral, radiological supervision and interpretation	75716

Definition		CPT Code
Abdominal CT		
<input type="checkbox"/>	Computed tomography, abdomen and pelvis; without contrast material	74176
<input type="checkbox"/>	Computed tomography, abdomen and pelvis; with contrast material(s)	74177
<input type="checkbox"/>	Computed tomography, abdomen and pelvis; without contrast material in 1 or both body regions, followed by contrast material(s) and further sections in 1 or both body regions	74178
Abdominal CTA		
<input type="checkbox"/>	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	74174
<input type="checkbox"/>	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	74175
CT Angiogram with Complete Visualization of Both Iliacs and Femorals to the Aorta		
<input type="checkbox"/>	Introduction of catheter, aorta	36200
<input type="checkbox"/>	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	75635
MRA with Complete Visualization of Both Iliacs and Femorals to the Aorta		
<input type="checkbox"/>	Magnetic resonance angiography, pelvis, with or without contrast material(s)	72198
<input type="checkbox"/>	Magnetic resonance angiography, abdomen, with or without contrast material(s)	74185
<input type="checkbox"/>	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	73725

Cardiac Imaging

Cardiac Computed Tomography		
<input type="checkbox"/>	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	75571
<input type="checkbox"/>	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	75572
<input type="checkbox"/>	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	75573
Cardiac CTA		
<input type="checkbox"/>	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	75574
Cardiac MRI		
<input type="checkbox"/>	Cardiac magnetic resonance imaging for morphology and function without contrast material;	75557
<input type="checkbox"/>	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	75559
<input type="checkbox"/>	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	75561
<input type="checkbox"/>	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	75563
<input type="checkbox"/>	Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)	+75565

Definition		CPT Code
Left and Right Heart Catheterization		
<input type="checkbox"/>	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	93453
Left and Right Heart Catheterization with Coronary Angiogram		
<input type="checkbox"/>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	93460
<input type="checkbox"/>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	93461
Right Heart Catheterization with Coronary Angiogram		
<input type="checkbox"/>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	93456
<input type="checkbox"/>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	93457

Facility Patient Coding Information

Definition	Code	Description
Facility Inpatient Coding for SAVR		
ICD-10 Procedure Code	02RF08Z	Replacement of aortic valve with zooplastic tissue, open approach
	X2RF032	Zooplastic tissue, rapid deployment technique, open approach, New Technology Group 2
ICD-10 Diagnosis Codes	I35.0	Nonrheumatic aortic (valve) stenosis
	I35.1	Nonrheumatic aortic (valve) insufficiency
	I35.2	Nonrheumatic aortic (valve) stenosis with insufficiency
	I35.8	Other nonrheumatic aortic valve disorders
	I35.9	Nonrheumatic aortic valve disorder, unspecified

Complication and Co-Morbidity Classification

Physician documentation of appropriate ICD-10 codes is critical. All primary and secondary diagnoses must be clearly identified in the patient's record to facilitate appropriate payment. The following tables identify diagnosis codes² and Medicare's classification of whether the diagnosis code qualifies as a CC or an MCC, and include baseline co-morbidities relevant for many SAVR patients. The tables are not intended to be an exhaustive list of all potential CCs or MCCs.

ICD-10-CM Code	Description
Major Complications/Co-Morbidities (MCC) Diagnosis Codes – Most Common Potential MCC	
G93.40	Encephalopathy, unspecified
I50.23	Acute on chronic systolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
J95.1	Acute pulmonary insufficiency following thoracic surgery
J95.2	Acute pulmonary insufficiency following nonthoracic surgery
J95.3	Chronic pulmonary insufficiency following surgery
J95.821	Acute postprocedural respiratory failure
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.01	Acute respiratory failure with hypoxia
J96.02	Acute respiratory failure with hypercapnia
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia
J96.91	Respiratory failure, unspecified with hypoxia
J96.92	Respiratory failure, unspecified with hypercapnia
N17.0	Acute kidney failure with tubular necrosis
N18.6	End stage renal disease
R57.0	Cardiogenic shock

ICD-10-CM Code	Description
Major Complications/Co-Morbidities (MCC) Diagnosis Codes – Other Common Potential MCC	
E43	Unspecified severe protein-calorie malnutrition
G92	Toxic encephalopathy
G93.41	Metabolic encephalopathy
G93.49	Other encephalopathy
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I50.21	Acute systolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63.011	Cerebral infarction due to thrombosis of right vertebral artery
I63.012	Cerebral infarction due to thrombosis of left vertebral artery
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.09	Cerebral infarction due to thrombosis of other precerebral artery
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery
I63.111	Cerebral infarction due to embolism of right vertebral artery
I63.112	Cerebral infarction due to embolism of left vertebral artery
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery
I63.12	Cerebral infarction due to embolism of basilar artery
I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.139	Cerebral infarction due to embolism of unspecified carotid artery
I63.19	Cerebral infarction due to embolism of other precerebral artery
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral arteries
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral arteries
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral arteries
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar arteries
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid arteries
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery

ICD-10-CM Code	Description
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery
I63.411	Cerebral infarction due to embolism of right middle cerebral artery
I63.412	Cerebral infarction due to embolism of left middle cerebral artery
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery
I63.441	Cerebral infarction due to embolism of right cerebellar artery
I63.442	Cerebral infarction due to embolism of left cerebellar artery
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery
I63.49	Cerebral infarction due to embolism of other cerebral artery
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery

ICD-10-CM Code	Description
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
I63.8	Other cerebral infarction
I63.9	Cerebral infarction, unspecified
I67.83	Posterior reversible encephalopathy syndrome
J15.20	Pneumonia due to staphylococcus, unspecified
J96.20	Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.21	Acute and chronic respiratory failure with hypoxia
J96.22	Acute and chronic respiratory failure with hypercapnia
K25.4	Chronic or unspecified gastric ulcer with hemorrhage
K72.00	Acute and subacute hepatic failure without coma
K72.91	Hepatic failure, unspecified with coma
K76.2	Central hemorrhagic necrosis of liver
Complications/Co-Morbidities (CC) Diagnosis Codes – Most Common Potential CC	
D62	Acute posthemorrhagic anemia
J98.11	Atelectasis
J98.19	Other pulmonary collapse
N17.9	Acute kidney failure, unspecified
I97.110	Postprocedural cardiac insufficiency following cardiac surgery
I97.111	Postprocedural cardiac insufficiency following other surgery
I97.120	Postprocedural cardiac arrest following cardiac surgery
I97.121	Postprocedural cardiac arrest following other surgery
I97.130	Postprocedural heart failure following cardiac surgery
I97.131	Postprocedural heart failure following other surgery
I97.190	Other postprocedural cardiac functional disturbances following cardiac surgery
I97.191	Other postprocedural cardiac functional disturbances following other surgery
I97.710	Intraoperative cardiac arrest during cardiac surgery
I97.711	Intraoperative cardiac arrest during other surgery
I97.790	Other intraoperative cardiac functional disturbances during cardiac surgery
I97.791	Other intraoperative cardiac functional disturbances during other surgery
I97.88	Other intraoperative complications of the circulatory system, not elsewhere classified
I97.89	Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
J91.8	Pleural effusion in other conditions classified elsewhere
E87.1	Hypo-osmolality and hyponatremia
E87.2	Acidosis
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.92	Unspecified atrial flutter

ICD-10-CM Code	Description
N39.0	Urinary tract infection, site not specified
I42.0	Dilated cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
Complications/Co-Morbidities (CC) Diagnosis Codes – Other Common Potential CC	
E46	Unspecified protein-calorie malnutrition
E66.2	Morbid (severe) obesity with alveolar hypoventilation
I09.81	Rheumatic heart failure
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I42.7	Cardiomyopathy due to drug and external agent
I43	Cardiomyopathy in diseases classified elsewhere
I44.2	Atrioventricular block, complete
I45.2	Bifascicular block
I45.3	Trifascicular block
I45.89	Other specified conduction disorders
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I48.1	Persistent atrial fibrillation
I48.92	Unspecified atrial flutter
I50.1	Left ventricular failure
I50.20	Unspecified systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I67.81	Acute cerebrovascular insufficiency
I67.82	Cerebral ischemia
I67.89	Other cerebrovascular disease
J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.11	Chronic respiratory failure with hypoxia
J96.12	Chronic respiratory failure with hypercapnia
Q21.1	Atrial septal defect

ICD-10-CM Code	Description
Q21.2	Atrioventricular septal defect
Z68.1	Body mass index (BMI) 19 or less, adult
Z68.41	Body mass index (BMI) 40.0-44.9, adult
Z68.42	Body mass index (BMI) 45.0-49.9, adult
Z68.43	Body mass index (BMI) 50-59.9, adult
Z68.44	Body mass index (BMI) 60.0-69.9, adult
Z68.45	Body mass index (BMI) 70 or greater, adult

Reimbursement Hotline:
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References

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2. International Classification of Diseases, 10th Revision, Clinical Modification 2018 ICD-10-CM for hospitals, volume 1, 2, & 3.
3. International Classification of Diseases, 10th Revision, Procedure Coding System 2018.
4. CMS-1677-F. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2018 Rates; Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Electronic Health Record (EHR) Incentive Program Requirements for Eligible Hospitals, Critical Access Hospitals, and Eligible Professionals; Provider-Based Status of Indian Health Service and Tribal Facilities and Organizations; Costs Reporting and Provider Requirements; Agreement Termination Notices. Table 6I. 1-Complete MCC List; Table 6J. -Complete CC List. August 14, 2017.

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