2020 Facility and Physician Billing Guide

Surgical Heart Valve Therapy

Edwards

Surgical Valve Repair and Replacement Procedures

Physician Billing Codes

Clinicians use Current Procedural Terminology (CPT)[1] codes to bill for procedures and services. Each CPT code is assigned unique Relative Value Units (RVUs), which are used to determine payment by the Centers for Medicare & Medicaid Services (CMS) and other payers. Some commonly billed CPT codes used to describe procedures related to Edwards Lifesciences' Heart Valve technologies are listed below.[2] This list may not be comprehensive or complete. These procedures may be subject to the CMS multiple procedure reduction rule. When applicable, a payment reduction of 50% is applied to all payment amounts except the procedure with the greatest RVUs, which is paid at 100% unless exempt by CPT instructions or payer policy.

CPT Code	Description	Medicare National Average Physician Payment[3] Facility Setting
Aortic		
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple *(ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)*	$2,018
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex *(eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)*	$2,398
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	$2,373
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	$3,012
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	$2,659
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	$3,515
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	$3,301
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	$3,379
92986	Percutaneous balloon valvuloplasty; aortic valve	$1,378
Bentall		
33863	Ascending aorta graft, w/cardiopulmonary bypass, w/aortic root replacement using valved conduit and coronary reconstructon (e.g., Bentall)	$3,299
Mitral		
33420	Valvotomy, mitral valve; closed heart	$1,515
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	$1,738
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass	$2,857
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	$2,490
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	$2,554
33430	Replacement, mitral valve, with cardiopulmonary bypass	$2,929
92987	Percutaneous balloon valvuloplasty; mitral valve	$1,421
Tricuspid		
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	$2,515
33463	Valvuloplasty, tricuspid valve; without ring insertion	$3,229
33464	Valvuloplasty, tricuspid valve; with ring insertion	$2,552
33465	Replacement, tricuspid valve, with cardiopulmonary bypass	$2,883
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	$2,564
Pulmonary		
33470	Valvotomy, pulmonary valve, closed heart; transventricular	$1,292
33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery	$1,382
33475	Replacement pulmonary valve	$2,438
33999	Unlisted procedure, cardiac surgery	Contractor Priced
92990	Percutaneous balloon valvuloplasty; pulmonary valve	$1,135

Surgical Valve Repair and Replacement Procedures

Inpatient Hospital Billing DRGs

Medicare reimburses inpatient hospital services under the Inpatient Prospective Payment System (IPPS), which bases payment on Medicare Severity-Diagnosis Related Groups (MS-DRGs). All services and supplies provided during the inpatient admission are bundled into a single MS-DRG payment rate for each patient regardless of the length of stay, intensity of treatments, or number of procedures performed. MS-DRG assignment is usually determined based on the patient's primary diagnosis or procedure performed, as indicated by the ICD-10-PCS codes on the billing form.

MS-DRG	Description	FY2020 Medicare National Average Payment
216	Cardiac valve procedures and other major cardiothoracic procedures with cardiac catheterization with MCC	$62,855
217	Cardiac valve procedures and other major cardiothoracic procedures with cardiac	$41,632
218	Cardiac valve procedures and other major cardiothoracic procedures with cardiac catheterization without MCC or CC	$33,807
219	Cardiac valve procedures and other major cardiothoracic procedures without cardiac catheterization with MCC	$49,071
220	Cardiac valve procedures and other major cardiothoracic procedures without cardiac catheterization with CC	$32,209
221	Cardiac valve procedures and other major cardiothoracic procedures without cardiac catheterization without MCC or CC	$28,767

ICD - 10 - PCS Procedure Codes for Inpatient Hospital Billing

ICD-10-PCS	Description
Aortic	
027F04Z	Dilation of Aortic Valve with Drug-eluting Intraluminal Device, Open Approach
027F0DZ	Dilation of Aortic Valve with Intraluminal Device, Open Approach
027F0ZZ	Dilation of Aortic Valve, Open Approach
02CF0ZZ	Extirpation of Matter from Aortic Valve, Open Approach
02NF0ZZ	Release Aortic Valve, Open Approach
02QF0ZZ	Repair Aortic Valve, Open Approach
02RF07Z	Replacement of Aortic Valve with Autologous Tissue Substitute, Open Approach
02RF0KZ	Replacement of Aortic Valve with Nonautologous Tissue Substitute, Open Approach
02RF0JZ	Replacement of Aortic Valve with Synthetic Substitute, Open Approach
02RF08Z	Replacement of Aortic Valve with Zooplastic Tissue, Open Approach
02RX0JZ	Replacement of Thoracic Aorta, Ascending/Arch with Synthetic Substitute, Open Approach
02UF07Z	Supplement Aortic Valve with Autologous Tissue Substitute, Open Approach
02UF0KZ	Supplement Aortic Valve with Nonautologous Tissue Substitute, Open Approach
02UF0JZ	Supplement Aortic Valve with Synthetic Substitute, Open Approach
02UF08Z	Supplement Aortic Valve with Zooplastic Tissue, Open Approach

