

# ABBOTT CODING GUIDE

**CARDIAC PACEMAKERS**

**IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)**

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

**IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)**

**CARDIAC DEVICE MONITORING**

Effective January 1, 2020

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

Effective January 1, 2020

## 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.

## Remote Monitoring Reimbursement Changes

Effective January 1, 2020, the code for the technical component of remote monitoring for Implantable Cardiovascular Physiologic Monitoring Systems and Implantable/Insertable Cardiac Monitors (ICMs), CPT Code 93299, will be deleted. The Centers for Medicare & Medicaid Services (CMS) created a new G-code, G2066, to report this service. G2066 can be reported by physicians and outpatient hospitals. G2066 will continue to be carrier-priced, as 93299 was, and the description of the code will be the same. See pages 49 and 53 for more information.

## Biventricular Pacing/ Cardiac Resynchronization Therapy (CRT)

In certain circumstances, an additional lead may be required to achieve pacing of the left ventricle (biventricular pacing). In this event, the additional transvenous lead placement should be separately reported using 33224 or 33225. 33226 is reported for repositioning. See the Cardiac Resynchronization Therapy section, pages 27-38, for more information.

## 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](mailto:hce@abbott.com). This guide and all supporting documents are available at [www.cardiovascular.abbott/us/en/hcp/reimbursement.html](http://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 January 1, 2020



# CODING AND REIMBURSEMENT FOR PACEMAKERS

## Physician<sup>1</sup>

CPT# CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
<b>SYSTEM IMPLANT OR REPLACEMENT</b>				
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	7.14	\$476	NA
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	7.80	\$502	NA
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	8.52	\$546	NA
<b>GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)</b>				
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	\$371	NA
<b>SYSTEM UPGRADE: SINGLE CHAMBER TO DUAL CHAMBER PACEMAKER</b>				
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
<b>GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)</b>				
33233	Removal of permanent pacemaker pulse generator only	3.14	\$241	NA

NA = There is no established Medicare payment in this setting.  
 It is incumbent upon the physician to determine which, if any, modifiers should be used first.

# CODING AND REIMBURSEMENT FOR PACEMAKERS

## Physician<sup>1</sup>

CPT <sup>†</sup> CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
<b>GENERATOR IMPLANT</b>				
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
<b>RELOCATION OF SKIN POCKET</b>				
33222	Relocation of skin pocket for pacemaker	4.85	\$355	NA
<b>LEAD PROCEDURES</b>				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	5.62	\$389	NA
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	5.59	\$384	NA
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	\$404	NA
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	5.90	\$394	NA
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	7.66	\$509	NA
33235	Removal of transvenous pacemaker electrode(s); dual lead system	9.90	\$668	NA

NA = There is no established Medicare payment in this setting.  
 It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Effective Dates: January 1, 2020 - December 31, 2020

# CODING AND REIMBURSEMENT FOR PACEMAKERS

## Hospital Outpatient<sup>2</sup>

CPT <sup>†</sup> CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
<b>SYSTEM IMPLANT OR REPLACEMENT</b>				
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J1	5223	\$10,251
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J1	5223	\$10,251
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J1	5223	\$10,251
<b>GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)</b>				
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	J1	5222	\$7,641
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	J1	5223	\$10,251
<b>SYSTEM UPGRADE: SINGLE CHAMBER TO DUAL CHAMBER PACEMAKER</b>				
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	\$10,251
<b>GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)</b>				
33233	Removal of permanent pacemaker pulse generator only	Q2	5222	\$7,641

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



# CODING AND REIMBURSEMENT FOR PACEMAKERS

## Hospital Outpatient<sup>2</sup>

CPT <sup>‡</sup> CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
<b>GENERATOR IMPLANT</b>				
33212	Insertion of pacemaker pulse generator only; with existing single lead	J1	5222	\$7,641
33213	Insertion of pacemaker pulse generator only; with existing dual leads	J1	5223	\$10,251
<b>RELOCATION OF SKIN POCKET</b>				
33222	Relocation of skin pocket for pacemaker	T	5054	\$1,623
<b>LEAD PROCEDURES</b>				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J1	5222	\$7,641
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J1	5222	\$7,641
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	J1	5183	\$2,771
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	T	5221	\$2,984
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	T	5221	\$2,984
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Q2	5221	\$2,984
33235	Removal of transvenous pacemaker electrode(s); dual lead system	Q2	5221	\$2,984

