

Clarify 2023 ICD-10-PCS Coding for Cardiovascular Disease Treatments

A WEBINAR PRESENTED ON MARCH 9, 2023

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Presented By



- **Adriane Martin, DO, FACOS, CCDS**, is vice president of physician services at Enjoin, where she directs many initiatives within the company to support operations and growth. She leads all internal and external efforts for the physician team to support clients with actionable data and educational content. With her extensive knowledge of documentation and coding principles combined with her clinical surgical experience, she brings unparalleled clinical and coding acumen to the industry. She graduated from the University of North Texas Health Science Center with her Doctorate of Osteopathy and completed her general surgery residency at Osteopathic Medical Center of Texas/Ft. Worth in 2004. Dr. Martin is a Fellow of the American College of Osteopathic Surgeons, and her professional affiliations include the American Medical Association, the American Osteopathic Association, and the American Society of Breast Surgeons. She has been practicing general surgery for 15 years and has been a part of the Enjoin team since 2014.

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Objectives

- At the completion of this educational activity, the learner will be able to:
 - Understand the pathophysiology of end-stage heart failure and cardiogenic shock
 - Identify indications for and assign PCS codes for short-term circulatory assist devices
 - Intra-aortic Balloon Pump (IABP)
 - Impella
 - Tandem Heart
 - Identify indications for and assign PCS codes for long-term circulatory assist devices
 - Left Ventricular Assist Device (LVAD)
 - Total Artificial Heart (TAH)

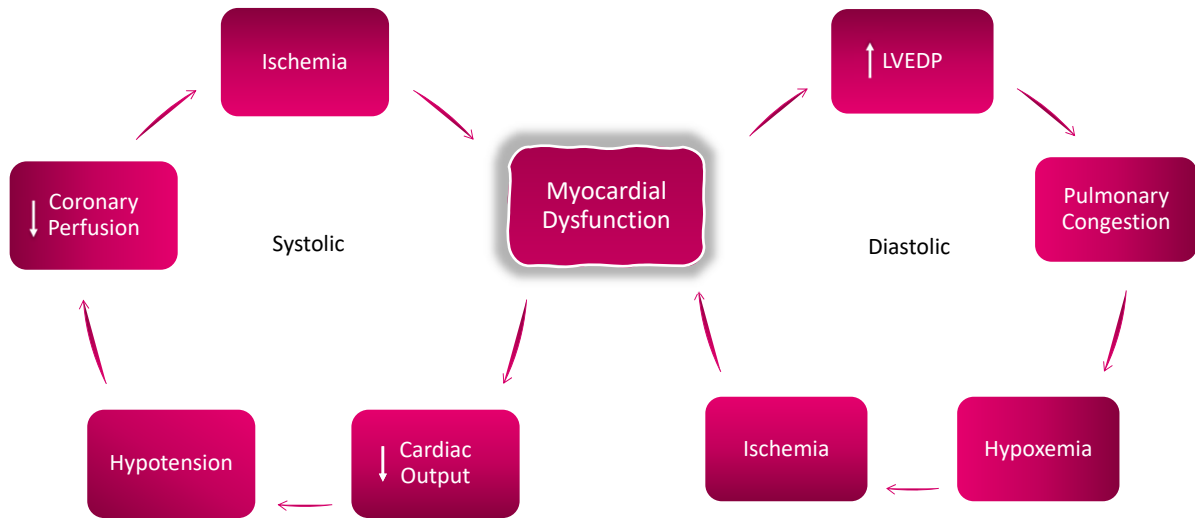


https://www.pcupedia.org/images/0/01/IntraAortic_figure1.jpg

Cardiovascular Disease

End-Stage Heart Failure
Cardiogenic Shock

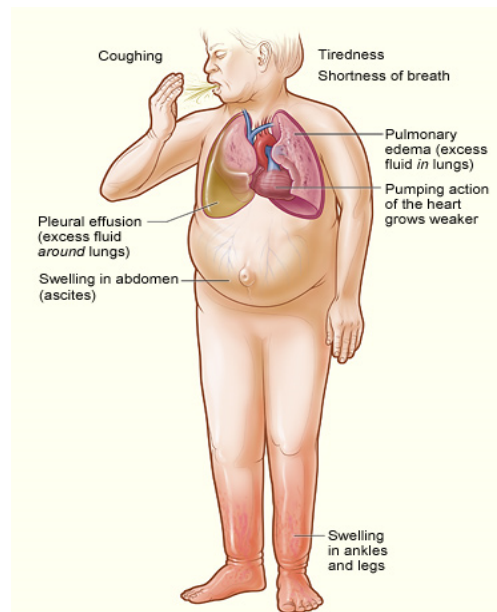
Pathophysiology of Heart Failure



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Classification of Heart Failure