Use with EDWARDS INTUITY Elite valve system

X2RF032	Replacement of Aortic Valve using Zooplastic Tissue, Rapid Deployment Technique, Open Approach, New Technology, Group 2

ICD - 10 - PCS Procedure Codes for Inpatient Hospital Billing

ICD-10-PCS	Description
Mitral	
027G04Z	Dilation of Mitral Valve with Drug-eluting Intraluminal Device, Open Approach
027G0DZ	Dilation of Mitral Valve with Intraluminal Device, Open Approach
027G0ZZ	Dilation of Mitral Valve, Open Approach
02CG0ZZ	Extirpation of Matter from Mitral Valve, Open Approach
02NG0ZZ	Release Mitral Valve, Open Approach
02QG0ZZ	Repair Mitral Valve, Open Approach
02RG07Z	Replacement of Mitral Valve with Autologous Tissue Substitute, Open Approach
02RG0KZ	Replacement of Mitral Valve with Nonautologous Tissue Substitute, Open Approach
02RG0JZ	Replacement of Mitral Valve with Synthetic Substitute, Open Approach
02RG08Z	Replacement of Mitral Valve with Zooplastic Tissue, Open Approach
02UG07Z	Supplement Mitral Valve with Autologous Tissue Substitute, Open Approach
02UG0KZ	Supplement Mitral Valve with Nonautologous Tissue Substitute, Open Approach
02UG0JZ	Supplement Mitral Valve with Synthetic Substitute, Open Approach
02UG08Z	Supplement Mitral Valve with Zooplastic Tissue, Open Approach

ICD-10-PCS	Description
Pulmonary	
027H04Z	Dilation of Pulmonary Valve with Drug-eluting Intraluminal Device, Open Approach
027H0DZ	Dilation of Pulmonary Valve with Intraluminal Device, Open Approach
027H0ZZ	Dilation of Pulmonary Valve, Open Approach
02CH0ZZ	Extirpation of Matter from Pulmonary Valve, Open Approach
02NH0ZZ	Release Pulmonary Valve, Open Approach
02QH0ZZ	Repair Pulmonary Valve, Open Approach
02RH07Z	Replacement of Pulmonary Valve with Autologous Tissue Substitute, Open Approach
02RH0KZ	Replacement of Pulmonary Valve with Nonautologous Tissue Substitute, Open Approach
02RH0JZ	Replacement of Pulmonary Valve with Synthetic Substitute, Open Approach

ICD-10-PCS	Description
Tricuspid	
027J04Z	Dilation of Tricuspid Valve with Drug-eluting Intraluminal Device, Open Approach
027J0DZ	Dilation of Tricuspid Valve with Intraluminal Device, Open Approach
027J0ZZ	Dilation of Tricuspid Valve, Open Approach
02NH0ZZ	Release Tricuspid Valve, Open Approach
02QJ0ZZ	Repair Tricuspid Valve, Open Approach
02RJ07Z	Replacement of Tricuspid Valve with Autologous Tissue Substitute, Open Approach
02RJ0KZ	Replacement of Tricuspid Valve with Nonautologous Tissue Substitute, Open Approach
02RJ0JZ	Replacement of Tricuspid Valve with Synthetic Substitute, Open Approach
02RJ08Z	Replacement of Tricuspid Valve with Zooplastic Tissue, Open Approach
02UJ07Z	Supplement Tricuspid Valve with Autologous Tissue Substitute, Open Approach
02UJ0KZ	Supplement Tricuspid Valve with Nonautologous Tissue Substitute, Open Approach
02UJ0JZ	Supplement Tricuspid Valve with Synthetic Substitute, Open Approach
02UJ08Z	Supplement Tricuspid Valve with Zooplastic Tissue, Open Approach

