

ABBOTT CODING GUIDE

CARDIAC PACEMAKERS

IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

CARDIAC RESYNCHRONIZATION THERAPY (CRT-P & D)

IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

CARDIAC DEVICE MONITORING

Effective October 1, 2019

CARDIAC PACEMAKERS IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD) AND IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

Effective October 1, 2019

Introduction

The Cardiac Pacemakers, Implantable Cardioverter Defibrillators (ICD), Cardiac Resynchronization Therapy and Implantable/Insertable Cardiac Monitors (ICM) Coding Guide is intended to provide reimbursement educational information tied to use of these products when used consistently with the products' labeling. This guide includes information regarding coverage, coding and reimbursement, as well as general information regarding appealing denied claims and supporting documentation.

ICM Reimbursement Changes

Effective January 1, 2019, insertable cardiac monitor procedures will be reported utilizing new CPT⁺ codes. These new CPT⁺ codes should be reported by physicians for ICM procedures performed in all sites of service. Facilities performing outpatient ICM procedures, including hospitals and Ambulatory Surgery Centers (ASCs), must also utilize the new codes below:

33285: Insertion, subcutaneous cardiac rhythm monitor, including programming

33286: Removal, subcutaneous cardiac rhythm monitor

CPT⁺ 2019 has deleted codes 33282 (Implantation of patient-activated cardiac event recorder) and 33284 (Removal of an implantable, patient-activated cardiac event recorder). Starting January 1, 2019, the new codes, 33285 and 33286 should be reported instead for both implantable and insertable devices.

On January 1, 2019, new revisions to the insertable cardiac monitoring CPT⁺ codes will also be effective. The descriptions for CPT⁺ codes 93285, 93291, and 93298 will delete the phrase "implantable loop recorder system" and replace it with "subcutaneous cardiac rhythm monitor system." In addition, CPT⁺ code 93299 will add "physiologic" to its descriptor.

Reimbursement Hotline

In addition, Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available from 8 a.m. to 5 p.m. central time, Monday through Friday at (855) 569-6430 or hce@abbott.com. This guide and all supporting documents are available at www.cardiovascular.abbott/us/en/hcp/reimbursement.html. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

Disclaimer

This document and the information contained herein is for general information purposes only and is not intended and does not constitute legal, reimbursement, coding, business or other advice. Furthermore, it is not intended to increase or maximize payment by any payer. Nothing in this document should be construed as a guarantee by Abbott regarding levels of reimbursement, payment or charge, or that reimbursement or other payment will be received. Similarly, nothing in this document should be viewed as instructions for selecting any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. Also note that the information presented herein represents only one of many potential scenarios, based on the assumptions, variables and data presented. In addition, the customer should note that laws, regulations, coverage and coding policies are complex and updated frequently. Therefore, the customer should check with their local carriers or intermediaries often and should consult with legal counsel or a financial, coding or reimbursement specialist for any coding, reimbursement or billing questions or related issues. This information is for reference purposes only. It is not provided or authorized for marketing use.

ABBOTT CODING GUIDE

CARDIAC PACEMAKERS

Effective October 1, 2019

CODING AND REIMBURSEMENT FOR PACEMAKERS

Physician¹

CPT# CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
PACEMAKER SYSTEM IMPLANT				
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	7.14	\$474	NA
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	7.80	\$503	NA
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	8.52	\$546	NA
PACEMAKER GENERATOR IMPLANT				
33212	Insertion of pacemaker pulse generator only; with existing single lead	5.01	\$336	NA
33213	Insertion of pacemaker pulse generator only; with existing dual leads	5.28	\$351	NA
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	5.55	\$376	NA

NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates. It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR PACEMAKERS

Physician¹

CPT+ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
LEAD(S)				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	5.62	\$388	NA
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	5.59	\$382	NA
REPOSITIONING/REPAIR/REVISION				
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	4.92	\$325	NA
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	8.68	\$521	NA
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	5.82	\$405	NA
33222	Relocation of skin pocket for pacemaker	4.85	\$354	NA

+ Indicates add-on code

NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates. It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR PACEMAKERS

Physician¹

CPT# CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
REMOVAL AND/OR REPLACEMENT				
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	7.59	\$501	NA
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	5.25	\$354	NA
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	5.52	\$370	NA
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	5.79	\$392	NA
33233	Removal of permanent pacemaker pulse generator only	3.14	\$241	NA
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	7.66	\$508	NA
33235	Removal of transvenous pacemaker electrode(s); dual lead system	9.90	\$667	NA

NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates. It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR PACEMAKERS

Hospital Outpatient²

CPT [†] CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
PACEMAKER SYSTEM IMPLANT				
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J1	5223	\$9,879
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J1	5223	\$9,879
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J1	5223	\$9,879
PACEMAKER GENERATOR IMPLANT				
33212	Insertion of pacemaker pulse generator only; with existing single lead	J1	5222	\$7,404
33213	Insertion of pacemaker pulse generator only; with existing dual leads	J1	5223	\$9,879
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	J1	5224	\$17,679