AHA	NYHA	INTERMACS
A (at risk)	-	-
B (asymptomatic)	Class I	-
C (Symptomatic)	Class II, III	-
D (End-stage)	Class III, IV	1-7

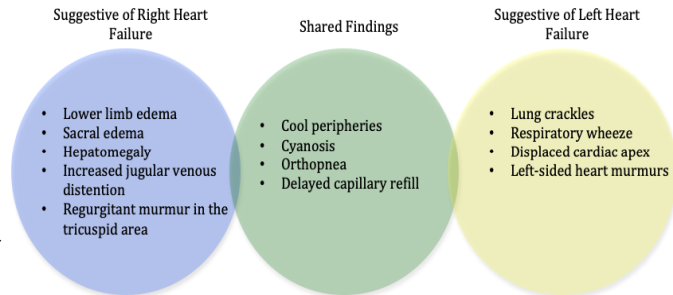


<https://upload.wikimedia.org/wikipedia/commons/thumb/9/99/Heartfailure.jpg/310px-Heartfailure.jpg>

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Cardiogenic Shock

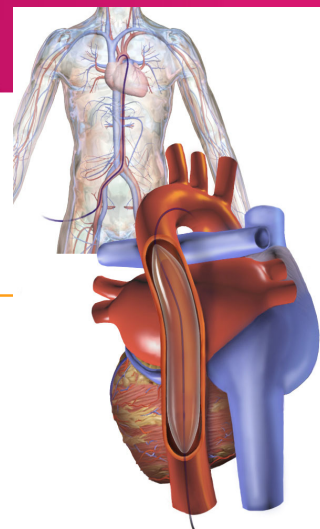
- Caused by severe myocardial dysfunction:
 - Acute MI
 - Chronic progressive heart failure
- Results in:
 - Diminished cardiac output
 - End-organ hypoperfusion
 - Hypoxemia
- Diagnosis:
 - SBP <90 mm Hg for >30 min or vasopressor support to maintain SBP >90 mm Hg
 - Evidence of end-organ damage
 - AMS, decreased UOP, cool extremities, elevated lactate level
 - Hemodynamic criteria: CI <2.2 and PCWP >15 mm Hg



<https://doi.org/10.1161/JAHA.119.011991>

Short-term Circulatory Assist Devices

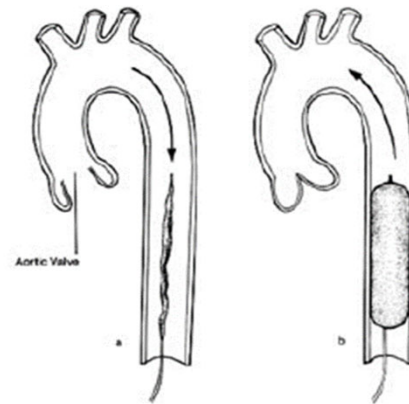
- IAPB
- Impella
- Tandem Heart



https://upload.wikimedia.org/wikipedia/commons/f/f9/Intraaortic_Balloon.png

IABP Function

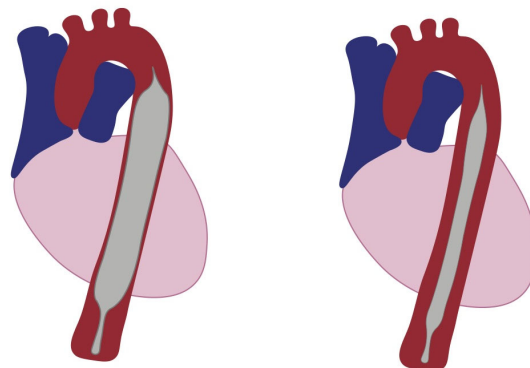
- Balloon deflates with the opening of the aortic valve/before the onset of systole
 - Decreases afterload with resultant decrease in the work effort by the heart
- Balloon inflates with the closure of the aortic valve/onset of diastole
 - Augments blood flow into the peripheral circulation and coronary arteries



https://s3.amazonaws.com/static.wd7.us/b/b4/Balloon_Figure.png

IABP Indications

- Indications:
 - Acute myocardial infarction
 - Cardiogenic shock
 - Heart failure
 - High-risk PCI
 - Low cardiac output after CABG
 - Refractory ventricular arrhythmias
- Contraindications
 - Sepsis
 - Aortic valve insufficiency/regurgitation
 - Severe PAD
 - Coagulopathies
 - Aortic dissection/aneurysm



<https://images.squarespace-cdn.com/content/53c1a2cce4b0e88e61f99b70/1480377460036-TSGOUIQLYH01RMT016LQ/IABP.jpg?content-type=image%2Fjpeg>

