

WATCHMAN

IMPORTANCE OF APPROPRIATE CHARGING GUIDE

This guide provides education to hospitals on the importance of appropriate charging practices for high cost implantable devices such as the WATCHMAN LAAC Device.

For questions regarding WATCHMAN™ reimbursement, please contact:

Email: WATCHMAN.Reimbursement@bsci.com

Voicemail: (877) 786-1050

Press 2 to leave a message. Messages are monitored M-F, 8am – 4pm CT and responses are typically on the same or following business day.

Please go to www.watchmandownloadcenter.com to access a sample prior authorization template.



IMPORTANT INFORMATION – DISCLAIMER

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. It is always the provider's responsibility to understand and comply with national coverage determinations (NCD), local coverage determinations (LCD) and any other coverage requirements established by relevant payers which can be updated frequently.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

THE IMPORTANCE OF APPROPRIATE CHARGING GUIDE

Establishing Appropriate Hospital Charges

On October 1, 2015, the ICD 10 reporting mechanism became effective for reporting hospital inpatient procedures. The ICD 10 procedure code for reporting WATCHMAN implants is 02L73DK (occlusion of left atrial appendage with intraluminal device, percutaneous approach). This procedure code maps to MS-DRGs 273 and 274 for hospital inpatient payment.

ICD-10 Code	Description
02L73DK	Occlusion of left atrial appendage with intraluminal device, percutaneous approach

Hospitals should continue to capture all charges and resources reported with the WATCHMAN implant. This is important because CMS uses hospital charges and cost report data to determine payment rates under the Inpatient prospective payment system. For example, claims data from October 1, 2014 through September 30, 2015 were used to determine payment rates for discharges that took place from October 1, 2015 through September 30, 2016. Therefore, it is important to appropriately capture all charges associated with WATCHMAN implants for CMS to set payment rates that most accurately reflect procedure costs, including the cost of the devices utilized. Since the WATCHMAN LAAC procedure is relatively new, prior claims data for insertion of left atrial appendage device (ICD-9 procedure **code 37.90**) procedures typically reflect costs in a clinical trial setting. The cost parameters and resources reflected may vary based on clinical practice so it is important that your documentation and charges accurately reflect what is occurring in your hospital. (The Medicare claims reflect data that predate the year for which rates are being set usually by two years.)

THE IMPORTANCE OF APPROPRIATE CHARGING GUIDE

Continued

How this applies to WATCHMAN LAAC Device

The WATCHMAN LAAC procedures present a critical opportunity for CMS to collect and track resources associated with the system implant. These procedures are reported with ICD10 procedure code 02L73DK for specifically tracking transcatheter closure of the LAA with an implant. CMS reviews the MS-DRG definitions annually to ensure that each group continues to include cases with clinically similar conditions that require a comparable level of inpatient resources.

ICD-10 Procedure Code ³	Description
02L73DK	With ICD10, specifically tracking transcatheter closure of the LAA with an implant.

Generally, when the data demonstrates that subsets of clinically similar cases within a MS-DRG consume significantly different amounts of resources, CMS may reassign them to a different MS-DRG with comparable resource use or create a new MS-DRG category.

This means that if the resources (i.e., costs, length of stay, etc.) for the WATCHMAN LAAC procedure fall outside their current DRG classification and the volume is significant enough where it impacts those DRGs, then CMS may reconsider placement into another comparable DRG or create a new category altogether. CMS created new MS-DRGs 273 and 274 effective on October 1, 2015 for WATCHMAN implants because of the reasons described above. Boston Scientific will continue to monitor and analyze this data over the next two years to ensure that these MS-DRGs payment categories are appropriate in best representing the hospital resources associated with these implants. This is the reason why it is important to account for all the resources utilized in performing the WATCHMAN LAAC implants.

Contact information on **At-A-Glance** page