J1 = Hospital Part B services paid through a comprehensive APC

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR PACEMAKERS

Hospital Outpatient²

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
LEAD(S)				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J1	5222	\$7,404
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J1	5222	\$7,404
REPOSITIONING/REPAIR/REVISION				
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	J1	5183	\$2,642
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	J1	5183	\$2,642
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	T	5221	\$3,131
33222	Relocation of skin pocket for pacemaker	T	5054	\$1,549
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	T	5221	\$3,131

J1 = Hospital Part B services paid through a comprehensive APC
N = Items and services packaged into APC rates
T = Significant procedure, multiple reduction applies

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR PACEMAKERS

Hospital Outpatient²

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
REMOVAL AND/OR REPLACEMENT				
33214	Upgrade of implanted pacemaker system, conversion of single-chamber system to dual-chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	J1	5223	\$9,879
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	J1	5222	\$7,404
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	J1	5223	\$9,879
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	J1	5224	\$17,679
33233	Removal of permanent pacemaker pulse generator only	Q2	5222	\$7,404
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Q2	5221	\$3,131
33235	Removal of transvenous pacemaker electrode(s); dual lead system	Q2	5221	\$3,131

J1 = Hospital Part B services paid through a comprehensive APC
Q2 = T Packaged codes

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR PACEMAKERS

Ambulatory Surgery Center⁴ (ASC)

CPT# CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
PACEMAKER SYSTEM IMPLANT				
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J8	Y	\$7,940
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J8	Y	\$7,920
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J8	Y	\$8,065
PACEMAKER GENERATOR IMPLANT				
33212	Insertion of pacemaker pulse generator only; with existing single lead	J8	Y	\$5,877
33213	Insertion of pacemaker pulse generator only; with existing dual leads	J8	Y	\$8,088
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	J8	Y	\$12,777

J8 = Device-intensive procedure; paid at adjusted rate.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR PACEMAKERS

Ambulatory Surgery Center⁴ (ASC)

CPT+ CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE RATE	NATIONAL MEDICARE RATE
LEAD(S)				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J8	Y	\$5,326
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J8	Y	\$5,899
REPOSITIONING/REPAIR/REVISION				
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	G2	Y	\$1,305
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	J8	Y	\$1,688
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	G2	Y	\$1,612
33222	Relocation of skin pocket for pacemaker	A2	Y	\$798

A2 = Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.
G2 = Non office-based surgical procedure added in CY2008 or later; payment base on OPPS relative payment rate.
J8 = Device-intensive procedure; paid at adjusted rate.
N1 = Package service/item; no separate payment made.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR PACEMAKERS

Ambulatory Surgery Center⁴ (ASC)

CPT [‡] CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
REMOVAL AND/OR REPLACEMENT				
33214	Upgrade of implanted pacemaker system, conversion of single-chamber system to dual-chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	J8	Y	\$7,883
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	J8	Y	\$5,831
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	J8	Y	\$7,875
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	J8	Y	\$12,783
33233	Removal of permanent pacemaker pulse generator only	G2	N	\$3,701
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	G2	N	\$1,612
33235	Removal of transvenous pacemaker electrode(s); dual lead system	G2	N	\$1,612

G2 = Non office-based surgical procedure added in CY2008 or later; payment base on OPPS relative payment rate.
J8 = Device-intensive procedure; paid at adjusted rate.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR PACEMAKERS

Hospital Inpatient³

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
Pacemaker System Implant - Note: report the combination of device insertion, removal and/or lead(s) codes that best describes the procedure performed			
INSERTION			
0JH60PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, open approach	242 with MCC	\$23,245
0JH63PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, percutaneous approach		
0JH80PZ	Insertion of cardiac rhythm related device into abdomen subcutaneous tissue and fascia, open approach		
0JH83PZ	Insertion of cardiac rhythm related device into abdomen subcutaneous tissue and fascia, percutaneous approach	243 with CC	\$15,844
0JH604Z	Insertion of pacemaker, single chamber into chest subcutaneous tissue and fascia, open approach		
0JH634Z	Insertion of pacemaker, single chamber into chest subcutaneous tissue and fascia, percutaneous approach	244 without CC/MCC	\$13,000
0JH804Z	Insertion of pacemaker, single chamber into abdomen subcutaneous tissue and fascia, open approach		
0JH834Z	Insertion of pacemaker, single chamber rate responsive into abdomen subcutaneous tissue and fascia, percutaneous approach		
0JH605Z	Insertion of pacemaker, single chamber rate responsive into chest subcutaneous tissue and fascia, open approach		
0JH635Z	Insertion of pacemaker, single chamber rate responsive into chest subcutaneous tissue and fascia, percutaneous approach		

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Effective Dates: October 1, 2019 - September 30, 2020

