ICD-10 CODING UPDATES FOR IMPELLA
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Introductions

Abiomed Opening Remarks
Sheila Gebel, RN, MSN, Director of Healthcare Solutions

Debbie Cohen, COC
Field Reimbursement Specialist
AGENDA

• Who is Abiomed
• What is the Impella® line of heart pumps
• Key concepts for Impella® pump reimbursement
• Discuss 2015 hospital reimbursement
• Review coding details needed for reimbursement
WHO IS ABIOMED?

- Experts in Pumping Blood for over 30 years
- Based in Boston with >600 Employees worldwide
- New Impella 2.5 heart pump FDA Indication for elective and urgent High Risk PCI procedures
- New Impella RP® FDA approval for right side support
- Impella devices Referenced in six clinical society guidelines
- Over 900 hospitals and >35,000 patients worldwide
- Full Reimbursement & Coverage
- >200 peer reviewed publications in PubMed, discussing our technologies
**IMPELLA® 2.5: THE WORLD’S SMALLEST HEART PUMP**

**Impella Platform of devices**

Percutaneous, Catheter Based

*Impella® 2.5, Impella CP®, Impella® 5.0*
Left heart support

*Impella RP®*
Right heart support

**Automated Console**
INDICATIONS FOR USE: IMPELLA® 2.5 AND IMPELLA CP®

Impella® 2.5

Indication for use
The Impella® 2.5 System (Impella® 2.5) is a temporary (< 6 hours) ventricular assist device indicated for use during high risk percutaneous coronary interventions (PCI) performed in elective or urgent, hemodynamically stable patients with severe coronary artery disease and depressed left ventricular ejection fraction, when a heart team, including a cardiac surgeon, has determined that high risk PCI is the appropriate therapeutic option. Use of the Impella® 2.5 in these patients may prevent hemodynamic instability which can result from repeat episodes of reversible myocardial ischemia that occur during planned, temporary coronary occlusions and may reduce peri- and post-procedural adverse events.

Contraindications and Warnings
The Impella 2.5 is contraindicated for use with patients experiencing any of the following conditions: (1) mural thrombus in the left ventricle; (2) Mechanical aortic valve or heart constrictive device; (3) Aortic valve stenosis/calcification (equivalent to an orifice of 0.6 cm² or less); (4) Moderate to severe aortic insufficiency (echocardiographic assessment of aortic insufficiency graded as ≥ +2); and (5) Severe peripheral arterial disease that precludes the placement of the Impella® 2.5

Additionally, potential for the following risks has been found to exist with use of the Impella 2.5: Acute renal dysfunction; Aortic insufficiency; Aortic valve injury; Atrial fibrillation; Bleeding; Cardiogenic shock; Cardiac tamponade; Cardiopulmonary resuscitation; Cerebral vascular accident/Stroke; Death; Device malfunction; Failure to achieve angiographic success; Hemolysis; Hepatic failure; Insertion site infection; Limb ischemia; Myocardial infarction; Need for cardiac, thoracic or abdominal operation; Perforation; Renal failure; Repeat revascularization; Respiratory dysfunction; Sepsis; Severe hypotension; Thrombocytopenia; Thrombotic vascular (non-CNS complication; Transient ischemic attack; Vascular injury; Ventricular arrhythmia, fibrillation or tachycardia.

Impella CP®

Indication for Use
The Impella CP Circulatory Support System is intended for partial circulatory support using an extracorporeal bypass control unit, for periods up to 6 hours. It is also intended to be used to provide partial circulatory support (for periods up to 6 hours) during procedures not requiring cardiopulmonary bypass. The Impella CP Circulatory Support System also provides pressure measurements which are useful in determining intravascular pressure.

