

REIMBURSEMENT HANDBOOK

Implantable Cardioverter Defibrillators (ICDs) and Cardiac Resynchronization Therapy – Defibrillators (CRT-Ds)

Effective January 1, 2021

INTRODUCTION

This coding guide is intended to provide reimbursement educational information tied to use of Implantable Cardioverter Defibrillators (ICDs) and Cardiac Resynchronization Therapy Defibrillators (CRT-Ds) when used consistently with the products' labeling. This guide includes information regarding coverage, coding and payment for the insertion, replacement and monitoring of these devices. The Coding and Payment section displays the relevant codes by site of service/type of provider and their corresponding national Medicare payment rate. Payment amounts for specific physicians and hospitals will vary depending on location and other characteristics.

REIMBURSEMENT HOTLINE

For additional support, Abbott offers a reimbursement hotline that 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 on Abbott's reimbursement website 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, business, clinical, or other advice. Furthermore, it is not intended to and does not constitute a representation or guarantee of reimbursement, payment, or charge, or that reimbursement or other payment will be received. It is not intended to increase or maximize payment by any payer. Similarly, nothing in this document should be viewed as instructions for selecting any particular code, and Abbott does not advocate or warrant the appropriateness of the use of 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. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial, coding, or reimbursement specialist for any questions related to coding, billing, reimbursement or any related issues. This update reproduces information for reference purposes only. It is not provided or authorized for marketing use.

COVERAGE

MEDICARE

Implantable Cardioverter Defibrillators (ICDs)

Medicare has a National Coverage Determination (NCD) in place that outlines the criteria that must be met for ICDs to be covered. The Decision Memo for Implantable Cardioverter Defibrillators (CAG-00157R4) can be found at:

<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=288>

Cardiac Resynchronization Therapy – Defibrillators (CRT-Ds)

There are no Medicare national coverage policies specific to Cardiac Resynchronization Therapy – Defibrillator devices. The best resource for the appropriate use of CRT-D devices is the Agency for Healthcare Research and Quality’s (AHRQ) Technology Assessment Final Report: “Use of Cardiac Resynchronization Therapy,” published November 7, 2019. This Technology Assessment can be found at:

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/id107ta.pdf>

COMMERCIAL

Implantable Cardioverter Defibrillators (ICDs) and Cardiac Resynchronization Therapy – Defibrillators (CRT-Ds)

Private payer coverage of Implantable Cardioverter Defibrillators and Cardiac Resynchronization Therapy – Defibrillator devices varies by payer. We recommend that you check your private payer contracts and policies to verify the appropriate conditions of coverage and secure Prior Authorization or Pre-Certification.

PHYSICIAN¹

CPT [†] CODE	DESCRIPTION	NATIONAL MEDICARE RATE	
		FACILITY	NON FACILITY
SYSTEM IMPLANT OR REPLACEMENT			
33249 ⁺	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	\$942	NA
BATTERY REPLACEMENT			
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	\$384	NA
33263 ⁺	dual lead system	\$400	NA
33264 ⁺	multiple lead system	\$417	NA
BATTERY REMOVAL WITHOUT REPLACEMENT			
33241	Removal of implantable defibrillator pulse generator only	\$221	NA
BATTERY IMPLANT WITH EXISTING LEADS			
33240 ⁺	Insertion of implantable defibrillator pulse generator only; with existing single lead	\$375	NA
33230 ⁺	with existing dual lead	\$394	NA
33231 ⁺	with existing multiple leads	\$412	NA
RELOCATION OF SKIN POCKET			
33223 ⁺	Relocation of skin pocket for implantable defibrillator	\$422	NA
CRT-D PROCEDURES* (List code in addition to code for primary procedure)			
+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)	\$479	NA

[†] Indicates a code that may be reported with add-code 33225 to describe a CRT-D procedure.

* CRT-D procedures are reported with add-on code 33225 in addition to the code for the primary procedures followed by a plus sign (+) shown above and on the next page.

Add-on codes are always performed in addition to a primary service or procedure and must never be reported as a standalone code. These codes are preceded by a plus symbol (+). Add-on codes qualify for separate payment for physicians and are not subject to the Physician Multiple Payment Reduction Rule.

