



HEALTH ECONOMICS & REIMBURSEMENT

CARDIAC RHYTHM MANAGEMENT

National Medicare Reimbursement Guide

Implantable / Insertable Cardiac Monitors (ICM)

Effective January 1, 2023

Information contained herein for DISTRIBUTION in the US ONLY.
©2022 Abbott. All right reserved. MAT-1901316 v14.0

TERMS AND CONDITIONS

All content herein may be based upon several sources, included but not limited to primary sources, scientific literature, commercially available data sets, customer supplied information, and external sources.

Estimates shown are for illustrative purposes only. This content is not intended for any other purpose.

It should be noted that there are usually differences between economic modelling actual results. Abbott does not take responsibility for any such discrepancies. There is no guarantee of any potential economic outcome, including payment, cost savings, or procedure volume. Economic outcomes are dependent on many factors and will vary.

Certain Maryland hospitals paid under Maryland Waiver provisions using All Patient Refined Diagnosis Related Group (APR-DRG) are excluded from payment under the Medicare Inpatient Prospective Payment System (IPPS).

Reimbursement Calculators should not be provided at no charge to actively licensed Healthcare Professionals (HCPs) who regularly practice in Vermont.

This information is not to be distributed to third parties.

NATIONAL CARDIAC RHYTHM MANAGEMENT MEDICARE REIMBURSEMENT GUIDE

Effective January 1, 2023

Introduction

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product's labeling. This content includes information regarding coverage, coding and reimbursement. Additional resources can be found at

www.cardiovascular.abbott/us/en/hcp/reimbursement.html

Remote Monitoring Reimbursement G-Code

The technical component code of remote monitoring for Implantable Cardiovascular Physiologic Monitoring Systems and Implantable/Insertable Cardiac Monitors (ICMs), CPT Code 93299, was deleted January 1, 2020. 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 continues to be carrier-priced, as 93299 was, and the description of the code remains the same. See page 8 of the Cardiac Device Monitoring coding guide for more information:

<https://www.cardiovascular.abbott/content/dam/bss/divisionalsites/cv/cv-live-site/hcp/reimbursement/crm/CRM-CDM-Coding-Guide.pdf>

Reimbursement Hotline

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 CRM_PTA@abbott.com. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this content. This content and all supporting documents are available at

www.cardiovascular.abbott/us/en/hcp/reimbursement.html

Disclaimer

This material and the information contained herein is for general information purposes only and is not intended, and does not constitute, legal, reimbursement, business, clinical, or other advice. Furthermore, it is not intended to and does not constitute a representation or guarantee of reimbursement, payment, or charge, or that reimbursement or other payment will be received. It is not intended to increase or maximize payment by any payer. Abbott makes no express or implied warranty or guarantee that the list of codes and narratives in this document is complete or error-free. Similarly, nothing in this document should be viewed as instructions for selecting any particular code, and Abbott does not advocate or warrant the appropriateness of the use of any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial, coding, or reimbursement specialist for any questions related to coding, billing, reimbursement, or any related issues. This material reproduces information for reference purposes only. It is not provided or authorized for marketing use.



IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

Physician

CPT CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY
IMPLANT				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	1.53	\$86	\$4,313
REMOVAL				
33286	Removal of a subcutaneous cardiac rhythm monitor	1.50	\$84	\$130

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



IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

Hospital Outpatient

CPT CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
IMPLANT				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	J1	5222	\$8,163
REMOVAL				
33286	Removal of a subcutaneous cardiac rhythm monitor	Q2	5071	\$649

J1: Hospital Part B services paid through a comprehensive APC

Q2: T Packaged codes



IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

Ambulatory Surgery Center (ASC)

CPT CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	MEDICARE NATIONAL RATE
IMPLANT				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	J8	Y	\$7,048
REMOVAL				
33286	Removal of a subcutaneous cardiac rhythm monitor	G2	N	\$338

NA: There is no established payment in this setting

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 an adjusted rate.



IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

Hospital Inpatient

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE NATIONAL 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	\$23,999	
		261 with CC	\$13,107	
		262 without CC/MCC	\$11,502	
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

IMPLANTABLE/INSERTABLE CARDIAC MONITORS (ICM)

HCPCS Device Category C-Codes

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

ICD-10-CM Diagnosis Codes

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.

1. FY2023 IPPS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: August 2022].
<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-ipp-pps-final-rule-home-page>
2. CY2023 ASC Final Notice Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2022].
<https://www.cms.gov/medicare/medicare-fee-service-payment/asc-payment/asc-regulations-and-notices/cms-1772-fc>
3. CY2023 MPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2022].
<https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/phys-federal-regulation-notices/cms-1770-f>
4. CY2023 OPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2022].
<https://www.cms.gov/httpswwwcmsgovmedicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient/cms-1772-fc>
5. FY2022 IPPS Final Rule with Correction Notice Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2020].
<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipp-pps-final-rule-home-page>
6. CY2022 OPFS Final Rule with Correction Notice. U.S. Centers for Medicare and Medicaid Services. [cited: November 2022].
<https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1753-cn>
7. Provider Outpatient Hospital Charge Data by APC, CY2020. [cited: November 2022].
<https://data.cms.gov/provider-summary-by-type-of-service/medicare-outpatient-hospitals/medicare-outpatient-hospitals-by-provider-and-service>
8. Medicare Inpatient Hospitals - by Provider and Service - FY2020 [cited: August 2022].
<https://data.cms.gov/provider-summary-by-type-of-service/medicare-inpatient-hospitals/medicare-inpatient-hospitals-by-provider-and-service>
9. HOSPITAL ACUTE INPATIENT SERVICES PAYMENT SYSTEM - PAYMENT BASICS [cited: December 2020]
http://www.medpac.gov/docs/default-source/payment-basics/medpac_payment_basics_19_hospital_final_v2_sec.pdf?sfvrsn=0
10. CGS Medicare Part B Fees [cited: January 2021].
<https://www.cgsmedicare.com/partb/fees/index.html>
11. First Coast Service Options (FCSO) Medicare Part B Fees [cited: January 2021].
https://medicare.fcso.com/SharedTools/faces/FeeSchedule_en.jspx?_af=state=
12. National Government Services (NGS) Medicare Fee Schedule Lookup [cited: January 2021].
<https://www.ngsmedicare.com/web/ngs/fee-schedules-and-pricers?lob=93617&state=97256®ion=93623>
13. Noridian Healthcare Solutions Medicare Contractor Status Codes (C-Status) [cited: January 2021].
<https://med.noridianmedicare.com/web/eb/fees-news/fee-schedules/contractor-status-codes-c-status>
14. Novitas Solutions Medicare Physician's Fee Schedule [cited: January 2021].
<https://www.novitas-solutions.com/webcenter/portal/MedicareJH/FeeLookup>
15. Palmetto GBA Medicare Physician Fee Schedule Part B [cited: January 2021].
https://www.palmettogba.com/palmetto/fees_front.nsf/fee_main?OpenForm
16. WPS Medicare Physician Fee Schedules [cited: January 2021].
<https://www.wpsgha.com/wps/portal/mac/site/fees-and-reimbursements/guides-and-resources/2021-mpfs/lut/p/z0/fczRCoMgFIDhJ5JjDgTbNhouku1q2LmJwzKTNhWtP96g3-8PEDg9EM9PWONh8DvY8eUI4PpaSqa7fhea80dfnqa37862R0AH-B8dBZH3RDjDRtjAf5gG7X6yhVGYWLYI7vllCxiBRcU-aS6QVhx-vBiffAII/>

Information contained herein for DISTRIBUTION in the US ONLY.

Abbott

One St. Jude Medical Dr., St. Paul, MN 55117, USA, Tel: 1 651 756 2000

™ indicates a trademark of the Abbott Group of Companies

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

www.cardiovascular.abbott

©2022 Abbott. All right reserved. MAT-1901316 v14.0

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