J1 = Hospital Part B services paid through a comprehensive APC

T = Significant procedure, multiple reduction applies

Q2 = T Packaged codes

Effective Dates: January 1, 2020 - December 31, 2020

## CODING AND REIMBURSEMENT FOR PACEMAKERS

### Ambulatory Surgery Center<sup>4</sup> (ASC)

CPT# CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
<b>SYSTEM IMPLANT OR REPLACEMENT</b>				
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J8	Y	\$7,385
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J8	Y	\$7,633
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J8	Y	\$7,817
<b>GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)</b>				
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	J8	Y	\$6,061
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	J8	Y	\$7,634
<b>SYSTEM UPGRADE: SINGLE CHAMBER TO DUAL CHAMBER PACEMAKER</b>				
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	\$7,566
<b>GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)</b>				
33233	Removal of permanent pacemaker pulse generator only	J8	N	\$5,353

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

Effective Dates: January 1, 2020 - December 31, 2020



# CODING AND REIMBURSEMENT FOR PACEMAKERS

## Ambulatory Surgery Center<sup>4</sup> (ASC)

CPT+ CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE RATE	NATIONAL MEDICARE RATE
<b>GENERATOR IMPLANT</b>				
33212	Insertion of pacemaker pulse generator only; with existing single lead	J8	Y	\$6,201
33213	Insertion of pacemaker pulse generator only; with existing dual leads	J8	Y	\$7,710
<b>RELOCATION OF SKIN POCKET</b>				
33222	Relocation of skin pocket for pacemaker	A2	Y	\$820
<b>LEAD PROCEDURES</b>				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J8	Y	\$5,469
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J8	Y	\$6,673
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	G2	Y	\$1,341
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	G2	Y	\$1,508
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	J8	Y	\$2,127
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	G2	N	\$1,508
33235	Removal of transvenous pacemaker electrode(s); dual lead system	J8	N	\$1,951

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.

A2 = Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight

# CODING AND REIMBURSEMENT FOR PACEMAKERS

## Hospital Inpatient<sup>3</sup>

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE		
<b>PERMANENT CARDIAC PACEMAKER IMPLANT (DRGs 242, 243 AND 244)</b>					
0JH60PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, open approach	242 with MCC	\$23,228		
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				
0JH604Z	Insertion of pacemaker, single chamber into chest subcutaneous tissue and fascia, open approach			243 with CC	\$15,831
0JH634Z	Insertion of pacemaker, single chamber into chest subcutaneous tissue and fascia, percutaneous approach				
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			244 without CC/MCC	\$12,990
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 Inpatient<sup>3</sup>

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>PERMANENT CARDIAC PACEMAKER IMPLANT (DRGs 242, 243 AND 244) continued</b>			
0JH805Z	Insertion of pacemaker, single chamber rate responsive into abdomen subcutaneous tissue and fascia, open approach	242 with MCC	\$23,228
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	\$15,831
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	\$12,990
0JH836Z	Insertion of pacemaker, dual chamber into abdomen subcutaneous tissue and fascia, percutaneous approach		
02HK4JZ	Insertion of pacemaker lead into right ventricle, percutaneous endoscopic approach		
02HK3JZ	Insertion of pacemaker lead into right ventricle, percutaneous approach		
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 Inpatient<sup>3</sup>

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>CARDIAC PACEMAKER DEVICE REPLACEMENT (DRGs 258 AND 259)</b>			
0JPT0PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, open approach	258 with MCC	\$19,144
0JPT3PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, percutaneous approach	259 without MCC	\$13,035
<b>CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT (DRGs 260, 261 AND 262)</b>			
0JWT0PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, open approach	260 with MCC	\$23,156
0JWT3PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, percutaneous approach	261 with CC	\$12,196
02WA0MZ	Revision of cardiac lead in heart, open approach	262 without CC/MCC	\$10,500
02WA3MZ	Revision of cardiac lead in heart, percutaneous approach		
02WA4MZ	Revision of cardiac lead in heart, 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 PACEMAKERS

