LivaNova
Health innovation that matters

2020 PERCEVAL VALVE CODING AND PAYMENT AT-A-GLANCE[1]

The Perceval Sutureless Heart Valve is indicated for the replacement of diseased, damaged, or malfunctioning native or prosthetic aortic valves. The Perceval Valve is FDA-approved to be utilized as an isolated surgical aortic valve replacement procedure, or concomitant to another cardiac procedure. The use of the Perceval valve is at the discretion of the healthcare provider based on patient medical necessity.

Hospital Coding and Payment

Final hospital coding will be reflective of the procedure(s) performed and are at the discretion of the healthcare provider. Medicare will reimburse hospitals based on Medicare Severity-Diagnosis Related Groups (MS-DRGs) under the Inpatient Prospective Payment System (IPPS). Hospitals will be reimbursed one MS-DRG per patient admission, regardless of the number of procedures performed. The coding below is reference for an isolated surgical aortic valve replacement with the Perceval valve and does not include any concomitant surgical procedures that may be performed during the same admission. Final MS-DRG assignment will be determined by the procedures performed and the patient's severity of their health conditions.

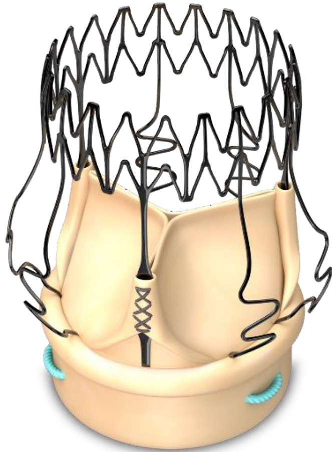
Inpatient Procedure Code[2]	Description	Medicare MS-DRG Assignment[3,4]	FY 2020 Medicare National Average[5]
X2RF032 5A1221Z	Replacement of Aortic Valve using Zooplastic Tissue, Rapid Deployment Technique, Open Approach, New Technology Group 2 Performance of cardiac output; continuous	**219** Cardiac valve and other major cardiothoracic procedures without cardiac catheterization with MCC	$49,108.35
		220 Cardiac valve and other major cardiothoracic procedures without cardiac catheterization with CC	$33,234.78
		221 Cardiac valve and other major cardiothoracic procedures without cardiac catheterization without CC/MCC	$28,789.40

Surgeon Coding and Payment

Final surgeon coding will be reflective of the procedure(s) performed and are at the discretion of the healthcare provider. Medicare will reimburse physicians based on CPT® code(s) reported to describe specific procedures under the Medicare Physicians Fee Schedule (PFS) and may be subject to the CMS multiple procedure payment reduction rules. The coding below is reference for an isolated surgical aortic valve replacement with the Perceval valve and does not include any concomitant surgical procedures that may be performed during the same admission.

CPT® Code[6]	Description	2020 Total Facility RVUs[7]	FY 2020 Medicare National Average[7,8]
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	65.76	$2,373.25

For additional reimbursement questions please contact LivaNova Reimbursement Support at reimbursement.hv@livanova.com.



REFERENCES

1. Reference reflective of isolated surgical aortic valve replacement with cardiopulmonary bypass only
2. ICD-10-PCS 2020, American Medical Association, Chicago, IL 2019
3. Final MS-DRG placement will be severity adjusted based on procedures performed and the patient's overall health condition
4. 2020 DRG Expert, OPTUM 360, LLC. 2019
5. CMS-1716-F and CMS-1716-CN2 Medicare Hospital Inpatient Prospective Payment Systems Final Rule and Correction Notice FY2020, effective through September 30, 2020
6. Current Procedural Terminology 2020, American Medical Association. Chicago, IL 2019. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2019 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply
7. CMS-1715-F Medicare Physician Fee Schedule Final Rule CY2020
8. Medicare National average payment; no adjustments. Commercial payment will vary based on individual contracts

Disclaimer: This document is for information and training purposes only and is provided to help you understand the reimbursement process. It is not intended to increase or maximize reimbursement by any payer. We strongly recommend that providers consult their payer organization with regard to local coding and reimbursement policies. The information contained in this document represents no statement, promise or guarantee by LivaNova concerning levels of reimbursement, payment or charge. Similarly, all CPT®, ICD-10-PCS and MS-DRG codes are supplied for information purposes only and represent no statement, promise or guarantee by LivaNova that these codes will be appropriate or that reimbursement will be made. It is always the responsibility of the provider to determine if the services actually provided are accurately described by any specific code(s) and to report services consistent with specific payer requirements. This information is subject to change at any time. LivaNova strongly recommends that you consult your payers regarding their reimbursement policies. In all cases, services billed must be medically necessary, actually performed as reported and appropriately documented.

LivaNova

Health innovation that matters

IM-00541F 06/2020

www.LivaNova.com

LivaNova USA, Inc.
100 Cyberonics Blvd.
Houston, TX 77058
Tel. 866.332.1375
email: info.cardiacsurgery.us@livanova.com

Manufactured by:
LivaNova Canada Corp.
5005 North Fraser Way
Burnaby BC V5J5M1 – Canada
Tel. 1.604.412.5650

Please refer to the Instructions For Use (IFU) manual provided with each product for detailed information, warnings, precautions and possible adverse side effects.