Revenue Codes[7] and HCPCS Codes

Revenue codes help hospitals categorize services provided by revenue center. Medicare utilizes revenue codes for cost reporting purposes. For Medicare, revenue codes must be included for each service on a CMS 1450 (UB-04) claim form. It may be appropriate for hospitals to capture the cost of products used for the procedures described above within Revenue Code 0278 (Medical/Surgical Supply – Other Implant) or Revenue Code 0360 (Operating Room Services - General). Health Care Common Procedural Coding System (HCPCS) codes include level I codes (CPT, described above) and level II codes (other products, supplies, and services not included in CPT). Level II HCPCS codes, including C codes, are not applicable to Edwards' products utilized in the procedures described above. C codes are used in conjunction with the Medicare prospective payment system for outpatient procedures only.

For detailed information regarding coding and reimbursement,
please contact the dedicated Edwards Reimbursement Hotline:
(303) 524-3854 or edwards@rpihotline.com

References

1. Current Procedure Terminology (CPT) copyright 2019, American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Applicable FARS/DFARS restrictions apply to government use.
2. Not all codes provided are applicable for the clinical scenarios in which Edwards Lifesciences' Heart Valve technologies are used. The provider is responsible for selecting the most appropriate code(s) for the patient's clinical presentation. When diagnostic services are performed, it may be appropriate to add applicable codes according to the service provided following the correct coding guidelines. Services that are considered a component of another procedure may not always be coded and billed separately.
3. For all Medicare payments for physicians, the multiple procedure reduction rule may apply. Consult with coding and billing staff, and payer policy for further guidance. National average Medicare payment is calculated using the Conversion Factor of $36.0896 per the Medicare Physician Fee Schedule for Calendar Year 2020 Final Rule Issued November 2, 2018. National average is based on factors such as geography, teaching vs. non-teaching hospital, rural vs. urban area, etc. and your payment may be different based on these factors. This payment will differ for commercial payers. Payments are effective January 1, 2020 through December 31, 2020.
4. For Minimal Incision Valve Surgery procedures, multiple catheters and/or cannulae are typically used; therefore, the use of modifier -59 may be required. Check with internal billing staff and payer policies for clarification.
5. Diagnostic procedures performed in the facility setting may require the use of modifier -26 to reflect the professional component of the service only. Check with internal billing staff and payer policies for clarification. Intraoperative Transesophageal echocardiography (TEE) is a non-covered service for many payers. Providers may wish to review Medicare's Correct Coding Initiative when providing anesthesia services in conjunction with TEE. Consult payer policies and contracts for clarification.
6. Centers for Medicare & Medicaid Services. FY2020 Inpatient Prospective Payment System (IPPS) Final Rule issued August 2, 2019. Payments are effective October 1, 2019 through September 30, 2020.
7. National Uniform Billing Committee, American Hospital Association
8. Federal Register / Vol. 74, No. 11 / Friday, January 16, 2009 / Rules and Regulations: This final rule adopts modifications to two of the code set standards adopted in the Transactions and Code Sets final rule published in the Federal Register pursuant to certain provisions of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Specifically, this final rule modifies the standard medical data code sets (hereinafter "code sets") for coding diagnoses and inpatient hospital procedures by concurrently adopting the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, including the Official ICD-10-CM Guidelines for Coding and Reporting, as maintained and distributed by the U.S. Department of Health and Human Services (HHS), hereinafter referred to as ICD-10-CM, and the International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding, including the Official ICD-10-PCS Guidelines for Coding and Reporting, as maintained and distributed by the HHS, hereinafter referred to as ICD-10-PCS. These new codes replace the International Classification of Diseases, 9th Revision, Clinical Modification, Volumes 1 and 2, including the Official ICD-9-CM Guidelines for Coding and Reporting, hereinafter referred to as ICD-9-CM Volumes 1 and 2, and the International Classification of Diseases, 9th Revision, Clinical Modification, Volume 3, including the Official ICD-9-CM Guidelines for Coding and Reporting, hereinafter referred to as ICD-9-CM Volume 3, for diagnosis and procedure codes, respectively. DATES: The effective date of this regulation is March 17, 2009. The effective date is the date that the policies herein take effect, and new policies are considered to be officially adopted. The compliance date, which is different than the effective date, is the date on which entities are required to have implemented the policies adopted in this rule. The compliance date for this regulation is October 1, 2015.
9. International Classification of Diseases, 10th Revision, Procedure Coding System 2020 Draft.

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