## HCPCS Device Category C-Codes<sup>5</sup>

C-CODE	DESCRIPTION
<b>PACEMAKER GENERATOR IMPLANT</b>	
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)
<b>LEADS</b>	
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 Codes<sup>6</sup>

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 January 1, 2020

# CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

## Physician<sup>1</sup>

CPT <sup>‡</sup> CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
<b>SYSTEM IMPLANT OR REPLACEMENT</b>				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	14.92	\$961	NA
<b>GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)</b>				
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	5.81	\$391	NA
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	6.08	\$406	NA
<b>GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)</b>				
33241	Removal of implantable defibrillator pulse generator only	3.04	\$224	NA
<b>GENERATOR IMPLANT</b>				
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
<b>RELOCATION OF SKIN POCKET</b>				
33223	Relocation of skin pocket for implantable defibrillator	6.30	\$429	NA

NA = There is no established Medicare payment in this setting  
 It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Effective Dates: January 1, 2020 - December 31, 2020

# CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

## Physician<sup>1</sup>

CPT <sup>‡</sup> CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
<b>LEAD PROCEDURES</b>				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	5.62	\$389	NA
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	5.59	\$384	NA
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	\$404	NA
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	5.90	\$394	NA
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	13.74	\$906	NA

NA = There is no established Medicare payment in this setting  
 It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Effective Dates: January 1, 2020 - December 31, 2020



# CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

## Hospital Outpatient<sup>2</sup>

CPT <sup>+</sup> CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
<b>SYSTEM IMPLANT OR REPLACEMENT</b>				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J1	5232	\$32,279
<b>GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)</b>				
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	J1	5231	\$22,710
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	J1	5231	\$22,710
<b>GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)</b>				
33241	Removal of implantable defibrillator pulse generator only	Q2	5221	\$2,984
<b>GENERATOR IMPLANT</b>				
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	J1	5231	\$22,710
33230	Insertion of implantable defibrillator pulse generator only; with existing dual lead	J1	5231	\$22,710
<b>RELOCATION OF SKIN POCKET</b>				
33223	Relocation of skin pocket for implantable defibrillator	T	5054	\$1,623

J1 = Hospital Part B services paid through a comprehensive APC

Q2 = T Packaged codes

T = Significant procedure, multiple reduction applies

Effective Dates: January 1, 2020 - December 31, 2020

# CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

## Hospital Outpatient<sup>2</sup>

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
<b>LEAD(S)</b>				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J1	5222	\$7,641
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J1	5222	\$7,641
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	J1	5183	\$2,771
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	T	5221	\$2,984
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	T	5221	\$2,984
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	Q2	5221	\$2,984

J1 = Hospital Part B services paid through a comprehensive APC

T = Significant procedure, multiple reduction applies

Q2 = T Packaged codes

Effective Dates: January 1, 2020 - December 31, 2020

# CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

## Ambulatory Surgery Center<sup>4</sup> (ASC)

CPT <sup>†</sup> CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
<b>SYSTEM IMPLANT OR REPLACEMENT</b>				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J8	Y	\$26,699
<b>GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)</b>				
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	J8	Y	\$19,502
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	J8	Y	\$19,778
<b>GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)</b>				
33241	Removal of implantable defibrillator pulse generator only	G2	N	\$1,508
<b>GENERATOR IMPLANT</b>				
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	J8	Y	\$19,741
33230	Insertion of implantable defibrillator pulse generator only; with existing dual lead	J8	Y	\$19,949
<b>RELOCATION OF SKIN POCKET</b>				
33223	Relocation of skin pocket for implantable defibrillator	A2	Y	\$820

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

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

A2 = Surgical procedure on ASC list in CY 2007; payment based on OPSS relative payment weight.