Contraindications and Warnings
The Impella CP is contraindicated for use with patients experiencing any of the following conditions: (1) Mechanical aortic valve or heart constrictive device; (2) Aortic valve stenosis/calcification (graded as ≥ +2 equivalent to an orifice area of 1.5 cm² or less); (3) Moderate to severe aortic insufficiency (echocardiographic assessment of aortic insufficiency graded as ≥ +2); and (4) Severe peripheral arterial obstructive disease that would preclude Impella® device placement. Additionally, potential for the following risks has been found to exist with the use of the Impella CP: Aortic insufficiency; Aortic valve injury; Arrhythmia; Atrial fibrillation; Bleeding; Cardiogenic shock; Cardiac tamponade; Cerebral vascular accident (CVA)/Stroke; Death; Device malfunction; Hemolysis; Hepatic failure; Insertion site infection; Myocardial infarction; Perforation; Renal failure; Respiratory dysfunction; Sepsis;
**Indications for Use: Impella® 5.0 and Impella RP®**

**Impella® 5.0**

**Indication for Use**
The Impella 5.0 Circulatory Support System is intended for circulatory support using an extracorporeal bypass control unit, for periods up to 6 hours. It is also intended to be used to provide circulatory support (for periods up to 6 hours) during procedures not requiring cardiopulmonary bypass. The Impella® 5.0 Circulatory Support System also provides pressure measurements which are useful in determining intravascular pressure.

**Contraindications and Warnings**
The Impella 5.0 is contraindicated for use with patients experiencing any of the following conditions: (1) Mechanical aortic valve or heart constrictive device; (2) Aortic valve stenosis/calcification (graded as ≥ +2 equivalent to an orifice area of 1.5 cm² or less); (3) Moderate to severe aortic insufficiency (echocardiographic assessment of aortic insufficiency graded as ≥ +2); and (4) Severe peripheral arterial obstructive disease that would preclude Impella® 5.0 device placement. Additionally, potential for the following risks has been found to exist with the use of the Impella 5.0: Aortic insufficiency; Aortic valve injury; Arrhythmia; Atrial fibrillation; Bleeding; Cardiogenic shock; Cardiac tamponade; Cerebral vascular accident (CVA)/Stroke; Death; Device malfunction; Hemolysis; Hepatic failure; Insertion site infection; Myocardial infarction; Perforation; Renal failure; Respiratory dysfunction; Sepsis; Thrombocytopenia; Thrombotic vascular (non-CNS) complication; Transient ischemic attack (TIA); Vascular injury; Ventricular fibrillation; Ventricular tachycardia.

**Impella RP®**

**Indication for Use**
The Impella RP® System is indicated for providing circulatory assistance for up to 14 days in pediatric or adult patients with a body surface area ≥ 1.5 m² who develop acute right heart failure or decompensation following left ventricular assist device implantation, myocardial infarction, heart transplant, or open-heart surgery.

**Contraindications and Warnings**
The Impella RP® System is contraindicated for use with patients experiencing any of the following conditions: (1) Disorders of the pulmonary artery wall that would preclude placement or correct positioning of the Impella RP device; (2) Mechanical valves, severe valvular stenosis or valvular regurgitation of the tricuspid valve or pulmonary valve; (3) Mural thrombus of the right atrium or vena cava; (4) Anatomic conditions precluding insertion of the pump; (5) Other illnesses or therapy requirements precluding use of the pump; and (6) Presence of a vena cava filter or caval interruption device, unless there is clear access from the femoral vein to the right atrium that is large enough to accommodate a 22 Fr catheter.
IMPELLA® DEVICES: HOW THEY WORK

Placement in Left Ventricle

Outflow

Impeller and blood outflow

Inflow
Heart Failure & Coronary Artery Disease (CAD)

Protected PCI with the Impella® 2.5 pump

New Treatment Option

Depressed Ejection Fraction

Elective PCI

- Advanced Heart Failure
- Coronary Artery Disease

Urgent PCI

- Unstable Angina/NSTEMI
- Coronary Artery Disease

Active Chest Pain
Low Ejection Fraction

Common Fatigue
Low Ejection Fraction
Poor Quality of Life
Inoperable or Surgery unlikely

Safe & Effective

Better
Quality of Life

Home
Faster

Hospital Coding and Reimbursement
IMPELLA® DEVICE REIMBURSEMENT – TOP FIVE

1. Established reimbursement for the hospital and physician

2. Hospital procedure code 5A0221D specific to percutaneous heart assist

3. Impella devices have a specific payment for the hospital (DRG)

4. Separate physician payment for insertion, repositioning, and removal (CPT)

5. Coverage by Medicare and major payers
**Reimbursement Hotline Available**

- Monday – Friday 8:00AM – 5:00PM CT
- 1-877-256-0861
- 4 certified hospital coders
- Independent of Abiomed
- What they provide?
  - The same information as the Abiomed reimbursement specialist
  - Codes (ICD-10, DRG, CPT)
  - Individual hospital payment rates
IMPELLA® DEVICE REIMBURSEMENT: HOSPITAL CODING DETAILS

