

ABBOTT CODING GUIDE

CARDIAC PACEMAKERS

IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

CARDIAC RESYNCHRONIZATION THERAPY (CRT-P & D)

IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

CARDIAC DEVICE MONITORING

Effective October 1, 2020

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

Effective October 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. This guide and all supporting documents are available at www.cardiovascular.abbott/us/en/hcp/reimbursement.html. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

Disclaimer

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ABBOTT CODING GUIDE

CARDIAC PACEMAKERS

Effective October 1, 2020

CODING AND REIMBURSEMENT FOR PACEMAKERS

Physician¹

CPT# CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
SYSTEM IMPLANT OR REPLACEMENT				
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
GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)				
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
SYSTEM UPGRADE: SINGLE CHAMBER TO DUAL CHAMBER PACEMAKER				
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
GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)				
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

Physician¹

CPT [†] CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
GENERATOR IMPLANT				
33212	Insertion of pacemaker pulse generator only; with existing single lead	5.01	\$336	NA
33213	Insertion of pacemaker pulse generator only; with existing dual leads	5.28	\$351	NA
RELOCATION OF SKIN POCKET				
33222	Relocation of skin pocket for pacemaker	4.85	\$355	NA
LEAD PROCEDURES				
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.

CODING AND REIMBURSEMENT FOR PACEMAKERS

Hospital Outpatient²

CPT [†] CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
SYSTEM IMPLANT OR REPLACEMENT				
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
GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)				
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
SYSTEM UPGRADE: SINGLE CHAMBER TO DUAL CHAMBER PACEMAKER				
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
GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)				
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 Outpatient²

CPT [‡] CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
GENERATOR IMPLANT				
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
RELOCATION OF SKIN POCKET				
33222	Relocation of skin pocket for pacemaker	T	5054	\$1,623
LEAD PROCEDURES				
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 Center⁴ (ASC)

CPT# CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
SYSTEM IMPLANT OR REPLACEMENT				
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
GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)				
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
SYSTEM UPGRADE: SINGLE CHAMBER TO DUAL CHAMBER PACEMAKER				
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
GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)				
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 Center⁴ (ASC)

CPT+ CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE RATE	NATIONAL MEDICARE RATE
GENERATOR IMPLANT				
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
RELOCATION OF SKIN POCKET				
33222	Relocation of skin pocket for pacemaker	A2	Y	\$820
LEAD PROCEDURES				
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 OPSS relative payment rate.

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

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

CODING AND REIMBURSEMENT FOR PACEMAKERS

Hospital Inpatient³

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

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE		
PERMANENT CARDIAC PACEMAKER IMPLANT (DRGs 242, 243 AND 244)					
0JH60PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, open approach	242 with MCC	\$23,926		
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	\$16,278
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	\$13,277
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, 2020 - September 30, 2021

CODING AND REIMBURSEMENT FOR PACEMAKERS

Hospital Inpatient³

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

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
PERMANENT CARDIAC PACEMAKER IMPLANT (DRGs 242, 243 AND 244) continued			
0JH805Z	Insertion of pacemaker, single chamber rate responsive into abdomen subcutaneous tissue and fascia, open approach	242 with MCC	\$23,926
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	\$16,278
0JH636Z	Insertion of pacemaker, dual chamber into chest subcutaneous tissue and fascia, percutaneous approach		
0JH806Z	Insertion of pacemaker, dual chamber into abdomen subcutaneous tissue and fascia, open approach	244 without CC/MCC	\$13,277
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, 2020 - September 30, 2021

CODING AND REIMBURSEMENT FOR PACEMAKERS

Hospital Inpatient³

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

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
CARDIAC PACEMAKER DEVICE REPLACEMENT (DRGs 258 AND 259)			
0JPT0PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, open approach	258 with MCC	\$20,576
0JPT3PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, percutaneous approach	259 without MCC	\$13,627
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT (DRGs 260, 261 AND 262)			
0JWT0PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, open approach	260 with MCC	\$23,037
0JWT3PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, percutaneous approach	261 with CC	\$12,799
02WA0MZ	Revision of cardiac lead in heart, open approach	262 without CC/MCC	\$10,979
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, 2020 - September 30, 2021

CODING AND REIMBURSEMENT FOR PACEMAKERS

HCPCS Device Category C-Codes⁵

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

CODING AND REIMBURSEMENT FOR PACEMAKERS

ICD-10-CM Diagnosis Codes⁶

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

ABBOTT CODING GUIDE

IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Effective October 1, 2020

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Physician¹

CPT [‡] CODE	DESCRIPTION	WORK RVU	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	14.92	\$961	NA
GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)				
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
GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)				
33241	Removal of implantable defibrillator pulse generator only	3.04	\$224	NA
GENERATOR IMPLANT				
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
RELOCATION OF SKIN POCKET				
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)