CODING AND REIMBURSEMENT FOR PACEMAKERS

Hospital Inpatient³

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
Pacemaker System Implant - Note: report the combination of device insertion, removal and/or lead(s) codes that best describes the procedure performed			
INSERTION (CONTINUED)			
0JH805Z	Insertion of pacemaker, single chamber rate responsive into abdomen subcutaneous tissue and fascia, open approach	242 with MCC	\$23,245
0JH835Z	Insertion of pacemaker, single chamber rate responsive into abdomen subcutaneous tissue and fascia, percutaneous approach		
0JH606Z	Insertion of pacemaker, dual chamber into chest subcutaneous tissue and fascia, open approach	243 with CC	\$15,844
0JH636Z	Insertion of pacemaker, dual chamber into chest subcutaneous tissue and fascia, percutaneous approach		
0JH806Z	Insertion of pacemaker, dual chamber into abdomen subcutaneous tissue and fascia, open approach	244 without CC/MCC	\$13,000
0JH836Z	Insertion of pacemaker, dual chamber into abdomen subcutaneous tissue and fascia, percutaneous approach		
LEAD INSERTION			
02HL4JZ	Insertion of pacemaker lead into left ventricle, percutaneous endoscopic approach	242 with MCC	\$23,245
02HL3JZ	Insertion of pacemaker lead into left ventricle, percutaneous approach		
02HL0JZ	Insertion of pacemaker lead into left ventricle, open approach	243 with CC	\$15,844
02HK4JZ	Insertion of pacemaker lead into right ventricle, percutaneous endoscopic approach		
02HK3JZ	Insertion of pacemaker lead into right ventricle, percutaneous approach	244 without CC/MCC	\$13,000
02HK0JZ	Insertion of pacemaker lead into right ventricle, open approach		

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Effective Dates: October 1, 2019 - September 30, 2020

CODING AND REIMBURSEMENT FOR PACEMAKERS

Hospital Inpatient³

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
REMOVAL/REVISION			
0JPT0PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, open approach	258 with MCC	\$19,159
0JPT3PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, percutaneous approach	259 without MCC	\$13,045
02WA0MZ	Revision of cardiac lead in heart, open approach	260 with MCC	\$23,173
02WA3MZ	Revision of cardiac lead in heart, percutaneous approach	261 with CC	\$12,205
0JWT0PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, open approach	262 without CC/MCC	\$10,508
0JWT3PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, percutaneous approach		

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Effective Dates: October 1, 2019 - September 30, 2020

CODING AND REIMBURSEMENT FOR PACEMAKERS

HCPCS Device Category C-Codes⁶

C-CODE	DESCRIPTION
PACEMAKER GENERATOR IMPLANT	
C1785	Pacemaker, dual-chamber, rate-responsive (implantable)
C2621	Pacemaker, other than single or dual-chamber (implantable)
C2620	Pacemaker, single-chamber, non-rate-responsive (implantable)
C1786	Pacemaker, single-chamber, rate-responsive (implantable)
C2619	Pacemaker, dual-chamber, non-rate-responsive (implantable)
LEADS	
C1883	Adapter/extension, pacing lead or neurostimulator (implantable)
C1900	Lead, left ventricular coronary venous system
C1898	Lead, pacemaker, other than transvenous VDD single pass
C1779	Lead, pacemaker, transvenous VDD single pass

CODING AND REIMBURSEMENT FOR PACEMAKERS

ICD-10-CM Diagnosis Codes⁵

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Cardiac Pacemaker, Implantable Cardioverter Defibrillator (ICD) and Implantable/Insertable Cardiac Monitors (ICM) patients, there are many possible diagnosis code scenarios and a wide variety of possible combinations. The possible scenarios and combinations are too numerous to capture in this document. The customer should check with their local carriers or intermediaries and should consult with legal counsel or a financial, coding or reimbursement specialist for coding, reimbursement or billing questions related to ICD-10-CM diagnosis codes.

ABBOTT CODING GUIDE

IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Effective October 1, 2019

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Physician¹

CPT [‡] CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
ICD SYSTEM IMPLANT				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	14.92	\$961	NA
ICD GENERATOR				
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	5.80	\$382	NA
33230	Insertion of implantable defibrillator pulse generator only; with existing dual lead	6.07	\$400	NA
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple lead	6.34	\$420	NA
LEAD(S)				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	5.62	\$388	NA
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	5.59	\$382	NA

NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates. It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Physician¹

CPT# CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
REPOSITIONING/REPAIR/REVISION				
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	4.92	\$325	NA
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	5.82	\$405	NA
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	5.90	\$408	NA
33223	Relocation of skin pocket for implantable defibrillator	6.30	\$428	NA
REMOVAL WITH REPLACEMENT				
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	5.81	\$390	NA
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	6.08	\$406	NA
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	6.35	\$424	NA
REMOVAL ONLY				
33241	Removal of implantable defibrillator pulse generator only	3.04	\$225	NA
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	13.74	\$904	NA

NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates. It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Hospital Outpatient²

CPT ⁺ CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
ICD SYSTEM IMPLANT				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J1	5232	\$30,656
ICD GENERATOR				
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	J1	5231	\$21,996
33230	Insertion of implantable defibrillator pulse generator only; with existing dual lead	J1	5231	\$21,996
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple lead	J1	5232	\$30,656
LEAD(S)				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J1	5222	\$7,404
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J1	5222	\$7,404

J1 = Hospital Part B services paid through a comprehensive APC

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Hospital Outpatient²

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
REPOSITIONING/REPAIR/REVISION				
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	J1	5183	\$2,642
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	T	5221	\$3,131
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	T	5221	\$3,131
33223	Relocation of skin pocket for implantable defibrillator	T	5054	\$1,549
REMOVAL WITH REPLACEMENT				
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	J1	5231	\$21,996
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	J1	5231	\$21,996
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	J1	5232	\$30,656
REMOVAL WITHOUT REPLACEMENT				
33241	Removal of implantable defibrillator pulse generator only	Q2	5221	\$3,131