Effective Dates: January 1, 2020 - December 31, 2020



# CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

## Ambulatory Surgery Center<sup>4</sup> (ASC)

CPT <sup>+</sup> CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
<b>LEAD PROCEDURES</b>				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J8	Y	\$5,469
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J8	Y	\$6,673
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	G2	Y	\$1,341
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	G2	Y	\$1,508
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	J8	Y	\$2,127

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

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

# CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

## Hospital Inpatient<sup>3</sup>

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>CARDIAC DEFIBRILLATOR IMPLANT (DRGs 222, 223, 224, 225, 226, AND 227)</b>			
0JH608Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, open approach	<b>With Cardiac Catheterization, with AMI/HF/SHOCK</b>  222 with MCC 223 without MCC	\$52,229 \$37,572
0JH638Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, percutaneous approach	<b>With Cardiac Catheterization, without AMI/HF/SHOCK</b>  224 with MCC 225 without MCC	\$46,293 \$35,356
0JH808Z	Insertion of defibrillator generator into abdomen subcutaneous tissue and fascia, Open Approach	<b>Without Cardiac Catheterization</b>  226 with MCC 227 without MCC	\$41,858 \$32,729

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 Inpatient<sup>3</sup>

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>AICD GENERATOR PROCEDURES (DRG 245)</b>			
0JH608Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, open approach	245	\$32,595
0JH638Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, percutaneous approach		
0JH808Z	Insertion of defibrillator generator into abdomen subcutaneous tissue and fascia, open Approach		
0JH838Z	Insertion of defibrillator 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 IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

## Hospital Inpatient<sup>3</sup>

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>AICD LEAD PROCEDURES (DRG 265)</b>			
02H43KZ	Insertion of defibrillator lead into coronary vein, percutaneous approach	265	\$19,536
02H43MZ	Insertion of cardiac lead into coronary vein, percutaneous approach		
02H63KZ	Insertion of defibrillator lead into right atrium, percutaneous approach		
02HK3KZ	Insertion of defibrillator lead into right ventricle, percutaneous approach		
02HN0KZ	Insertion of defibrillator lead into pericardium, open approach		
02HN4KZ	Insertion of defibrillator lead into pericardium, percutaneous endoscopic approach		
02HK4KZ	Insertion of defibrillator lead into right ventricle, percutaneous endoscopic approach		
02HK0KZ	Insertion of defibrillator lead into right ventricle, open approach		
02H44KZ	Insertion of defibrillator lead into coronary vein, percutaneous endoscopic approach		
02H60KZ	Insertion of defibrillator lead into right atrium, open approach		
02H64KZ	Insertion of defibrillator lead into right 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-Codes<sup>5</sup>

C-CODE	DESCRIPTION
<b>ICD</b>	
C1721	Cardioverter-defibrillator, dual-chamber (implantable)
C1722	Cardioverter-defibrillator, single-chamber (implantable)
C1882	Cardioverter-defibrillator, other than single or dual-chamber (implantable)
<b>LEADS</b>	
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)

# CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

## ICD-10-CM Diagnosis Codes<sup>6</sup>

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 January 1, 2020

# CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

## Physician<sup>1</sup>

CRT procedures are often reported with add-on code 33225. Add-on code 33225 can be performed when medically appropriate with the primary service/procedure codes listed below. Add-on codes may not be reported as a stand-alone and must be billed when performed in conjunction with the primary service or procedure. Add-on codes qualify for separate payment for physicians and are not subject to the Physician Multiple Payment Reduction Rule.

CPT <sup>+</sup> CODE	ADD-ON CODE CPT <sup>+</sup> CODE DESCRIPTOR (LIST SEPARATELY IN ADDITION TO CODE FOR THE PRIMARY PROCEDURE)	WORK RVU	NATIONAL MEDICARE RATE FACILITY	NATIONAL MEDICARE RATE NON FACILITY	REPORT WITH PRIMARY PROCEDURE CODE
<b>LEFT VENTRICULAR LEAD PLACEMENT FOR CRT PROCEDURES</b>					
+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	\$493	NA	33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33223, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33249, 33263, or 33264

NA = There is no established Medicare payment in this setting. It is incumbent upon the physician to determine which, if any, modifiers should be used first.  
+ = Indicates an add-on-code

# CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

## Physician<sup>1</sup>

CPT <sup>+</sup> CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE FACILITY	NATIONAL MEDICARE RATE NON-FACILITY
<b>OTHER CRT PROCEDURES</b>				
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
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	8.68	\$520	NA
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	5.79	\$392	NA
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	5.55	\$379	NA
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	6.35	\$425	NA
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	6.34	\$421	NA

NA = There is no established Medicare payment in this setting. It is incumbent upon the physician to determine which, if any, modifiers should be used first.