Physician¹

CPT [‡] CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
LEAD PROCEDURES				
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 Outpatient²

CPT ⁺ CODE	DESCRIPTION	STATUS INDICATOR	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	J1	5232	\$32,279
GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)				
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
GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)				
33241	Removal of implantable defibrillator pulse generator only	Q2	5221	\$2,984
GENERATOR IMPLANT				
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
RELOCATION OF SKIN POCKET				
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 Outpatient²

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
LEAD(S)				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J1	5222	\$7,641
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 Center⁴ (ASC)

CPT ⁺ CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
SYSTEM IMPLANT OR REPLACEMENT				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J8	Y	\$26,699
GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)				
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
GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)				
33241	Removal of implantable defibrillator pulse generator only	G2	N	\$1,508
GENERATOR IMPLANT				
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
RELOCATION OF SKIN POCKET				
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 Center⁴ (ASC)

CPT ⁺ CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
LEAD PROCEDURES				
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.

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

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Hospital Inpatient³

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

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
CARDIAC DEFIBRILLATOR IMPLANT (DRGs 222, 223, 224, 225, 226, AND 227)			
0JH608Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, open approach	With Cardiac Catheterization, with AMI/HF/SHOCK 222 with MCC 223 without MCC	\$54,126 \$39,928
0JH638Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, percutaneous approach	With Cardiac Catheterization, without AMI/HF/SHOCK 224 with MCC 225 without MCC	\$47,320 \$36,166
0JH808Z	Insertion of defibrillator generator into abdomen subcutaneous tissue and fascia, Open Approach	Without Cardiac Catheterization 226 with MCC 227 without MCC	\$42,497 \$33,756

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

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

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Hospital Inpatient³

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

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
AICD GENERATOR PROCEDURES (DRG 245)			
0JH608Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, open approach	245	\$34,798
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, 2020 - September 30, 2021

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

Hospital Inpatient³

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

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
AICD LEAD PROCEDURES (DRG 265)			
02H43KZ	Insertion of defibrillator lead into coronary vein, percutaneous approach	265	\$21,613
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, 2020 - September 30, 2021

CODING AND REIMBURSEMENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

HCPCS Device Category C-Codes⁵

C-CODE	DESCRIPTION
ICD	
C1721	Cardioverter-defibrillator, dual-chamber (implantable)
C1722	Cardioverter-defibrillator, single-chamber (implantable)
C1882	Cardioverter-defibrillator, other than single or dual-chamber (implantable)
LEADS	
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 Codes⁶

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

ABBOTT CODING GUIDE

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

Effective October 1, 2020

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Physician¹

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 ⁺ CODE	ADD-ON CODE CPT ⁺ 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
LEFT VENTRICULAR LEAD PLACEMENT FOR CRT PROCEDURES					
+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)

Physician¹

CPT ⁺ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE FACILITY	NATIONAL MEDICARE RATE NON-FACILITY
OTHER CRT PROCEDURES				
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 Outpatient²

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 [†] CODE	ADD-ON CODE CPT [†] 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
LEFT VENTRICULAR LEAD PLACEMENT FOR CRT PROCEDURES					
			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 Outpatient²

CPT ⁺ CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
OTHER CRT PROCEDURES				
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 Center⁴ (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 [‡] CODE	ADD-ON CODE CPT [‡] 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
LEFT VENTRICULAR LEAD PLACEMENT FOR CRT PROCEDURES					
				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 Center⁴ (ASC)

CPT ⁺ CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
OTHER CRT PROCEDURES				
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 OPFS relative payment weight.
 J8 = Device-intensive procedure; paid at adjusted rate.

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient³

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

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE		
PERMANENT CARDIAC PACEMAKER IMPLANT (DRGs 242, 243 AND 244)					
0JH607Z	Insertion of cardiac resynchronization pacemaker pulse generator into chest subcutaneous tissue and fascia, open approach	242 with MCC	\$23,926		
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	\$16,278
02HL3JZ	Insertion of pacemaker lead into left ventricle, percutaneous approach				
02HL0JZ	Insertion of pacemaker lead into left ventricle, open approach			244 without CC/ MCC	\$13,277
02H44JZ	Insertion of pacemaker lead into coronary vein, percutaneous endoscopic approach				
02H43JZ	Insertion of pacemaker lead into coronary vein, percutaneous approach				
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, 2020 - September 30, 2021

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient³

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

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
CARDIAC PACEMAKER DEVICE REPLACEMENT (DRGs 258 AND 259)			
0JPT0PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, open approach	258 with MCC	\$20,576
0JPT3PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, percutaneous approach	259 without MCC	\$13,627
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT (DRGs 260, 261 AND 262)			
0JWT0PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, open approach	260 with MCC	\$23,037
0JWT3PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, percutaneous approach		
02WA0MZ	Revision of cardiac lead in heart, open approach	261 with CC	\$12,799
02WA3MZ	Revision of cardiac lead in heart, percutaneous approach	262 without CC/MCC	\$10,979
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, 2020 - September 30, 2021