ICD-10 5A0221D

• 5A0221D “Assistance with Cardiac Output using Impeller Pump, Continuous” to be used for Impella® 2.5, Impella CP®, and femoral insertion of Impella® 5.0

Cardiac Cath

• Hospital codes for appropriate cardiac catheterization procedure
• Without cardiac catheterization DRGs 219-221

MCCs/CCs

• Identify and code for appropriate MCCs/CCs
5A0221D is the ICD-10 PCS code for the Impella® 2.5, Impella CP®, Impella® 5.0 and Impella RP® pumps – percutaneous

<table>
<thead>
<tr>
<th>Section</th>
<th>5 Extracorporeal Assistance and Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body System</td>
<td>A Physiological Systems</td>
</tr>
<tr>
<td>Operation</td>
<td>0 Assistance</td>
</tr>
</tbody>
</table>

**CODE:**

```
5 A 0 2 2 1 D
```

Short Description: Assist with Cardiac Output using Impeller Pump, Continuous

**Descriptor: Assistance with Cardiac Output using Impeller Pump, Continuous**

<table>
<thead>
<tr>
<th>BODY SYSTEM</th>
<th>DURATION</th>
<th>FUNCTION</th>
<th>QUALIFIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Cardiac</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-Circulatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-Intermittent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Continuous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Less than 24 Consecutive Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-24-48 Consecutive Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-Greater than 48 Consecutive Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-Output</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Oxygenation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-Ventilation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-Electrical Pump</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-Hyperbere</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-Pressure Compression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-Other Pump</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-Continuous Positive Airway Pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-Intermediate Positive Airway Pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-Continuous Negative Airway Pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-Intermittent Negative Airway Pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-Respirator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D-Impeller Pump</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-No Qualifier</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**IMPELLA® DEVICE ICD-10 PCS CODING**

02HA0RZ is the ICD-10 PCS code for Impella 5.0 or LD – Open Approach

<table>
<thead>
<tr>
<th>Section</th>
<th>Medical Surgical</th>
<th>Body System</th>
<th>Heart and Great Vessels</th>
<th>Operation</th>
<th>H Insertion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Part</td>
<td>Approach</td>
<td>Function</td>
<td>Qualifier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Heart</td>
<td>0 Open</td>
<td>Q Implantable</td>
<td>Z No qualifier</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Percutaneous</td>
<td>Heart Assist System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 Percutaneous Endoscopic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Heart</td>
<td>0 Open</td>
<td>R External</td>
<td>S Biventricular</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Percutaneous</td>
<td>Heart Assist System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 Percutaneous Endoscopic</td>
<td></td>
<td></td>
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</tbody>
</table>
**MS DRG Assignment Remains Unchanged**

<table>
<thead>
<tr>
<th>Device</th>
<th>ICD-10 PCS Procedure Codes</th>
<th>MS DRG</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5, CP, 5.0 or RP – percutaneous approach</td>
<td>5A0221D: Assistance with Cardiac Output using Impeller Pump, Continuous</td>
<td>216-221</td>
</tr>
<tr>
<td>5.0 or LD – open approach</td>
<td>02HA0RZ: Insertion of External Heart Assist System into Heart, Open Approach;</td>
<td>215</td>
</tr>
</tbody>
</table>
### ICD-10 PCS Procedure Codes: Cardiac Catheterization

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A020N7</td>
<td>Measurement of Cardiac Sampling and Pressure, Left Heart, Open Approach;</td>
</tr>
<tr>
<td>4A023N7</td>
<td>Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach</td>
</tr>
<tr>
<td>B2050ZZ</td>
<td>Plain Radiography of Left Heart using High Osmolar Contrast</td>
</tr>
<tr>
<td>B2150ZZ</td>
<td>Fluoroscopy of Left Heart using High Osmolar Contrast</td>
</tr>
<tr>
<td>B2000ZZ</td>
<td>Plain Radiography of Single Coronary Artery using High Osmolar Contrast</td>
</tr>
<tr>
<td>B2100ZZ</td>
<td>Fluoroscopy of Single Coronary Artery using High Osmolar Contrast</td>
</tr>
<tr>
<td>B2010ZZ</td>
<td>Plain Radiography of Multiple Coronary Arteries using High Osmolar Contrast</td>
</tr>
<tr>
<td>B2110ZZ</td>
<td>Fluoroscopy of Multiple Coronary Arteries using High Osmolar Contrast</td>
</tr>
</tbody>
</table>