It is incumbent upon the physician to determine which, if any, modifiers should be used first. See page 10 for physician modifiers.

NA: There is no established Medicare payment in this setting.

Effective Dates: January 1, 2021 - December 31, 2021

PHYSICIAN¹

CPT ⁺ CODE	DESCRIPTION	NATIONAL MEDICARE RATE	
		FACILITY	NON FACILITY
LEAD INSERTIONS			
33216 ⁺	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	\$382	NA
33217 ⁺	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	\$379	NA
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)	\$527	NA
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	\$43*	\$81
93283	dual lead transvenous implantable defibrillator system	\$58*	\$99
93284	multiple lead transvenous implantable defibrillator system	\$63*	\$107
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	\$38*	\$73
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	\$23*	\$54
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	\$38	\$38
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	\$26

* Indicates a code that may be reported with add-code 33225 to describe a CRT-D procedure. See page 4 for more information on physician reporting of add-on code 33225.

The National Facility rates shown with an asterisk () reflect payment when modifier 26 is used (i.e. payment only for the professional component).

93296: 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. See page 10 for physician modifiers.

NA: There is no established Medicare payment in this setting.

Effective Dates: January 1, 2021 - December 31, 2021

HOSPITAL OUTPATIENT²

CPT [†] CODE	DESCRIPTION	APC	NATIONAL MEDICARE RATE
SYSTEM IMPLANT OR REPLACEMENT			
33249 ⁺	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	5232	\$32,839
BATTERY REPLACEMENT			
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	5231	\$23,040
33263 ⁺	dual lead system	5231	\$23,040
33264 ⁺	multiple lead system	5232	\$32,839
BATTERY REMOVAL WITHOUT REPLACEMENT			
33241	Removal of implantable defibrillator pulse generator only	5221	\$3,440
BATTERY IMPLANT WITH EXISTING LEADS			
33240 ⁺	Insertion of implantable defibrillator pulse generator only; with existing single lead	5231	\$23,040
33230 ⁺	with existing dual lead	5231	\$23,040
33231 ⁺	with existing multiple leads	5232	\$32,839
RELOCATION OF SKIN POCKET			
33223 ⁺	Relocation of skin pocket for implantable defibrillator	5054	\$1,715
CRT-D PROCEDURES* (List code in addition to code for primary procedure)			
+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)	Items and services packaged into APC rates*	

[†] Indicates a code that may be reported with add-code 33225 to describe a CRT-D procedure.

*CRT-D procedures are reported with add-on code 33225 in addition to the code for the primary procedures followed by a plus sign (+) shown above and on the next page. Add-on codes are always performed in addition to a primary service or procedure and must never be reported as a standalone code. These codes are preceded by a plus symbol (+). When reported with the primary procedure codes shown above with a plus sign (+) *except* CPT Code 33223, the APC assignment is 5232 with a National Medicare Rate of \$32,839. When add-on code 33225 is reported with 33223, the APC is 5054 with a National Medicare Rate of \$1,715

HOSPITAL OUTPATIENT²

CPT ⁺ CODE	DESCRIPTION	APC	NATIONAL MEDICARE RATE
LEAD INSERTIONS			
33216 ⁺	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	5222	\$8,153
33217 ⁺	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	5222	\$8,153
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)	5223	\$10,400
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	5741	\$37
93283	dual lead transvenous implantable defibrillator system	5741	\$37
93284	multiple lead transvenous implantable defibrillator system	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	5741	\$37
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	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	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	5741	\$37

⁺ Indicates a code that may be reported with add-code 33225 to describe a CRT-D procedure. See page 6 for more information on hospital outpatient reporting of code 33225.

NA: There is no established Medicare payment in this setting.