IABP Insertion

- Inserted percutaneously via femoral artery
 - Guidewire inserted
 - Access site dilated
 - Introducer sheath inserted over the IABP guidewire
 - Balloon catheter inserted via introduced sheath into the thoracic aorta
 - IABP guidewire removed
 - Balloon catheter then connected to the external console
- Complications
 - Ischemia: limb, visceral
 - Thromboembolism: limbs, CVA/TIA
 - Bleeding: insertion site, mediastinum
 - Infection
 - Perforation
 - Dissection

IABP Coding Clinic Guidance

Second Quarter, 2018, p.3

Question:

- The patient was admitted as an inpatient for percutaneous coronary intervention (PCI). An intra-aortic balloon pump (IABP) was placed for support, and it was removed at the end of the procedure. Is it appropriate to report the intraoperative use of the IABP?

Answer:

- Typically, auxiliary procedures done solely to support the performance of a surgical procedure are not coded separately. However, cardiopulmonary bypass and IABP are exceptions. When a surgical procedure is performed using IABP, code separately with the root operation "Assistance." Assign the following ICD-10-PCS code:
- 5A02210 Assistance with cardiac output using balloon pump, continuous, for the intraoperative use of IABP support

Second Quarter, 2018, p.3

Question:

- When an intra-aortic balloon pump (IABP) is left in place at the completion of the procedure but is removed a few hours later, would the assistance code and removal code both be assigned?

Answer:

- The IABP is not classified as a device for ICD-10-PCS under any circumstances, and therefore, it is not appropriate to assign the root operation "removal." Code the IABP as follows:
- 5A02210 Assistance with cardiac output using balloon pump, continuous

The use of an IABP is appropriately coded using the root operation "Assistance."

IABP Coding Clinic Advice

Second quarter, 2018, p.3

Question:

- A patient was transferred to our facility with an intra-aortic balloon pump (IABP) already in place from another acute care facility. IABP cardiac output assistance continued for several days. Subsequently, the balloon was deflated and the IABP was removed from the aorta at bedside. Is it appropriate to report the continued IABP assistance and removal?

Answer:

- Code the continued IABP assistance as follows:
- 5A02210 Assistance with cardiac output using balloon pump, continuous
- It would not be appropriate to report the root operation "removal" since an IABP is not considered a device.

Not removal

Second quarter, 2021, p.12

Question:

- The patient presented for repositioning of his intra-aortic balloon pump (IABP) due to distal migration of the catheter. In the cath lab, the balloon catheter was repositioned under fluoroscopic guidance by advancing the tip of the catheter to the aortic knob. Fluoroscopic examination following the repositioning revealed proper positioning of the balloon pump catheter. How should we report repositioning of an IABP? ;

Answer:

- Assign the following ICD-10-PCS code:
- 5A02210
- Assistance with cardiac output using balloon pump, continuous, for the continued IABP assistance.
- Since an IABP is not classified as a device in ICD-10-PCS, repositioning would not be coded separately from the IABP assistance. The fluoroscopic guidance may also be coded, if desired.

Not reposition

PreCARDIA Coding Clinic Advice Third quarter, 2022, p.23

Question:

- A new device called preCARDIA is being used to treat acute decompensated heart failure (ADHF) patients. This new technology uses a balloon catheter and pump controller, designed to address ADHF via intermittent occlusion of the superior vena cava (SVC). These patients are brought into the cardiac suite, a Swan-Ganz catheter is advanced under direct fluoroscopic guidance into the distal pulmonary artery where measurements are obtained, and then the preCARDIA device is implanted in the superior vena cava (SVC) per research protocol. What is the appropriate ICD-10-PCS code for the insertion of a preCARDIA device? Is the objective of the procedure to occlude the SVC?

Answer:

- Assign the following procedure code:
- 5A02110, Assistance with cardiac output using balloon pump, intermittent.
- The objective of the preCARDIA device is to regulate the flow of blood into the heart from the SVC in patients with acute decompensated heart failure to prevent volume overload. The use of preCARDIA is appropriately coded using the root operation "Assistance." Similar to an intra-aortic balloon pump (IABP), the PreCARDIA balloon catheter and pump are not classified as a device under ICD-10-PCS

Same advice for PreCARDIA

Case Study: IABP Impact

Case 1

- Patient transferred from an outside facility with IABP in place due to acute MI.
- PDx: AMI
- PCS Codes: None
- DRG 281

Case 2

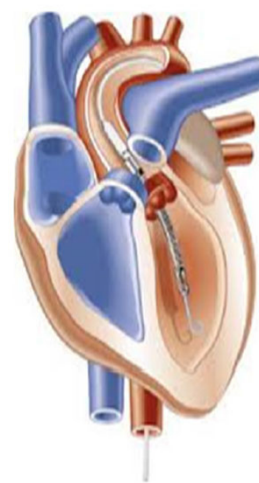
- The patient was admitted in transfer from an OSH s/p PCI with placement of an IABP.
- Progress note: Patient got OOB with balloon pump in place, dislodging the pump. Physician evaluated, pump was adjusted and then set to 1:1 with Heparin held, balloon pump discontinued the next morning
- PDx: AMI
- PCS Codes: None
- DRG 281