*Not unique to Impella devices: 57 codes available in ICD-10*
DOCUMENTATION SPECIFICITY – HEART FAILURE

- **Poor**: CHF
- **Better**: Systolic Heart Failure
- **Best**: Acute Systolic Heart Failure OR *Acute on Chronic Combined Systolic and Diastolic Heart Failure*

**Example ICD-10 CM (MCC) =**

I50.21: Acute systolic (congestive) heart failure

Or

I50.23: Acute on chronic systolic (congestive) heart failure
## ICD-10 CM Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I50.21</td>
<td>Acute systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.23</td>
<td>Acute on chronic systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.31</td>
<td>Acute diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.33</td>
<td>Acute on chronic diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.41</td>
<td>Acute combined systolic (congestive) and diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.43</td>
<td>Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure</td>
</tr>
</tbody>
</table>
2016 INPATIENT HOSPITAL REIMBURSEMENT

• Unique payment structure based on use of Impella devices

• ICD- 10 5A0221D primarily maps to MS-DRG 216, 217, or 218

• Critical to identify and document any and all MCCs and CCs
  - Acute conditions are generally MCCs
  - Chronic conditions generally are CCs

• Impella pumps are reimbursed as an inpatient procedure only

*The payment amounts are based on payment amounts for Abiomed top customers during FY 2014. Sources: Include CMS-1607-F, Release 8/4/14, corrections published 10/3/14, and the hospital payment impact file dated 9/30/14. Calculations assume that all hospitals are receiving the full quality reporting and meaningful HER update of 2.2%. Actual payment may vary based on various hospital – Specific factors not reflected in the source data. Actual payment may also vary based on adjustments that CMS may make from time to time. Payment amounts are adjusted for 30 day readmission factors, VBP and sequestration effective 4/1/13. The potential reconciliation payment for DSH is shown in the light gray bar.
MEDICAL DOCUMENTATION MATTERS
IMPELLA® DEVICE PROCEDURES ARE INPATIENT PROCEDURES

- Defined in the Federal Register by Medicare
- Medicare Two Midnight Rule requires that hospital inpatient stays must be greater than or equal to 2 consecutive midnight stays in order to be eligible for Medicare Reimbursement excluding “Inpatient Only” Procedures
- “Inpatient Only” procedures are always appropriate as an inpatient admit regardless of the time spent in the hospital
- Impella is listed on the Medicare “Inpatient Only” Procedure list; therefore, excluded from the 2-Midnight Inpatient Stay Rule

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Physician Coding</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>33990</td>
<td>Insert percutaneous ventricular assist device</td>
<td>C</td>
</tr>
<tr>
<td>33992</td>
<td>Removal of percutaneous ventricular assist device</td>
<td>C</td>
</tr>
<tr>
<td>33993</td>
<td>Repositioning percutaneous ventricular assist device</td>
<td>C</td>
</tr>
</tbody>
</table>

Reference: Addendum E. Proposed CPT Codes That Would Be Paid Only as Inpatient Procedures for CY 20143. Status Indicator “C” = procedure has been designated by Medicare as an "Inpatient Only" procedure

<table>
<thead>
<tr>
<th>ICD-10 PCS</th>
<th>Hospital Coding</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A0221D</td>
<td>Assistance with Cardiac Output using Impeller Pump, Continuous</td>
<td>Inpatient</td>
</tr>
</tbody>
</table>

Reference: (ICD-10 PCS) are only to be used in the inpatient setting

2. Medical necessity and a physician’s order for inpatient admission are still requirements for MS-DRG reimbursement.
Physician Coding & Reimbursement
### PROCEDURE PAYMENT FOR PHYSICIANS (CPT)