Effective Dates: January 1, 2020- December 31, 2020



# CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

## Hospital Outpatient<sup>2</sup>

CRT procedures are often reported with add-on code 33225. Add-on code 33225 can be performed when medically appropriate with the primary service/procedure codes listed below. Add-on codes may not be reported as a stand-alone and must be billed when performed in conjunction with the primary service or procedure. Some of these code combinations qualify for a complexity adjusted APC assignment; APC assignments are shown below.

CPT <sup>‡</sup> CODE	ADD-ON CODE CPT <sup>‡</sup> CODE DESCRIPTOR (LIST SEPARATELY IN ADDITION TO CODE FOR THE PRIMARY PROCEDURE)	STATUS INDICATOR	REPORT WITH PRIMARY PROCEDURE CODE	APC (WHEN REPORTED WITH PRIMARY CODE)	NATIONAL MEDICARE RATE
<b>LEFT VENTRICULAR LEAD PLACEMENT FOR CRT PROCEDURES</b>					
			33234, 33235	5521	\$2,984
			33213, 33233	5222	\$7,641
+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	33206, 33207, 33208, 33213, 33214, 33228	5224	\$18,311
			33216, 33217	5223	\$10,251
			33221, 33229	5231	\$22,710
			33230, 33231, 33240, 33249, 33263, 33264	5232	\$32, 279

N = Items and services packaged into APC rates

+ = Indicates an add-on-code

# CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

## Hospital Outpatient<sup>2</sup>

CPT <sup>+</sup> CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
<b>OTHER CRT PROCEDURES</b>				
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	\$10,251
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	J1	5183	\$2,771
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	J1	5224	\$18,311
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	J1	5224	\$18,311
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	J1	5232	\$32,279
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple lead	J1	5232	\$32,279

J1 = Hospital Part B services paid through a comprehensive APC

Effective Dates: January 1, 2020- December 31, 2020

# CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

## Ambulatory Surgery Center<sup>4</sup> (ASC)

CRT procedures are often reported with add-on code 33225. Add-on code 33225 can be performed when medically appropriate with the primary service/procedure codes listed below. Add-on codes may not be reported as a stand-alone and must be billed when performed in conjunction with the primary service or procedure.

Medicare does not make separate payment for add-on code 33225 in the ASC setting.

CPT <sup>‡</sup> CODE	ADD-ON CODE CPT <sup>‡</sup> CODE DESCRIPTOR (LIST SEPARATELY IN ADDITION TO CODE FOR THE PRIMARY PROCEDURE)	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	REPORT WITH PRIMARY PROCEDURE CODE	NATIONAL MEDICARE RATE
<b>LEFT VENTRICULAR LEAD PLACEMENT FOR CRT PROCEDURES</b>					
				33206	\$7,385
				33207	\$7,633
				33208	\$7,817
				33212	\$6,201
				33213	\$7,710
				33214	\$7,566
				33216	\$5,469
				33217	\$6,673
				33221	\$11,727
				33223	\$820
+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	33228	\$7,634
				33229	\$11,807
				33230	\$19,949
				33231	\$26,640
				33233	\$5,353
				33234	\$1,508
				33235	\$1,951
				33240	\$19,741
				33249	\$26,699
				33263	\$19,778
				33264	\$26,738

+ = Indicates an add-on code N1 = Packaged service/item; no separate payment made.

Effective January 1, 2020 to December 31, 2020



# CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

## Ambulatory Surgery Center<sup>4</sup> (ASC)

CPT <sup>+</sup> CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
<b>OTHER CRT PROCEDURES</b>				
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	\$7,837
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	G2	Y	\$1,341
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	J8	Y	\$11,807
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	J8	Y	\$11,727
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	J8	Y	\$26,738
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	J8	Y	\$26,640

G2 = Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.  
 J8 = Device-intensive procedure; paid at adjusted rate.

# CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

## Hospital Inpatient<sup>3</sup>

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE				
<b>PERMANENT CARDIAC PACEMAKER IMPLANT (DRGs 242, 243 AND 244)</b>							
0JH607Z	Insertion of cardiac resynchronization pacemaker pulse generator into chest subcutaneous tissue and fascia, open approach	242 with MCC	\$23,228				
0JH637Z	Insertion of cardiac resynchronization pacemaker pulse generator into chest subcutaneous tissue and fascia, percutaneous approach						
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						
02HL4JZ	Insertion of pacemaker lead into left ventricle, percutaneous endoscopic approach			243 with CC	\$15,831		
02HL3JZ	Insertion of pacemaker lead into left ventricle, percutaneous approach						
02HL0JZ	Insertion of pacemaker lead into left ventricle, open approach						
02H44JZ	Insertion of pacemaker lead into coronary vein, percutaneous endoscopic approach						
02H43JZ	Insertion of pacemaker lead into coronary vein, percutaneous approach					244 without CC/ MCC	\$12,990
02H40JZ	Insertion of pacemaker lead into coronary vein, 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 CARDIAC RESYNCHRONIZATION THERAPY (CRT)

## Hospital Inpatient<sup>3</sup>

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>CARDIAC PACEMAKER DEVICE REPLACEMENT (DRGs 258 AND 259)</b>			
0JPT0PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, open approach	258 with MCC	\$19,144
0JPT3PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, percutaneous approach	259 without MCC	\$13,035
<b>CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT (DRGs 260, 261 AND 262)</b>			
0JWT0PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, open approach		
0JWT3PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, percutaneous approach	260 with MCC	\$23,156
02WA0MZ	Revision of cardiac lead in heart, open approach	261 with CC	\$12,196
02WA3MZ	Revision of cardiac lead in heart, percutaneous approach	262 without CC/MCC	\$10,500
02WA4MZ	Revision of cardiac lead in heart, 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 CARDIAC RESYNCHRONIZATION THERAPY (CRT)

## Hospital Inpatient<sup>3</sup> Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>CARDIAC DEFIBRILLATOR IMPLANT (DRGs 222, 223, 224, 225, 226, AND 227)</b>			
0JH609Z	Insertion of cardiac resynchronization defibrillator pulse generator into chest subcutaneous tissue and fascia, open approach	<b>With Cardiac Catheterization, with AMI/HF/SHOCK</b> 222 with MCC 223 without MCC	\$52,229 \$37,572
0JH639Z	Insertion of cardiac resynchronization defibrillator pulse generator into chest subcutaneous tissue and fascia, percutaneous approach		
0JH809Z	Insertion of cardiac resynchronization defibrillator pulse generator into abdomen subcutaneous tissue and fascia, open approach	<b>With Cardiac Catheterization, without AMI/HF/SHOCK</b> 224 with MCC 225 without MCC	\$46,293 \$35,356
0JH839Z	Insertion of cardiac resynchronization defibrillator pulse generator into abdomen subcutaneous tissue and fascia, percutaneous approach		
02HL4KZ	Insertion of defibrillator lead into left ventricle, percutaneous endoscopic approach	<b>Without Cardiac Catheterization</b> 226 with MCC 227 without MCC	\$41,858 \$32,729
02HL3KZ	Insertion of defibrillator lead into left ventricle, percutaneous approach		
02HL0KZ	Insertion of defibrillator lead into left ventricle, open approach		
02H44KZ	Insertion of defibrillator lead into coronary vein, percutaneous endoscopic approach		
02H43KZ	Insertion of defibrillator lead into coronary vein, percutaneous approach		
02H40KZ	Insertion of defibrillator lead into coronary vein, 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 CARDIAC RESYNCHRONIZATION THERAPY (CRT)