J1 = Hospital Part B services paid through a comprehensive APC
T = Significant procedure, multiple reduction applies
Q2 = T Packaged codes

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Ambulatory Surgery Center⁴ (ASC)

CPT [‡] CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
ICD SYSTEM IMPLANT				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J8	N	\$27,056
ICD GENERATOR				
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	J8	Y	\$19,901
33230	Insertion of implantable defibrillator pulse generator only; with existing dual lead	J8	Y	\$19,843
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple lead	J8	Y	\$27,062
LEAD(S)				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J8	Y	\$5,326
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J8	Y	\$5,898
REPOSITIONING/REPAIR/REVISION				
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	G2	Y	\$1,305

J8 = Device-intensive procedure; paid at adjusted rate.

G2 = Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Ambulatory Surgery Center⁴ (ASC)

CPT [†] CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
REPOSITIONING/REPAIR/REVISION (continued)				
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	G2	Y	\$1,612
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	G2	Y	\$1,612
33223	Relocation of skin pocket for implantable defibrillator	A2	Y	\$798
REMOVAL WITH REPLACEMENT				
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	J8	Y	\$19,280
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	J8	Y	\$19,564
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	J8	Y	\$27,119
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	C5	Y	NA
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	IO	Y	NA
REMOVAL WITHOUT REPLACEMENT				
33241	Removal of implantable defibrillator pulse generator only	G2	N	\$1,612

A2 = Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.
G2 = Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment rate.

J8 = Device-intensive procedure; paid at adjusted rate.
C5 = Surgical procedures that are excluded from payment in ASC
IO = Surgical procedure no on ASC allowable list
NA = Not payable under ASC

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Hospital Inpatient³

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
ICD System Implant/Removal - Note: Report a combination of generator and lead(s) codes that best describes the procedure performed			
INSERTION			
0JH638Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, percutaneous approach	222 with MCC	\$52,268
		223 without MCC	\$37,601
0JH838Z	Insertion of defibrillator generator into abdomen subcutaneous tissue and fascia, percutaneous approach	224 with MCC	\$46,328
		225 without MCC	\$35,383
0JH608Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, open approach	226 with MCC	\$41,890
		227 without MCC	\$32,754

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Effective Dates: October 1, 2019 - September 30, 2020

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Hospital Inpatient³

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
LEAD INSERTION /REMOVAL			
02H73KZ	Insertion of defibrillator lead into left atrium, percutaneous approach	222 with MCC 223 without MCC 224 with MCC 225 without MCC 226 with MCC 227 without MCC	\$52,268
02H74KZ	Insertion of defibrillator lead into right ventricle, open approach		
02HK0KZ	Insertion of defibrillator lead into left atrium, percutaneous endoscopic approach		\$37,601
02HK3KZ	Insertion of defibrillator lead into right ventricle, percutaneous approach		
02HK4KZ	Insertion of defibrillator lead into right ventricle, percutaneous endoscopic approach		\$46,328
02HL0KZ	Insertion of defibrillator lead into left ventricle, open approach		
02HL3KZ	Insertion of defibrillator lead into left ventricle, percutaneous approach		\$35,383
02HL4KZ	Insertion of defibrillator lead into left ventricle, percutaneous endoscopic approach		
0JPT0PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, open approach		\$41,890
0JPT3PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, percutaneous approach		
02PA4MZ	Removal of cardiac lead from heart, percutaneous endoscopic approach		\$32,754
02PA0MZ	Removal of cardiac lead from heart, open approach		
02PAXMZ	Removal of cardiac lead from heart, external approach		

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Effective Dates: October 1, 2019 - September 30, 2020

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Hospital Inpatient³

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
ICD Lead Procedures - Note: Report a combination of codes that best describes the procedure performed			
INSERTION OF LEAD(S)			
02H43KZ	Insertion of defibrillator lead into coronary vein, percutaneous approach	265 AICD Lead Procedures	\$19,551
02H43MZ	Insertion of cardiac lead into coronary vein, percutaneous approach		
02H63KZ	Insertion of defibrillator lead into right atrium, percutaneous approach		
02H73KZ	Insertion of defibrillator lead into left atrium, percutaneous approach		
02HK3KZ	Insertion of defibrillator lead into right ventricle, percutaneous approach		
02HL3KZ	Insertion of defibrillator lead into left ventricle, percutaneous approach		
02HN0KZ	Insertion of defibrillator lead into pericardium, open approach		
02HN4KZ	Insertion of defibrillator lead into pericardium, percutaneous endoscopic approach		
02HL4KZ	Insertion of defibrillator lead into left ventricle, percutaneous endoscopic approach		
02HL0KZ	Insertion of defibrillator lead into left ventricle, open approach		
02HK4KZ	Insertion of defibrillator lead into right ventricle, percutaneous endoscopic approach		
02HK0KZ	Insertion of defibrillator lead into right ventricle, open approach		

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Effective Dates: October 1, 2019 - September 30, 2020