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Impella Function

- The inlet port of the catheter sits in the left ventricle
- The pump turns the corkscrew blade and blood is pulled from the left ventricle through the Impella device where it is expelled via the outlet port of the catheter in the ascending aorta
- Improves cardiac output
- Decreases myocardial O₂ consumption
- Decreases pulmonary capillary wedge pressure and RV afterload
- Provides antegrade flow at a rate of up to 5L/min (v. IABP of .5L/min)



<https://irispublishers.com/asoaj/images/irispublishers-openaccess-anaesthesia-surgery.ID.000520.G004.png>

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Impella Indications

- Indications*:
 - Acute myocardial infarction with cardiogenic shock
 - Cardiogenic shock
 - Cardiomyopathy with acute decompensation
 - High-risk PCI
 - Low cardiac output after CABG
 - Off-pump CABG
 - Ablation for ventricular tachycardia
 - Temporary bridge to permanent LVAD
- Contraindications*:
 - Left ventricular thrombus
 - Moderate to severe aortic valve regurgitation
 - Severe PAD
 - Coagulopathies

Table 1: Impella Device Technical Specifications

Impella Device	2.5	CP	5.0	LD	5.5	RP
Indication	HRPCI and CS	HRPCI and CS	CS	CS	CS	RHF or decompensation
Introducer diameter	13 Fr	14 Fr	23 Fr	--	23 Fr	23 Fr
Pump motor	12 Fr	14 Fr	21 Fr	21 Fr	19 Fr	22 Fr
Access	Percutaneous femoral or axillary	Percutaneous femoral or axillary	Femoral cutdown or axillary	Direct insertion into AA	Axillary cutdown or direct insertion into AA	Percutaneous femoral vein (to PA)
Maximum average flow (l/min)	2.5	3.7	5.0	5.3	5.5	4.4
Maximum duration of support	HRPCI: <6 hours CS: <4 days	HRPCI: <6 hours CS: <4 days	14 days	14 days	14 days	14 days
SmartAssist?	N	Y	N	N	Y	N

All catheter diameters are 9 Fr, with the exception of the Impella RP (11 Fr). AA = ascending aorta; CS = cardiogenic shock; HRPCI = high-risk percutaneous coronary intervention; PA = pulmonary artery; RHF = right heart failure.

Zein R, Patel C, Mercado-Alamo A, Schreiber T, Kaki A
 Impella Device Technical Specifications
 Citation: *Interventional Cardiology* 2022;17:e05.
<https://doi.org/10.15420/icr.2021.11>

Impella Insertion*

- Insertion via femoral artery
 - Femoral artery is percutaneously accessed.
 - A guidewire is inserted and the femoral artery is serially dilated over the guidewire up to a 12 F.
 - The split sheath introducer is then placed over the guidewire.
 - A diagnostic catheter is then advanced over the guidewire into the left ventricle
 - Placement catheters and guidewires are then positioned into position within the left ventricle
 - The placement catheter is removed and the Impella catheter is then inserted over the placement guidewire.
 - The Impella is then advanced across the aortic valve with the tip of the catheter resting in the middle of the left ventricle
 - The Impella catheter is then connected to the external console.

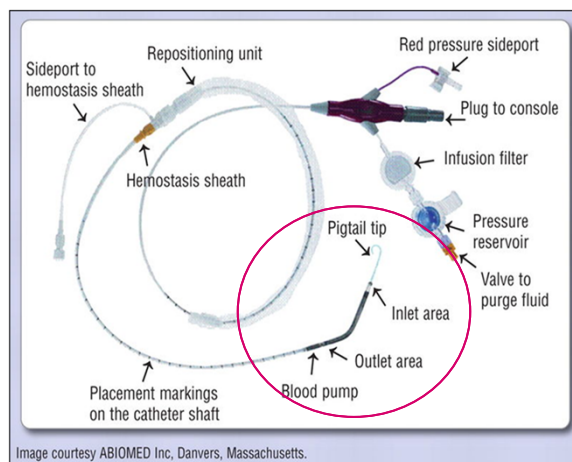


Image courtesy ABIOMED Inc, Danvers, Massachusetts.