HOSPITAL INPATIENT³

ICD-10-PCS CODE	CODE DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT & NATIONAL MEDICARE RATE
CARDIAC DEFIBRILLATOR IMPLANT (DRGs 222, 223, 224, 225, 226, AND 227)		
0JH638Z	Insertion of defibrillator generator into <u>chest</u> subcutaneous tissue and fascia, <i>percutaneous</i> approach	WITH CARDIAC CATHETERIZATION, WITH AMI/HF/SHOCK 222 with MCC \$54,127 223 without MCC \$39,928
0JH608Z	Insertion of defibrillator generator into <u>chest</u> subcutaneous tissue and fascia, <i>open</i> approach	
0JH838Z	Insertion of defibrillator generator into <u>abdomen</u> subcutaneous tissue and fascia, <i>percutaneous</i> approach	
0JH808Z	Insertion of defibrillator generator into <u>abdomen</u> subcutaneous tissue and fascia, <i>open</i> approach	WITH CARDIAC CATHETERIZATION, WITHOUT AMI/HF/SHOCK 224 with MCC \$47,321 225 without MCC \$36,166
0JH639Z	Insertion of cardiac resynchronization defibrillator pulse generator into <u>chest</u> subcutaneous tissue and fascia, <i>percutaneous</i> approach	
0JH609Z	Insertion of cardiac resynchronization defibrillator pulse generator into <u>chest</u> subcutaneous tissue and fascia, <i>open</i> approach	WITHOUT CARDIAC CATHETERIZATION 226 with MCC \$42,497 227 without MCC \$33,757
0JH839Z	Insertion of cardiac resynchronization defibrillator pulse generator into <u>abdomen</u> subcutaneous tissue and fascia, <i>percutaneous</i> approach	
0JH809Z	Insertion of cardiac resynchronization defibrillator pulse generator into <u>abdomen</u> subcutaneous tissue and fascia, <i>open</i> approach	

Note: For inpatient procedures, report the combination of device insertion and/or lead codes that best describes the procedure performed.

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

Effective Dates: October 1, 2020 – September 30, 2021

HCPCS C-CODES⁴

C-CODE	DESCRIPTION	MODEL
BATTERY/GENERATOR		
C1721	Cardioverter-defibrillator, dual chamber (implantable)	Gallant™ DR CDDRA500Q Entrant™ DR CDDRA300Q
C1722	Cardioverter-defibrillator, single chamber (implantable)	Gallant™ VR CDVRA500Q Entrant™ VR CDVRA300Q
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	Gallant™ HF CDHFA500Q Entrant™ HF CDHFA300Q

Note: Level II HCPCS C-Codes are used to report devices in a Hospital Outpatient setting. Inpatient Hospitals and Ambulatory Surgical Centers may report these codes at their discretion.

REFERENCES

PHYSICIAN MODIFIERS⁵

Providers can indicate that a service or procedure has been altered by a specific circumstance but has not changed in its definition or code. For example, modifiers may be used to report:

- Only the technical component (-TC)
- Only the professional component (-26)
- Multiple procedures performed at the same session by the same provider (-51)
- Co-surgery (-62)
- Distinct procedural service (-59)
- That a procedure was discontinued (-53 for physician reporting; -73 or -74 for hospital reporting)

Consult the current CPT[‡] coding and/or HCPCS manual for a complete listing of modifiers, their definitions and guidelines.

Add-on codes are always performed in addition to the primary service or procedure and must never be reported as a standalone code. These codes are designated with the plus symbol (+).

SOURCES

¹ Physician Prospective Payment-Final rule with Comment Period and Final CY2021 Payment Rates. CMS-1734-F: <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federalregulation-notices/cms-1734-f>

² Hospital Outpatient Prospective Payment-CY2021 Notice of Final Rulemaking with Comment Period (NFRM). CMS-1736-FC: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/hospital-outpatient-regulations-and-notices/cms-1736-fc>

³ Hospital Inpatient Prospective Payment-Final Rule FY2021 Payment Rates. CMS-1735-F: <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipp-final-rule-home-page>

⁴ CMS, 2020 Alpha-Numeric Index HCPCS file: <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File>

⁵ AMA, CPT[‡] 2020 Professional Edition. American Medical Association. 2020

CAUTION: This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at eifu.abbottvascular.com or at medical.abbott/manuals for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

Information contained herein for DISTRIBUTION in the US ONLY.

Abbott

One St. Jude Medical Dr., St. Paul, MN 55117, USA, Tel: 651 756 2000

www.cardiovascular.abbott

[™] Indicates a trademark of the Abbott group of companies.

[‡] Indicates a third party trademark, which is property of its respective owner.

©2021 Abbott. All rights reserved. MAT-2005920 v4.0 | Item approved for U.S. use only

HE&R, approved for non-promotional use only.