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Hospital Inpatient³

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
INSERTION OF LEAD(S) (CONTINUED)			
02H44KZ	Insertion of defibrillator lead into coronary vein, percutaneous endoscopic approach	265 AICD Lead Procedures	\$19,551
02H60KZ	Insertion of defibrillator lead into right atrium, open approach		
02H64KZ	Insertion of defibrillator lead into right atrium, percutaneous endoscopic approach		
02H70KZ	Insertion of defibrillator lead into left atrium, open approach		
02H74KZ	Insertion of defibrillator lead into left atrium, percutaneous endoscopic approach		

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Effective Dates: October 1, 2019 - September 30, 2020

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

HCPCS Device Category C-Codes⁵

C-CODE	DESCRIPTION
ICD	
C1721	Cardioverter-defibrillator, dual-chamber (implantable)
C1722	Cardioverter-defibrillator, single-chamber (implantable)
C1882	Cardioverter-defibrillator, other than single or dual-chamber (implantable)
LEADS	
C1895	Cardioverter-defibrillator, dual-chamber (implantable)
C1777	Cardioverter-defibrillator, single-chamber (implantable)
C1896	Cardioverter-defibrillator, other than single or dual-chamber (implantable)
C1900	Lead, left ventricular coronary venous system

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

ICD-10-CM Diagnosis Codes⁶

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Cardiac Pacemaker, Implantable Cardioverter Defibrillator (ICD) and Implantable/Insertable Cardiac Monitors (ICM) patients, there are many possible diagnosis code scenarios and a wide variety of possible combinations. The possible scenarios and combinations are too numerous to capture in this document. The customer should check with their local carriers or intermediaries and should consult with legal counsel or a financial, coding or reimbursement specialist for coding, reimbursement or billing questions related to ICD-10-CM diagnosis codes.

ABBOTT CODING GUIDE

CARDIAC RESYNCHRONIZATION THERAPY (CRT-P & CRT-D)

Effective October 1, 2019

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

In certain circumstances, an additional lead may be required to achieve pacing of the left ventricle (bi-ventricle pacing). In this event, the additional transvenous lead placement should be separately reported using 33224 or 33225. 33226 is reported for repositioning.

Physician Scenarios*

CPT+ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE FACILITY	NON FACILITY
INITIAL CRT-P SYSTEM IMPLANT				
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	8.52	\$545	NA
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	8.33	\$492	NA
Total		16.85	\$1,037	NA
INITIAL CRT-D SYSTEM IMPLANT				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	14.92	\$961	NA
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	8.33	\$492	NA
Total		16.85	\$1,037	NA

+ indicates an add-on-code
+NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.
*American Medical Association. CPT+ Professional. 2019. 214-219

Effective Dates: January 1, 2019- December 31, 2019

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

In certain circumstances, an additional lead may be required to achieve pacing of the left ventricle (bi-ventricle pacing). In this event, the additional transvenous lead placement should be separately reported using 33224 or 33225. 33226 is reported for repositioning.

Physician¹

CPT ⁺ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE FACILITY	NON FACILITY
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	9.04	\$541	NA
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	8.33	\$492	NA
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	8.68	\$520	NA

NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.
+ indicates an add-on-code
*American Medical Association. CPT⁺ Professional. 2019. 214-219

Effective Dates: January 1, 2019- December 31, 2019

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

In certain circumstances, an additional lead may be required to achieve pacing of the left ventricle (bi-ventricle pacing). In this event, the additional transvenous lead placement should be separately reported using 33224 or 33225.

Hospital Outpatient Scenarios*

CPT [†] CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
INITIAL CRT-P SYSTEM IMPLANT				
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J1	5223	\$9,879
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	N	NA	NA
		Total	5224	\$17,679
INITIAL CRT-D SYSTEM IMPLANT				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J1	5232	\$30,656
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	N	NA	NA
		Total	5232	\$30,656

J1 = Hospital Part B services paid through a comprehensive APC

N = Items and services packaged into APC rates

+ = Indicates an add-on-code

*American Medical Association. CPT[†] Professional. 2019. 214-219

NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.

Effective Dates: January 1, 2019- December 31, 2019

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

In certain circumstances, an additional lead may be required to achieve pacing of the left ventricle (bi-ventricle pacing). In this event, the additional transvenous lead placement should be separately reported using 33224 or 33225.

Hospital Outpatient²

CPT [‡] CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	J1	5223	\$9,879
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	N	NA	NA
33226	Repositioning of previously implanted cardia venous system (left ventricular) electrode (including removal, insertion and /or replacement of existing generator)	J1	5183	\$2,642

J1 = Hospital Part B services paid through a comprehensive APC
N = Items and services packaged into APC rates
+ = Indicates an add-on-code
*American Medical Association. CPT[‡] Professional. 2019. 214-219
NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.

Effective Dates: January 1, 2019- December 31, 2019

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

In certain circumstances, an additional lead may be required to achieve pacing of the left ventricle (bi-ventricle pacing). In this event, the additional transvenous lead placement should be separately reported using 33224 or 33225.

Ambulatory Surgical Center (ASC) Scenarios*

CPT# CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
INITIAL CRT-P SYSTEM IMPLANT				
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J8	Y	\$8,065
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	N1	N	NA
Total				\$8,065
INITIAL CRT-D SYSTEM IMPLANT				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J8	Y	\$27,056
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	N1	N	NA
Total				\$27,056

+ = Indicates add-on code
J8 = Device-intensive procedure; paid at adjusted rate.
N1 = Package service/item; no separate payment made.
*American Medical Association. CPT® Professional. 2019. 214-219
NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.