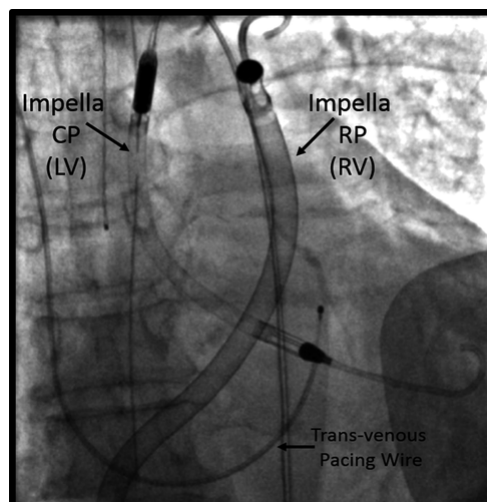
<https://www.pcpedia.org/images/thumb/d/d1/Impella.jpg/800px-Impella.jpg>

Impella Coding Clinic Advice

- **Coding Clinic 4th Quarter 2017, p. 42**
- Effective with discharges 10/1/2017, qualifier J was added for "intraoperative" insertion of devices in Heart and Great Vessels.
 - Two examples were provided with this new qualifier, relating to placement of Impella during percutaneous intervention:
 - 1. Impella inserted for intraoperative support during PTCA and removed at the end of the procedure. Code as follows:
 - • 02HA3RJ Insertion of short-term external heart assist system into heart, intraoperative, percutaneous approach
 - • 5A0221D Assistance with cardiac output using impeller pump, continuous (Do not code removal of the device)
 - 2. Impella inserted percutaneously and left in at the completion of the procedure, then removed within a few hours. Code as follows:
 - • 02HA3RZ Insertion of short-term external heart assist system into heart, percutaneous approach*
 - • 5A0221D Assistance with cardiac output using impeller pump, continuous
 - • 02PA3RZ Removal of short-term external heart assist system from heart, percutaneous approach
- **Coding Clinic 4th Quarter 2016, p. 137**
 - For removal of an Impella placed at an outside hospital, code only removal of the device. No code is assigned for Assistance as this is only reported when the initial insertion occurs.
- **Coding Clinic 1st Quarter 2018, p. 17**
 - Repositioning of Impella (due to dislodgement) is coded to 02WAXRZ, Revision of short-term external heart assist system in heart, external approach, for repositioning of the Impella device.

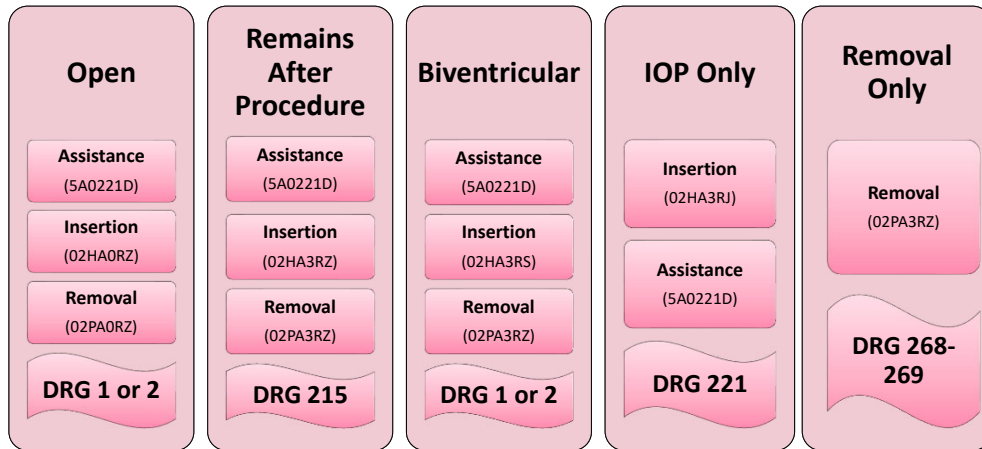
Impella Coding Clinic Advice

- **Coding Clinic 1st Quarter 2017, p. 10**
 - To capture a percutaneously inserted Impella in the right and left ventricles, then left in place for several days, assign the following codes:
 - • 02HA3RS, Insertion of biventricular short-term external heart assist system into heart, percutaneous approach
 - • 5A0221D, Assistance with cardiac output using impeller pump, continuous, for the assistance with the impeller pump
 - • 02PA3RZ, Removal of external heart assist system from heart, percutaneous approach, for the removal of the right sided external heart assist system later in the stay



<https://www.ahajournals.org/cms/asset/9c78cce7-f111-4f21-9dca-4ecbd726f76/jah32643-fig-0001.gif>