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient³ Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
CARDIAC DEFIBRILLATOR IMPLANT (DRGs 222, 223, 224, 225, 226, AND 227)			
0JH609Z	Insertion of cardiac resynchronization defibrillator pulse generator into chest subcutaneous tissue and fascia, open approach	With Cardiac Catheterization, with AMI/HF/SHOCK 222 with MCC 223 without MCC	\$54,126
0JH639Z	Insertion of cardiac resynchronization defibrillator pulse generator into chest subcutaneous tissue and fascia, percutaneous approach		\$39,928
0JH809Z	Insertion of cardiac resynchronization defibrillator pulse generator into abdomen subcutaneous tissue and fascia, open approach	With Cardiac Catheterization, without AMI/HF/SHOCK 224 with MCC 225 without MCC	\$47,320
0JH839Z	Insertion of cardiac resynchronization defibrillator pulse generator into abdomen subcutaneous tissue and fascia, percutaneous approach		\$36,166
02HL4KZ	Insertion of defibrillator lead into left ventricle, percutaneous endoscopic approach	Without Cardiac Catheterization 226 with MCC 227 without MCC	\$42,497
02HL3KZ	Insertion of defibrillator lead into left ventricle, percutaneous approach		\$33,756
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, 2020 - September 30, 2021

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient³

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

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
AICD GENERATOR PROCEDURES (DRG 245)			
0JH609Z	Insertion of cardiac resynchronization defibrillator pulse generator into chest subcutaneous tissue and fascia, open approach	245	\$34,798
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		
AICD LEAD PROCEDURES (DRG 265)			
02H43KZ	Insertion of defibrillator lead into coronary vein, percutaneous approach	265	\$21,613
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, 2020 - September 30, 2021

CODING AND REIMBURSEMENT FOR CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient³

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

ICD-10 PCS CODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
AICD LEAD PROCEDURES (DRG 265) continued			
02HL4KZ	Insertion of defibrillator lead into left ventricle, percutaneous endoscopic approach	265	\$21,613
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, 2020 - September 30, 2021

ABBOTT CODING GUIDE

IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

Effective October 1, 2020

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

Physician¹

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

¹It 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 Outpatient²

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
IMPLANT				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	J1	5222	\$7,641
REMOVAL				
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 Center⁴ (ASC)

CPT [†] CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	2019 NATIONAL MEDICARE RATE
IMPLANT				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	J8	Y	\$6,655
REMOVAL				
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 Inpatient³

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

ICD-10 PCSCODE ⁷	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
ICM INSERTION			
0JH632Z	Insertion of monitoring device into chest subcutaneous tissue and fascia, percutaneous approach	Cardiac Pacemaker revision except device replacement 260 with MCC 261 with CC 262 without CC/MCC	\$23,037 \$12,799 \$10,979
ICM REMOVAL			
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
ICM MONITORING			
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

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

HCPCS Device Category C-Codes⁵

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

ICD-10-CM Diagnosis Codes⁶

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

ABBOTT CODING GUIDE

CARDIAC DEVICE MONITORING

Effective January 1, 2020

CODING AND REIMBURSEMENT FOR CARDIAC DEVICE MONITORING

Physician¹

CPT+ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
PACEMAKER/CRT-P DEVICE MONITORING - IN PERSON				
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).

CODING AND REIMBURSEMENT CARDIAC DEVICE MONITORING

Physician¹

CPT [‡] CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
PACEMAKER/CRT-P DEVICE MONITORING - REMOTE				
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
ICD/CRT-D DEVICE MONITORING - IN PERSON				
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

Physician¹

CPT ⁺ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
ICD/CRT-D DEVICE MONITORING - IN PERSON <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
ICD/CRT-D DEVICE MONITORING - REMOTE				
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
IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - IN PERSON				
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

Physician¹

CPT+ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - REMOTE				
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
ICM DEVICE MONITORING - IN PERSON				
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
ICM DEVICE MONITORING - REMOTE				
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 Outpatient²

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
PACEMAKER/CRT-P DEVICE MONITORING - IN PERSON				
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 Outpatient²

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
PACEMAKER/CRT-P DEVICE MONITORING - REMOTE				
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
ICD/CRT-D DEVICE MONITORING - IN PERSON				
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 Outpatient²

CPT ⁺ CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
ICD/CRT-D DEVICE MONITORING - IN PERSON <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
ICD/CRT-D DEVICE MONITORING - REMOTE				
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
IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - IN PERSON				
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 Outpatient²

CPT ⁺ CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - REMOTE				
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
ICM DEVICE MONITORING - IN PERSON				
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
ICM DEVICE MONITORING - REMOTE				
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

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

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