Effective January 1, 2019 to December 31, 2019

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

In certain circumstances, an additional lead may be required to achieve pacing of the left ventricle (bi-ventricle pacing). In this event, the additional transvenous lead placement should be separately reported using 33224 or 33225.

Ambulatory Service Center⁴ (ASC)

CPT [‡] CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	J8	Y	\$9,879
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	N1	N	NA

N1 = Package service/item; no separate payment made.
J8 = Device-intensive procedure; paid at adjusted rate.
+ = Indicates add-on code
NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.

Effective January 1, 2019 to December 31, 2019

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient³

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
CRT-P INSERTION			
0JH60PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, open approach	242 with MCC	\$23,245
0JH63PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, percutaneous approach		
0JH80PZ	Insertion of cardiac rhythm related device into abdomen subcutaneous tissue and fascia, open approach		
0JH83PZ	Insertion of cardiac rhythm related device into abdomen subcutaneous tissue and fascia, percutaneous approach	243 with CC	\$15,844
0JH607Z	Insertion of cardiac resynchronization pacemaker pulse generator into chest subcutaneous tissue and fascia, open approach		
0JH637Z	Insertion of cardiac resynchronization pacemaker pulse generator into chest subcutaneous tissue and fascia, percutaneous approach	244 without CC/MCC	\$13,000
0JH807Z	Insertion of cardiac resynchronization pacemaker pulse generator into abdomen subcutaneous tissue and fascia, open approach		
0JH837Z	Insertion of cardiac resynchronization pacemaker pulse generator into abdomen subcutaneous tissue and fascia, percutaneous approach		
0JH837Z	Insertion of cardiac resynchronization pacemaker pulse generator into abdomen subcutaneous tissue and fascia, percutaneous approach		

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Effective Dates: October 1, 2019 - September 30, 2020

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient³

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
CRT-D INSERTION			
0JH839Z	Insertion of cardiac resynchronization defibrillator pulse generator into abdomen subcutaneous tissue and fascia, percutaneous approach	222 with MCC	\$52,268
0JH809Z	Insertion of cardiac resynchronization defibrillator pulse generator into abdomen subcutaneous tissue and fascia, open approach	223 without MCC	\$37,601
0JH639Z	Insertion of cardiac resynchronization defibrillator pulse generator into chest subcutaneous tissue and fascia, percutaneous approach	224 with MCC	\$46,328
0JH609Z	Insertion of cardiac resynchronization defibrillator pulse generator into chest subcutaneous tissue and fascia, open approach	225 without MCC	\$35,383
0JH60PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, open approach	226 with MCC	\$41,890
0JH63PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, percutaneous approach	227 without MCC	\$32,754
0JH80PZ	Insertion of cardiac rhythm related device into abdomen subcutaneous tissue and fascia, open approach	245 AICD Generator Procedures	\$32,620
0JH83PZ	Insertion of cardiac rhythm related device into abdomen subcutaneous tissue and fascia, percutaneous approach		

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Effective Dates: October 1, 2019 - September 30, 2020

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient³

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
CRT-P/CRT-D REMOVAL			
0JPT0PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, open approach	258 with MCC	\$19,159
		259 without MCC	\$13,045
		260 with MCC	\$23,173
0JPT3PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, percutaneous approach	261 with CC	\$12,205
		262 without CC/MCC	\$10,508

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

Effective Dates: October 1, 2019 - September 30, 2020

ABBOTT CODING GUIDE

IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

Effective October 1, 2019

CODING AND REIMBURSEMENT FOR IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

Physician¹

CPT# CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
INSERTABLE CARDIAC MONITORS				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	1.53	\$93	\$5,264
33286	Removal, subcutaneous cardiac rhythm monitor	1.50	\$92	\$137
INSERTABLE CARDIAC MONITORING				
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	0.52	NA	\$49
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	0.37	NA	\$39
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	0.52	\$27	\$27
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Carrier priced*	Carrier priced*	Carrier priced*

The physician practice may only bill the technical service if the physician personally performs the technical service or employs the staff member who performs the technical service. If a device industry representative is involved in performing the technical service under the physician's direction, then the physician may only bill the professional service, i.e., physician analysis, review(s) and report(s).

NA: There are no Medicare valuations for these codes and these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.

*Carrier priced: payments are determined on a case-by-case basis

It is incumbent upon the physician to determine which, if any modifiers should be used first.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

Hospital Outpatient²

CPT [†] CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
IMPLANT AND REMOVAL				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	J1	5222	\$7,404
33286	Removal, subcutaneous cardiac rhythm monitor	Q2	5071	\$579
DEVICE MONITORING				
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Q1	5741	\$37
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Q1	5731	\$17
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	M	NA	NA
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Q1	5741	\$37

NA: There are no Medicare valuations for these codes and these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.
J1 = Hospital Part B services paid through a comprehensive APC
M = Service not billable to the Fiscal Intermediary
Q1 = Packaged when billed on the same date of service with any other code with a status indicator of S, T, V, or X. If not, they are separately payable under a separate APC.
Q2 = T Packaged codes

Effective Dates: January 1, 2019- December 31, 2019

CODING AND REIMBURSEMENT FOR INSERTABLE CARDIAC MONITORS (ICM)

Ambulatory Service Center⁴ (ASC)

CPT ⁺ CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	2019 NATIONAL MEDICARE RATE
INSERTABLE CARDIAC MONITORS				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	J8	N	\$6,375
33286	Removal, subcutaneous cardiac rhythm monitor	G2	N	\$298
INSERTABLE CARDIAC MONITORING				
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	IN	NA	NA
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	IN	NA	NA
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	IM	NA	NA
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	IN	NA	NA

IN = Nonsurgical Procedure not Medicare allowable in ASC
IM = Not allowable on a Medicare ASC claim
G2 = Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight
NA: There are no Medicare valuations for these codes and these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.
It is incumbent upon the physician to determine which, if any modifiers should be used first.