<table>
<thead>
<tr>
<th>CPT For Impella® 2.5, Impella CP®, and Impella® 5.0 devices</th>
<th>Description</th>
<th>2015 Total RVUs¹ (Revenue Value Units)</th>
<th>2015 Medicare National Average Payment²</th>
</tr>
</thead>
<tbody>
<tr>
<td>33990 Insertion</td>
<td></td>
<td>12.79</td>
<td>$457</td>
</tr>
<tr>
<td>33992 Removal</td>
<td></td>
<td>6.23</td>
<td>$223</td>
</tr>
<tr>
<td>33993 Repositioning</td>
<td></td>
<td>5.49</td>
<td>$196</td>
</tr>
</tbody>
</table>

**Critical Care Monitoring**

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>2015 Total RVUs¹</th>
<th>2015 Medicare National Average Payment²</th>
</tr>
</thead>
<tbody>
<tr>
<td>99291</td>
<td>Critical Care (first 30-74 mins)</td>
<td>6.33</td>
<td>$226</td>
</tr>
<tr>
<td>99292</td>
<td>Critical Care (each additional 30 mins)</td>
<td>3.16</td>
<td>$113</td>
</tr>
</tbody>
</table>

- XE modifier is appended with repositioning and removal to show separate session
- Removal and repositioning billing requires detailed medical documentation supporting a separate session

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 RVU reference: CMS 2015 Physician Fee Schedule, CMS 1601-FC released 10/31/14. 2015 payment calculated using the 2015 Conversion Factor of $35.7547².
IMPELLA® DEVICE REIMBURSEMENT – TOP FIVE

1. Established reimbursement for the hospital and physician

2. Hospital ICD-10 procedure code 5A0221D specific to percutaneous heart assist

3. Use of Impella device, including Protected PCI, has a specific payment for the hospital (MS-DRG)

4. Separate physician payment for insertion, repositioning, and removal (CPT)

5. Coverage by Medicare and major payers
FAQs

• Is there a separate HCPCS or C-code for the Impella device?
  – No, there is not a separate HCPCS or C-code for Impella device. Impella is an inpatient only procedure and reporting of a HCPCS code for billing purposes is not required as they are with many outpatient procedures or devices.

• When should the inpatient order be written for the patient receiving an Impella procedure?
  – The hospital should follow its own internal policy regarding appropriateness of writing the Inpatient order. It should be written at the time that the procedure is indicated. It must be written before the patient is discharged.

• What should the hospital do if they have a denial?
  – Denials are NOT common. Contact a Field Team member to assist in the appeals process.
**Example #1 - Hospital Coding and Billing**

Patient presents to the ER with chest pain with a history of CABG X2, Diabetes, chronic heart failure with recent decompensation over the past two weeks, and is admitted for NSTEMI. EF is low, but stable hemodynamically.

- Admitted to the hospital
- Cath Lab for Angioplasty
- Impella device insertion
- Impella device Removed
- Discharge

- ✓ Admission
- ✓ NSTEMI (MCC) I21.4
- ✓ Acute on Chronic HF (MCC) I50.23/33/43 series
- ✓ Left Heart Diagnostic Cath 4A023N7
- ✓ Meets criteria for ICD-10 PCS 5A0221D
- ✓ Patient discharged home, reduced LOS

**What to Remember**

1. Documented Impella device Use, 5A0221D
2. Documented MCCs, I21.4, I50.23/33/43 series
3. Documented Cardiac Cath 4AO23N7
4. Maps to DRG 216
EXAMPLE #2 – PHYSICIAN CODING AND BILLING

Patient presents to the ER with chest pain with a history of CABG X2, Diabetes, chronic heart failure with recent decompensation over the past two weeks, and is admitted for NSTEMI. EF is low, but stable hemodynamically.

- Admitted to the hospital
- Cath Lab for Angioplasty
- Impella device insertion
- Impella device Removed
- Discharge

What to Remember

1. Physician bills for insertion
2. May also bill for other services provided to the patient
3. Not appropriate to bill for removal as is was in the same session

- Impella device Insertion (CPT 33990)
- Bills for other procedures as appropriate
- Impella device removed at the time of the procedure, no additional physician CPT code (33992)
THANK YOU