Impella Impact



Impella Case Example

Case 1

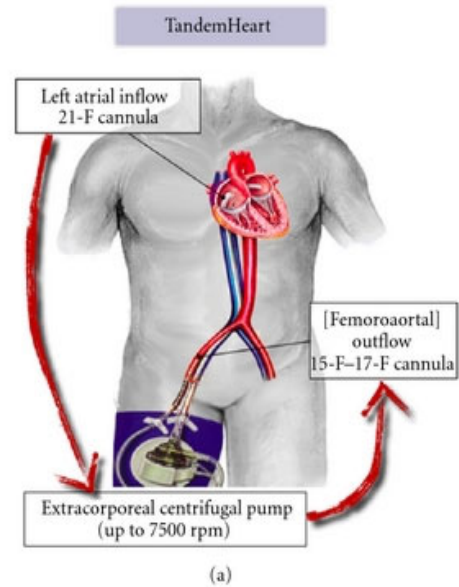
- The patient was transferred from an outside facility due to peripartum cardiomyopathy and cardiogenic shock with an Impella CP left ventricular assist device in place
- The Operative Report on day of admission notes that the existing Impella device was removed via a right common femoral artery cut-down with simultaneous insertion of an Impella left ventricular assist device via open exposure of the right axillary artery with placement of the device through an 8mm Hemashield graft.
- 3 days later, the Impella device was removed,
- Captured PCS Codes
 - 02HA0QZ Insertion of heart assist system into heart, open approach
 - 02PA0RZ Removal of short-term external heart assist system from heart, open approach
- DRG 001

Case 2

- Patient underwent a CABG with subsequent acute decompensation requiring Impella placement.
- After Impella placement, it was determined the device was not functioning correctly due to patient anatomy. The Impella was removed. IABP was then placed.
- Captured PCS Codes
 - Bypass, 3 arteries, open, saph. vein graft, to Aorta
- DRG 235

TandemHeart

- The trans-septal cannula draws oxygenated blood from the left atrium and delivers it to the arterial circulation via the femoral artery cannula
 - Femoral vein accessed, trans-septal puncture carried out, cannula inserted into left atrium
 - Femoral artery accessed; cannula inserted
- Improves cardiac output
- Decreases myocardial O₂ consumption
- Provides anterograde flow at a rate of up to 4-5L/min
- Indicated in cardiogenic shock and high-risk PCI
- **02HA3RZ, Insertion of External Heart Assist System into Heart, Percutaneous Approach**

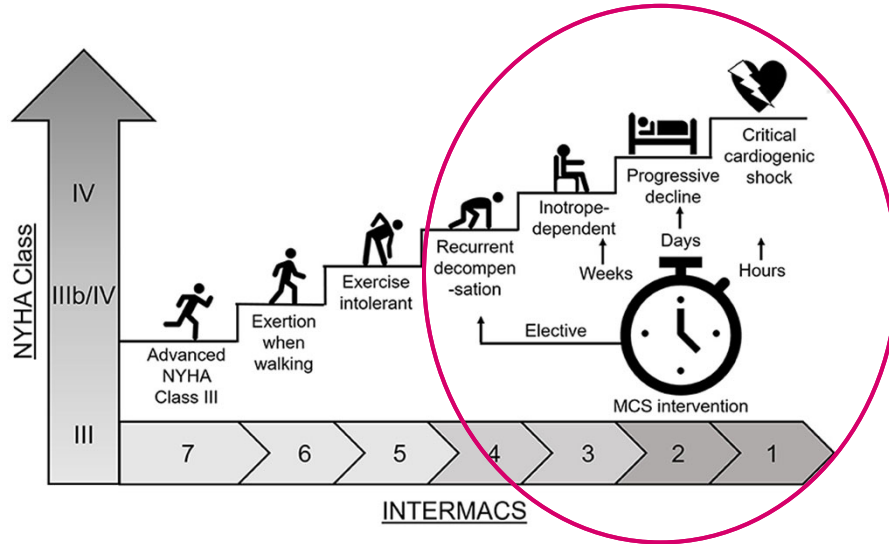


<https://static-02.hindawi.com/articles/mis/volume-2011/604397/figures/604397.fig.001.jpg>

Long-term Circulatory Assist Devices

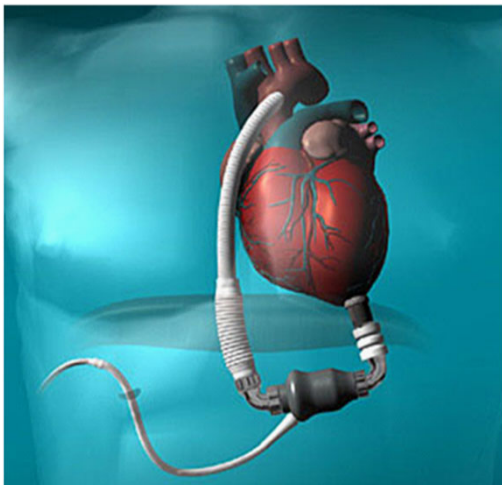
- LVAD
- BiVAD
- TAH

Long-term Circulatory Assist Devices



<https://th.bing.com/th/id/OIP.63B09AstofsNSM9g-ZgAFwHaER?w=279&h=180&c=7&r=0&o=5&pid=1.7>