Effective Dates: January 1, 2019- December 31, 2019

CODING AND REIMBURSEMENT FOR IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

Hospital Inpatient³

ICD-10 PCSCODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
IMPLANT AND REMOVAL			
0JH632Z	Insertion of monitoring device into chest subcutaneous tissue and fascia, percutaneous approach	260 with MCC	\$23,173
		261 with CC	\$12,205
		262 without CC/MCC	\$10,508
MONITORING AND REMOVAL			
4A12X45	Monitoring of cardiac electrical activity, ambulatory, external approach	Monitoring or removal does not impact MS-DRG assignment	NA
0JPT32Z	Removal of monitoring device from trunk subcutaneous tissue and fascia, percutaneous approach		

NA: There are no Medicare valuations for these codes and these procedures are not typically performed in an in-office setting.
Check with your carrier to determine reimbursement rates.
CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

CODING AND REIMBURSEMENT FOR IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

HCPCS Device Category C-Codes⁶

C-CODE	DESCRIPTION
EVENT RECORDER	
C1764	Event recorder, cardiac (implantable)

ICD-10-CM Diagnosis Codes⁵

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Cardiac Pacemaker, Implantable Cardioverter defibrillator (ICD) and Implantable/Insertable Cardiac Monitors (ICM) patients, there are many possible diagnosis code scenarios and a wide variety of possible combinations. The possible scenarios and combinations are too numerous to capture in this document. The customer should check with their local carriers or intermediaries and should consult with legal counsel or a financial, coding or reimbursement specialist for coding, reimbursement or billing questions related to ICD-10-CM diagnosis codes.

ABBOTT CODING GUIDE

CARDIAC DEVICE MONITORING

Effective January 1, 2019

CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

Physician¹

CPT [‡] CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
PACEMAKER DEVICE MONITORING				
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	0.65	NA	\$56
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	0.77	NA	\$66
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	0.85	NA	\$71
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	0.43	NA	\$45
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	0.30	NA	\$36
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	0.31	NA	\$53
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	0.60	NA	\$31

NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.

The physician practice may only bill the technical service if the physician personally performs the technical service or employs the staff member who performs the technical service. If a device industry representative is involved in performing the technical service under the physician's direction, then the physician may only bill the professional service, i.e., physician analysis, review(s) and report(s).

It is incumbent upon the physician to determine which, if any modifiers should be used first.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT CARDIAC DEVICE MONITORING

Physician¹

CPT [‡] CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
PACEMAKER DEVICE MONITORING (Continued)				
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	NA	NA	\$26
IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) DEVICE MONITORING				
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	0.85	NA	\$68
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	1.15	NA	\$86
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	1.25	NA	\$93
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	0.75	NA	\$61

NA: There are no Medicare valuations for these codes and these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates. The physician practice may only bill the technical service if the physician personally performs the technical service or employs the staff member who performs the technical service.. If a device industry representative is involved in performing the technical service under the physician’s direction, then the physician may only bill the professional service, i.e., physician analysis, review(s) and report(s). It is incumbent upon the physician to determine which, if any modifiers should be used first.

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CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

Physician¹

CPT [‡] CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) DEVICE MONITORING (Continued)				
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	0.45	NA	\$44
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	0.74	\$45	\$45
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	NA	NA	\$26
IMPLANTABLE/INSERTABLE CARDIAC MONITOR (ICM) DEVICE MONITORING				
93285	Programming device evaluation, (in person) with iterative adjustment of the implantable device to test function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	0.52	NA	\$49
93291	Interrogation device evaluation, (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; including heart rhythm derived data analysis, subcutaneous cardiac rhythm monitor system, including heart rhythm derived data	0.37	NA	\$39

NA: There are no Medicare valuations for these codes as these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates. The physician practice may only bill the technical service if the physician personally performs the technical service or employs the staff member who performs the technical service.. If a device industry representative is involved in performing the technical service under the physician's direction, then the physician may only bill the professional service, i.e., physician analysis, review(s) and report(s). It is incumbent upon the physician to determine which, if any modifiers should be used first.

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CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

Physician¹

CPT [‡] CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
IMPLANTABLE/INSERTABLE CARDIAC MONITOR (ICM) DEVICE MONITORING (Continued)				
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of heart rhythm derived data, analysis review(s) and report(s) by a physician or other qualified health care professional	0.52	\$27	\$27
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	NA	NA	NA
IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING SYSTEMS				
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	0.43	NA	\$43
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	0.52	\$27	\$27
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Carrier priced	Carrier priced	Carrier priced

NA: There are no Medicare valuations for these codes and these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates. The physician practice may only bill the technical service if the physician personally performs the technical service or employs the staff member who performs the technical service. If a device industry representative is involved in performing the technical service under the physician's direction, then the physician may only bill the professional service, i.e., physician analysis, review(s) and report(s).

