Occlutech

Interventional Systems
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SHARING EXPERTISE

Occlutech® ASD Occluder

Physician and Facility Coding Information

The Occlutech® ASD Occluder is intended for percutaneous transcatheter closure of ostium secundum-type atrial septal defects (ASD). It is a self-centering occluder containing double discs and wide waist and is designed without a left atrial hub. The flexible wires produce a conformable device to facilitate a natural deployment position.

Rx only.

For a complete list of the contraindications, warnings, and precautions please see https://www.bisusa.com/en/products/b/occlutechasdoccluder.html or refer to the Product Instructions for Use.

Occlutech® ASD Occluder

Reimbursement Guide

Indication for Use and Area of Application

The Occlutech ASD Occluder is a medical device intended for transcatheter closure of ostium secundum-type atrial septal defects (ASD). Patients indicated for ASD closure have:

- echocardiographic evidence of ostium secundum-type ASD,
- clinical evidence of right ventricular (RV) volume overload (hemodynamically significant left-to-right shunt with Qp / Qs ≥ 1.5 or RV enlargement).

Contraindications

The Occlutech ASD Occluder is contraindicated for the following:

- Any patient known to have extensive congenital cardiac anomaly which can only be adequately repaired by way of cardiac surgery.
- Any patient known to have sepsis within 1 month prior to implantation, or any systemic infection that cannot be successfully treated prior to device placement.
- Any patient known to have a bleeding disorder, untreated ulcer, or any other contraindications to aspirin therapy, unless another antiplatelet agent can be administered for 6 months.
- Any patient known to have demonstrated intracardiac thrombi on echocardiography (especially left atrial or left atrial appendage thrombi).
- Any patient whose size (such as, too small for transesophageal echocardiography probe, catheter size) or condition (active infection, etc.) would cause the patient to be a poor candidate for cardiac catheterization.
- Any patient where the margins of the defect are less than 5 mm to the coronary sinus, inferior vena cava rim, AV valves, or right upper lobe pulmonary vein.

Warnings

- The Occlutech ASD Occluder must be implanted exclusively by physicians trained in its use and are experienced with interventional transcatheter ASD closure techniques.
- Physicians who implant the Occlutech ASD Occluder must be able to recognize, assess, and manage procedure associated emergencies. Onsite cardiac surgical support with corresponding personnel must be available.
- After deployment and release of the Occlutech ASD Occluder, complications such as device dislocation or embolization may occur as a result of erroneous positioning or sizing of the device. These complications can present a life-threatening situation to the patient.

Precautions

- Patients with body weight < 8 kg might be at higher risk for complications.
- Cryptogenic stroke caused by ASD related left circulatory embolism has not been clinically evaluated for the Occlutech ASD Occluder. The use of the Occlutech ASD Occluder has not been studied in patients with patent foramen ovale.
- Placement of the Occlutech ASD Occluder may impact future cardiac interventions, for example transseptal puncture and mitral valve repair.

Training Information

The Occlutech ASD Occluder must be implanted exclusively by physicians trained in its use and are experienced with interventional transcatheter ASD closure techniques and are able to determine suitable patients for procedures using this device. Physicians who implant the Occlutech ASD Occluder must be able to recognize, assess and manage procedure associated emergencies. Although the device is designed to be used only by experienced users (physicians, professional health care personnel), physicians should participate in the physician training program for new customers to ensure that all implanting physicians are trained on the use of the Occlutech ASD Occluder. The Occlutech ASD Occluder shall only be implanted by an experienced and trained physician, and in a specialized catheterization laboratory.

Physician Coding*

The physician component of a procedure is universally represented by CPT® (Current Procedural Terminology) coding. CPT codes describe some or all of a service and/or procedure being performed.

Medicare uses the Resource-Based Relative Value Scale (RBRVS) to determine how much to reimburse physicians. Under RBRVS, each CPT code is assigned Relative Value Units (RVUs), which take into account the work, practice expense and malpractice expense associated with a procedure. The RVUs are then converted to a standard payment amount via an annual conversion factor.

CPT[1] Codes	Description[1]
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant

Facility Outpatient Coding*

Clinicians and outpatient facilities use Current Procedural Terminology (CPT) codes to report procedures and services. Each CPT code is assigned to an Ambulatory Payment Classification (APC), which is used to determine payment by the Centers for Medicare and Medicaid Services (CMS).

HCPCS/CPT Code	Description
Device Code**	
C1817	Septal defect implant system
Procedure	
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant

Facility Inpatient Coding*

Medicare inpatient hospital reimbursement is based upon the Medicare Severity Diagnostic-Related Group (MS-DRG) classification system, which assigns MS-DRGs based on the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-PCS) diagnosis and procedure codes. The MS-DRG system classifies patients based on their diagnoses and the procedures performed during a hospital stay. In most instances, a single MS-DRG payment under the Medicare inpatient prospective payment system (IPPS) is intended to cover all hospital costs associated with treating an individual during his/her hospital stay.

Description	ICD-10-PCS2	MS-DRG2
Supplement Atrial Septum with Synthetic Substitute, Percutaneous Approach	02U53JZ	273 Percutaneous Intracardiac procedures with MCC 274 Percutaneous Intracardiac procedures without MCC

Disclaimer

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Healthcare professionals should refer to the Product Instructions for Use or visit https://www.bisusa.com/en/products/b/occlutechasdoccluder.html for a complete list of the contraindications, warnings, and precautions.

1. Current Procedural Terminology (CPT®) is copyright 1966, 1970, 1973, 1977, 1981, 1983-2023 by the American Medical Association. All rights reserved.
2. ICD-10-CM/PCS MS-DRG v41.0 Definitions Manual https://www.cms.gov/icd10m/FY2024-version41-fullcode-cms/fullcode_cms/P0001.html

* Codes and payment are provided for informational purposes only and may change. It is the provider's responsibility to determine and submit appropriate codes based on the services actually provided. Please contact your local payer for interpretation of policies and the appropriate codes to use for your specific procedures.

** Per CMS-1786-F, device intensive procedures require the reporting of a device HCPCS code. Device code reporting requirements apply.

For more information or to place an order, contact your B. Braun Interventional Systems Inc. representative or call 877-836-2228.

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