Left Ventricular Assist Device Function



<http://medcraveonline.com/JCCR/images/JCCR-01-00013-g001.png>

- Augments the function of the heart
- Uses:
 - Destination therapy
 - permanent implantation for the treatment of advanced heart failure for those not eligible for transplant
 - Bridge therapy
 - long-term implantation while awaiting heart transplant
 - Bridge to recovery
 - Temporary heart failure in whom recovery is anticipated with time
- HeartMate3
 - HeartWare pulled from market in 2021

CMS Indications and Contraindications for LVAD Implantation

Indications

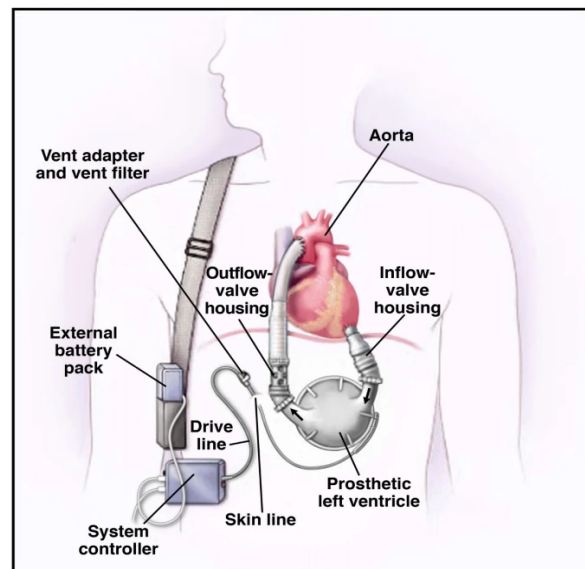
- LV ejection fraction \leq 25%
- Peak oxygen consumption \leq 14ml/kg/min or unable to perform test
- NYHA Class IV heart failure
- CI $<$ 2.2 L/min/M², while on inotropes and meet one of the following:
 - On optimal medical therapy at least 45 out of the last 60 days and are failing to respond, or
 - Have advanced heart failure for at least 14 days and are dependent on IABP or similar temporary MCS for at least 7 days

Contra-indications

- Irreversible neurological or neuromuscular disorders
- Irreversible renal disease
- Irreversible hepatic disease
- Active mental illness or psychological instability
- Medication non-adherence
- Sever RV dysfunction without options for RVAD support

LVAD Insertion

- Sternotomy
- Inflow cannula anastomosed to apex of left ventricle
- Outflow graft anastomosed to ascending aorta
- Inflow and outflow housings connected the LVAD which is implanted in the peritoneal cavity or abdominal wall
- Drive line is tunneled from the LVAD through the subQ of the abdominal wall where it exits to connect with the system controller.
- **PCS Coding**
 - **02HA0QZ , Insertion of implantable heart assist system into heart, open approach**



LVAD Coding Clinic Advice

Third Quarter 2018: Page 29

- **Question:**
- A patient with non-ischemic cardiomyopathy, and end-stage systolic heart failure, is status post implantation of a left ventricular assist device (LVAD). The patient's heart recovered over time and she is now scheduled for elective decommissioning of the LVAD, by ligating the outflow-graft and cutting the driveline. During surgery, an incision was made down to the outflow graft of the pump, in the mediastinum underneath the sternum and the mediastinal area was explored. The outflow-graft was tied, pump support was reduced to no forward flow, and the outflow graft was ligated and shut down. Next, the driveline exit site was excised and the driveline was tunneled subcutaneously via the trunk and cut from the exit site. The cable and the exit site were closed. What is the correct code assignment for decommissioning of the LVAD by ligating the outflow-graft and cutting the driveline?
- **Answer:**
- Assign the following ICD-10-PCS codes:
- 0JPT3YZ, Removal of other device from trunk subcutaneous tissue and fascia, percutaneous approach, for removal of the driveline of the LVAD
- 0WJC0ZZ, Inspection of mediastinum, open approach, for the open exploration of the mediastinum

First Quarter 2019: Page 24

- **Question:**
- The patient presented with a left ventricular assist device (LVAD) pump thrombus as well as a left ventricular thrombus, and underwent LVAD replacement. At surgery, the patient was placed on cardiopulmonary bypass and redo sternotomy was performed. The outflow graft was clamped/transected and the LVAD was dissected free and explanted from the left ventricular apex. Thrombus was removed and a new LVAD was brought onto the operative field. The inflow conduit of the pump was then connected to the apical connector and secured. The driveline was connected to the driveline-tunneling device and brought through the driveline tunnel. The heart was returned to its native position; excellent seating of the pump was noted. The outflow graft was cut to the appropriate length and anastomosed to the distal remnant of the old LVAD system. The old driveline was transected and the tunnel remnant removed. What is the correct code assignment for replacement of a LVAD when the outflow graft is not replaced?
- **Answer:**
- If either the entire heart assist system or the pump is replaced, the appropriate root operations are Removal and Insertion. Assign the following ICD-10-PCS codes:
- 02PA0QZ, Removal of implantable heart assist system from heart, open approach, for the removal of the device
- 02HA0QZ, Insertion of implantable heart assist system into heart, open approach, for the insertion of the new device