## Hospital Inpatient<sup>3</sup>

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>AICD GENERATOR PROCEDURES (DRG 245)</b>			
0JH609Z	Insertion of cardiac resynchronization defibrillator pulse generator into chest subcutaneous tissue and fascia, open approach	245	\$32,595
0JH639Z	Insertion of cardiac resynchronization defibrillator pulse generator into chest subcutaneous tissue and fascia, percutaneous approach		
0JH809Z	Insertion of cardiac resynchronization defibrillator pulse generator into abdomen subcutaneous tissue and fascia, open approach		
0JH839Z	Insertion of cardiac resynchronization defibrillator pulse generator into abdomen subcutaneous tissue and fascia, percutaneous approach		
<b>AICD LEAD PROCEDURES (DRG 265)</b>			
02H43KZ	Insertion of defibrillator lead into coronary vein, percutaneous approach	265	\$19,536
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		

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 Inpatient<sup>3</sup>

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>AICD LEAD PROCEDURES (DRG 265) continued</b>			
02HL4KZ	Insertion of defibrillator lead into left ventricle, percutaneous endoscopic approach	265	\$19,536
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		
02H44KZ	Insertion of defibrillator lead into coronary vein, percutaneous endoscopic approach		
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



# ABBOTT CODING GUIDE

## IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

Effective January 1, 2020

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

## Physician<sup>1</sup>

CPT <sup>‡</sup> CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
<b>IMPLANT</b>				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	1.53	\$93	\$5,159
<b>REMOVAL</b>				
33286	Removal, subcutaneous cardiac rhythm monitor	1.50	\$91	\$138

<sup>1</sup>It is incumbent upon the physician to determine which, if any, modifiers should be used first.

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

## Hospital Outpatient<sup>2</sup>

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
<b>IMPLANT</b>				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	J1	5222	\$7,641
<b>REMOVAL</b>				
33286	Removal, subcutaneous cardiac rhythm monitor	Q2	5071	\$610

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

Effective Dates: January 1, 2020- December 31, 2020



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

## Ambulatory Surgery Center<sup>4</sup> (ASC)

CPT <sup>†</sup> CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	2019 NATIONAL MEDICARE RATE
<b>IMPLANT</b>				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	J8	Y	\$6,655
<b>REMOVAL</b>				
33286	Removal, subcutaneous cardiac rhythm monitor	G2	N	\$308

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

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

Effective Dates: January 1, 2020- December 31, 2020

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

## Hospital Inpatient<sup>3</sup>

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCSCODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
<b>ICM INSERTION</b>			
0JH632Z	Insertion of monitoring device into chest subcutaneous tissue and fascia, percutaneous approach	<b>Cardiac Pacemaker revision except device replacement</b> 260 with MCC 261 with CC 262 without CC/MCC	\$23,156 \$12,196 \$10,500
<b>ICM REMOVAL</b>			
0JPT32Z	Removal of monitoring device from trunk subcutaneous tissue and fascia, percutaneous approach Monitoring of cardiac electrical activity, ambulatory, external approach	Does not impact MS-DRG assignment	NA
<b>ICM MONITORING</b>			
4A12X45	Monitoring of cardiac electrical activity, ambulatory, external approach	Does not impact MS-DRG assignment	NA

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

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/INSERTABLE CARDIAC MONITORS (ICM)

## HCPCS Device Category C-Codes<sup>5</sup>

C-CODE	DESCRIPTION
<b>EVENT RECORDER</b>	
C1764	Event recorder, cardiac (implantable)

## ICD-10-CM Diagnosis Codes<sup>6</sup>

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, 2020

# CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

## Physician<sup>1</sup>

CPT+ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
<b>PACEMAKER/CRT-P DEVICE MONITORING - IN PERSON</b>				
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	\$33*	\$62
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	\$40*	\$73
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	\$44*	\$78
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	\$22*	\$50
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	\$16*	\$41
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	\$16*	\$53

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

Effective Dates: January 1, 2020 - December 31, 2020

# CODING AND REIMBURSEMENT CARDIAC DEVICE MONITORING

## Physician<sup>1</sup>

CPT <sup>‡</sup> CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
<b>PACEMAKER/CRT-P DEVICE MONITORING - REMOTE</b>				
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	\$32	\$32
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	0.00	NA	\$26
<b>ICD/CRT-D DEVICE MONITORING - IN PERSON</b>				
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	\$44*	\$75
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	\$60*	\$94
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	\$65*	\$101

NA = There is no established Medicare payment in this setting. It is incumbent upon the physician to determine which, if any modifiers should be used first.