It is incumbent upon the physician to determine which, if any modifiers should be used first.
Carrier Priced: payments are determined on a case-by-case basis

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CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

Hospital Outpatient²

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
PACEMAKER DEVICE MONITORING				
93279	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Q1	5741	\$37
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Q1	5741	\$37
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Q1	5741	\$37
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Q1	5741	\$37
93286	Peri-procedural programming, single, dual or multiple lead system	N	NA	Packaged
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Q1	5741	\$37
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	M	NA	Not payable under OPPTS

Q1 = STV-Packaged codes
N = Items or services packaged into APC rates
M = Items and services not billable to the fiscal intermediary

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

Hospital Outpatient²

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
PACEMAKER DEVICE MONITORING (Continued)				
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Q1	5741	\$37
ICD DEVICE MONITORING				
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Q1	5741	\$37
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Q1	5741	\$37
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Q1	5741	\$37
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Q1	5741	\$37

CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

Hospital Outpatient²

CPT+ CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
ICD DEVICE MONITORING (Continued)				
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	N	NA	Packaged
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	M	NA	Not payable under OPPTS
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Q1	5741	\$37
IMPLANTABLE/INSERTABLE CARDIAC MONITOR (ICM)				
93285	Programming device evaluation, (in person) with iterative adjustment of the implantable device to test function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Q1	5741	\$37
93291	Interrogation device evaluation, (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; including heart rhythm derived data analysis, subcutaneous cardiac rhythm monitor system, including heart rhythm derived data	Q1	5731	\$17

Q1 = STV-Packaged codes
N = Items or services packaged into APC rates
M = Items and services not billable to the fiscal intermediary

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CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

Hospital Outpatient²

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
IMPLANTABLE/INSERTABLE CARDIAC MONITOR (ICM) (Continued)				
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of heart rhythm derived data, analysis review(s) and report(s) by a physician or other qualified health care professional	M	NA	Not payable under OPPTS
93299	Interrogation device evaluation(s) (remote) up to 30 days; implantable cardiovascular physiologic monitor system or remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Q1	5741	\$37
IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITOR SYSTEM				
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Q1	5741	\$37
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	M	NA	Not payable under OPPTS
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Q1	5741	\$37

Q1 = STV-Packaged codes
N = Items or services packaged into APC rates
M = Items and services not billable to the fiscal intermediary

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CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

Ambulatory Surgical Center⁴ (ASC)

CPT# CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
PACEMAKER DEVICE MONITORING				
93279	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	IN	NA	NA
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	IN	NA	NA
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	IN	NA	NA
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	IN	NA	NA
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	IN	NA	NA
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	IN	NA	NA

IN = Nonsurgical Procedure not Medicare allowable in ASC

IM = Not allowable on a Medicare ASC claim

NA: There are no Medicare valuations for these codes and these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

Ambulatory Surgical Center⁴ (ASC)

CPT# CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	IM	NA	NA
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	IN	NA	NA
ICD DEVICE MONITORING				
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	IN	NA	NA
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	IN	NA	NA
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	IN	NA	NA

IN = Nonsurgical Procedure not Medicare allowable in ASC
IM = Not allowable on a Medicare ASC claim
NA: There are no Medicare valuations for these codes and these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

Ambulatory Surgical Center⁴ (ASC)

CPT# CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
ICD DEVICE MONITORING (Continued)				
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	IN	NA	NA
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	IN	NA	NA
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	IM	NA	NA
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	IN	NA	NA
IMPLANTABLE/INSERTABLE CARDIAC MONITOR (ICM)				
93285	Programming device evaluation, (in person) with iterative adjustment of the implantable device to test function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	IN	NA	NA

IN = Nonsurgical Procedure not Medicare allowable in ASC

IM = Not allowable on a Medicare ASC claim

NA: There are no Medicare valuations for these codes and these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.

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CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

Ambulatory Surgical Center⁴ (ASC)

CPT [†] CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
IMPLANTABLE/INSERTABLE CARDIAC MONITOR (ICM) (Continued)				
93291	Interrogation device evaluation, (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; including heart rhythm derived data analysis, subcutaneous cardiac rhythm monitor system, including heart rhythm derived data	IN	NA	NA
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of heart rhythm derived data, analysis review(s) and report(s) by a physician or other qualified health care professional	IM	NA	NA
93299	Interrogation device evaluation(s) (remote) up to 30 days; implantable cardiovascular physiologic monitor system or remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	IN	NA	NA
IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING				
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	IN	NA	NA
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	IM	NA	NA
93299	Interrogation device evaluation(s) (remote) up to 30 days; implantable cardiovascular physiologic monitor system or remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	IN	NA	NA

IN = Nonsurgical Procedure not Medicare allowable in ASC

IM = Not allowable on a Medicare ASC claim

NA: There are no Medicare valuations for these codes and these procedures are not typically performed in an in-office setting. Check with your carrier to determine reimbursement rates.

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