LVAD Case Example

- Pre-op/Post op Diagnosis: Drive-line infection
- Procedure: Driveline revision
- Op report: The velour from the exposed portion of the driveline was removed...We created a new LVAD driveline exit site by closing the fat and dermis behind the driveline with 2-0 Vicryl. Monocryl was used to create a purse string around the new exit site.
- PCS Code Captured
 - Revision of Implantable Heart Assist System in Heart, Open Approach, 02WA0QZ.

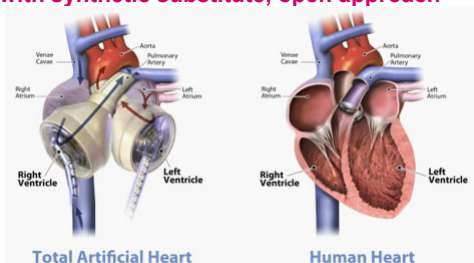


Total Artificial Heart

TAH Coding Clinic Advice

SynCardia TAH

- Indications
 - End-stage biventricular heart failure as bridge to transplant
- **Replaces** the function of the heart ventricles and valves
- **PCS Code: 02RA0MZ, Replacement of heart with synthetic substitute, open approach**



<http://medcraveonline.com/JCCR/images/JCCR-01-00013-g004.png>

- **Coding Clinic, First Quarter 2017: Page 13**
- **Question:**
- The patient is a 49-year-old male diagnosed with cardiogenic shock, dilated cardiomyopathy with end-stage heart failure, and Janus Kinase 2 mutation with hypercoagulable state. He was supported with the Impella® 5.0 device for several weeks and transferred for implantation of a SynCardia total artificial heart and removal of the Impella® 5.0 left ventricular assist device. The pericardium was opened and the Impella device was removed. The SynCardia pump was placed inside the left ventricular stump on both sides. The outflow graft was anastomosed to the pulmonary artery graft and the aortograft, and the left and right pleurae were opened to accommodate the left and right pumps. What is the correct root operation for the implantation of the SynCardia total artificial heart? What is the correct device value for the removal of the Impella® device?
- **Answer:**
- The SynCardia total artificial heart replaces the native heart's two failed ventricles and four heart valves, and therefore meets the root operation definition of "Replacement"- Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part. The Impella® is an external heart assist device that provides temporary ventricular support via a heart pump. Assign the following ICD-10-PCS codes:
- **02RL0JZ**, Replacement of left ventricle with synthetic substitute, open approach*
- **02RK0JZ**, Replacement of right ventricle with synthetic substitute, open approach, for implantation of the SynCardia total artificial heart ;
- **02PA0RZ**, Removal of external heart assist system from heart, open approach, for removal of the Impella® 5.0 left ventricular assist device

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Summary

Short-Term MCD's

- Short-term devices
 - Indications: cardiogenic shock, end-stage heart failure, High risk PCI
 - Primarily implanted via percutaneous approach
 - IABP per PCS, is not a "device" and is therefore captured as 5A02210- assistance of cardiac output, balloon pump
 - Impella and TandemHeart devices are classified as short-term external heart assist devices

Long-Term MCD's

- Long-Term devices
 - Indicated as: destination therapy, bridge to transplant or bridge to recovery
 - Implanted via open approach
 - Left ventricular assist devices augment the function of the heart and are classified as implantable heart assist systems
 - SynCardia total artificial heart replaces the function of the ventricles and valves and is captured as "replacement, heart with synthetic substitute"

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Questions & Answers



Adriane Martin, DO, FACOS, CCDS
Vice president of physician services at Enjoin

To Submit a Question: Go to the chat pod located in the lower left corner of your screen. Type your question in the text box, then click on the “Send” button.

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This concludes today's program.

Be sure to check out our On-Demand program:

2023 CC/MCC Updates for CDI and Coding

Presented by: William E. Haik, MD, FCCP, CDIP

<https://hcmarketplace.com/2023-cc-mcc-updates>

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HCPPro, a division of Simplify Compliance LLC, 5511 Virginia Way, Suite 150, Brentwood, TN 37027

Phone: 800-650-6787 Email: customerservice@hcp pro.com Website: www.hcp pro.com

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