Medtronic

2022 Billing and Coding Guidelines Emprint™ ablation system

The Emprint[™] ablation system motility testing system is intended for use in percutaneous, laparoscopic, and intraoperative coagulation ablation of soft tissue, including partial or complete ablation of non-resectable liver tumors.

All rates provided are for the Medicare national unadjusted average rounded to the nearest whole number for 2022 and do not represent adjustment specific to the provider's location or facility.

CPT ^{©1} Code	Description	Physician ²	Ambulatory Surgery Center ³	Hospital Outpatient Department ³
473824	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	Physician office: \$3,954 HOPD/ASC:\$739 Work RVUs* 14.97	\$2,363	\$5,168
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	HOPD: \$1,291 Work RVUs* 20.8	NA	\$9,096
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	Inpatient: \$1,491 Work RVUs* 24.56	Inpatient Only (Medicare)	
47120	Hepatectomy, resection of liver, partial lobectomy	Inpatient: \$2,404 Work RVUs* 39.01	Inpatient Only (Medicare)	
47122	Hepatectomy, resection of liver, trisegmentectomy	Inpatient: \$3,533 Work RVUs* 59.48	Inpatient Only (Medicare)	
47125	Hepatectomy, resection of liver, total left lobectomy	Inpatient: \$3,166 Work RVUs* 53.04	Inpatient Only	(Medicare)

^{*}RVU = Relative Value Unit

47370 is not included in the Medicare Ambulatory Surgical Center (ASC) fee schedule.

Coding for Combination Procedures

It may be necessary to perform a lobectomy and a laparoscopic ablation at the same surgical encounter. In some circumstances, reimbursement may be reported separately if the definition of separate and identifiable is met. Both the facility and the physician may report a charge for the lobectomy and trisegmentectomy procedure and the radiofrequency ablation by appending modifier 59 when the procedure definition of separate and identifiable are met. Providers are encouraged to review their internal guidelines for the addition of this and any other modifiers.

Professional Fees for Image Guidance

The use of modifier 26 indicates that only the professional component of the procedure was provided.

CPT [®] Code	Description	Physician2	and a constant	Hospital Outpatient Department ³
76940-26	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	HOPD/ASC: \$101 Work RVUs* 2.00	Payment package primary procedur	ed into re payment
77013-26	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	HOPD/ASC: \$185 Work RVUs* 3.99	Payment packaged into primary procedure payment	
77022-26	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	HOPD/ASC: \$206 Work RVUs* 4.24	Payment package primary procedui	ed into re payment

Inpatient Coding

ICD-10- PCS ⁵ Code	Description
0F504ZZ	Destruction of Liver, Percutaneous, Endoscopic Approach
0F514ZZ	Destruction of Right Lobe of Liver, Percutaneous, Endoscopic Approach
0F524ZZ	Destruction of Left Lobe of Liver, Percutaneous, Endoscopic Approach
0F500ZZ	Destruction of Liver, Open Approach
0F510ZZ	Destruction of Right Lobe Liver, Open Approach
0F520ZZ	Destruction of Left Lobe Liver, Open Approach
0F503ZZ	Destruction of Liver, Percutaneous Approach

DRG Reimbursement

All rates provided are for the Medicare national unadjusted average rounded to the nearest whole number for 2022 and do not represent adjustment specific to the provider's location or facility.

MS-DRG ⁶ Code	Description	Hospital Inpatient
405	Pancreas, Liver and Shunt Procedures with MCC*	\$37,835
406	Pancreas, Liver and Shunt Procedures with CC**	\$18,997
407	Pancreas, Liver and Shunt Procedures without CC/MCC	\$13,967

^{*}MCC- Major complications and Comorbidities

For information related to medical policy for this product, please contact your Medtronic Reimbursement support team at 888-389-5200, option 1 or contact us via email at

Rs.MedtronicGlreimbursement@medtronic.com. Additional support materials are available at http://www.medtronic.com/covidien/en-us/support/gastrointestinal-reimbursement.html.

^{*}CC- Complications and Comorbidities

Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage and payment policies. This document provides assistance for FDA approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (e.g., instructions for use, operator's manual or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

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²Centers for Medicare and Medicaid Services. Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Federal Register (86 Fed. Reg. No. 221 64996-66031)

https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf Published November 19, 2021. Physician Fee Schedule – January 2022 Release. https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-relative-value-files/rvu22a

³Centers for Medicare and Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Final Rule, Federal Register (86 Fed. Reg. No.218 63458-63477),

https://www.govinfo.gov/content/pkg/FR-2021-11-16/pdf/2021-24011.pdf Published November 16, 2021. ASC Payment Rates - Addenda January 2022 ASC Approved HCPCS Code and Payment Rates-Updated January 4, 2022.

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates

⁴Per Clinical Examples in Radiology. A practical guide to correct coding. Volume 8, Issue 3, Summer 2012; ACR states that the radiofrequency codes should be used for both microwave and radiofrequency ablation. The ACR defines microwave as part of the radiofrequency spectrum and uses a different part of the radiofrequency spectrum to develop heat energy to destroy abnormal tissue.

⁵ICD-10-PCS: Department of Health and Human Services, Centers for Medicare & Medicaid Services. International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). https://www.cms.gov/medicare/icd-10/2022-icd-10-cm
⁶Centers for Medicare and Medicaid Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the LongTerm Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2022 Rates; Final Rule, Federal Register (86 Fed. Reg. No. 154 44774-45615), https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf Published August 13, 2021.

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