\*The National Facility rates shown with an \* 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).

Effective Dates: January 1, 2020 - December 31, 2020



# CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

## Physician<sup>1</sup>

CPT <sup>+</sup> CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
<b>ICD/CRT-D DEVICE MONITORING - IN PERSON</b> <i>continued</i>				
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	\$39*	\$68
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	\$24*	\$49
<b>ICD/CRT-D DEVICE MONITORING - REMOTE</b>				
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	\$39	\$39
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	0.00	NA	\$26
<b>IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - IN PERSON</b>				
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	\$22*	\$48

NA = There is no established Medicare payment in this setting. It is incumbent upon the physician to determine which, if any, modifiers should be used first.

\*The National Facility rates shown with an \* 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).

# CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

## Physician<sup>1</sup>

CPT+ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
<b>IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - REMOTE</b>				
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	\$28	\$28
G2066	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	0.00	Carrier priced	Carrier priced
<b>ICM DEVICE MONITORING - IN PERSON</b>				
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	\$27*	\$55
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	\$19*	\$44
<b>ICM DEVICE MONITORING - REMOTE</b>				
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	\$28	\$28
G2066	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	0.00	Carrier priced	Carrier priced

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

G2066: 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: Medicare has not established a payment amount for this code. Check with your local Medicare Administrative Contractor (MAC) to verify the payment amount.

Effective Dates: January 1, 2020 - December 31, 2020



# CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

## Hospital Outpatient<sup>2</sup>

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
<b>PACEMAKER/CRT-P DEVICE MONITORING - IN PERSON</b>				
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	Q1	5741	\$36
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	\$36
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	\$36
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	\$36
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	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	\$36

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

Q1 = STV-Packaged codes

N = Items or services packaged into APC rates

Effective Dates: January 1, 2020 - December 31, 2020



# CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

## Hospital Outpatient<sup>2</sup>

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
<b>PACEMAKER/CRT-P DEVICE MONITORING - REMOTE</b>				
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	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	Q1	5741	\$36
<b>ICD/CRT-D DEVICE MONITORING - IN PERSON</b>				
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	\$36
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	\$36
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	\$36

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

Q1 = STV-Packaged codes

M = Items and services not billable to the fiscal intermediary

Effective Dates: January 1, 2020 - December 31, 2020

# CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

## Hospital Outpatient<sup>2</sup>

CPT <sup>+</sup> CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
<b>ICD/CRT-D DEVICE MONITORING - IN PERSON</b> <i>continued</i>				
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	\$36
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
<b>ICD/CRT-D DEVICE MONITORING - REMOTE</b>				
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	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	Q1	5741	\$36
<b>IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - IN PERSON</b>				
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	\$36

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

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, 2020 - December 31, 2020



# CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

## Hospital Outpatient<sup>2</sup>

CPT <sup>+</sup> CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
<b>IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - REMOTE</b>				
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	NA
G2066	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	\$36
<b>ICM DEVICE MONITORING - IN PERSON</b>				
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	\$36
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	5741	\$23
<b>ICM DEVICE MONITORING - REMOTE</b>				
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	NA
G2066	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	\$36

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

Q1 = STV-Packaged codes

M = Items and services not billable to the fiscal intermediary

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## References

1. Physician Prospective Payment-Final rule with Comment Period and Final CY2020 Payment Rates. CMS-1715-F: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>
2. Hospital Outpatient Prospective Payment-Final Rule with Comment Period and Final CY2020 Payment Rates. CMS-1717-FC: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1717-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending%0D>
3. Hospital Inpatient Prospective Payment-Final Rule FY2020 Payment Rates. CMS-1716-F: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page-Items/FY2020-IPPS-Final-Rule-Regulations.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>
4. Ambulatory Surgical Center Payment-Final Rule CY2020 Payment Rates. CMS-1717-FC: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1717-FC.html>
5. CMS, 2020 Alpha-Numeric Index HCPCS code set: <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>
6. American Medical Association 2020 ICD-10-CM: *The Complete Official Codebook*. Edition 1; 2020
7. CMS 2020 ICD-10-PCS Procedure Coding System and Index: <https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS.html>

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