



HEALTH ECONOMICS & REIMBURSEMENT

CARDIAC RHYTHM MANAGEMENT

National Medicare Reimbursement Guide

Cardiac Resynchronization Therapy (CRT-P & CRT-D)

Effective January 1, 2023

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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.

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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 the Cardiac Device Monitoring section 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 for more information.

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

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CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Physician

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	MEDICARE NATIONAL RATE		REPORT WITH PRIMARY PROCEDURE CODE
			FACILITY	NON-FACILITY	
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	\$463	NA	33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33223, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33249, 33263, or 33264

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

+ Indicates an add-on-code.

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



CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Physician

CPT [®] CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	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	\$512	NA
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	8.68	\$487	NA
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	5.79	\$375	NA
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	5.55	\$361	NA
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	6.35	\$405	NA
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	6.34	\$401	NA

NA: Medicare has not established a payment amount for this code. Check with your local Medicare Administrative Contractor (MAC) to verify the payment amount. It is incumbent upon the physician to determine which, if any, modifiers should be used first.



CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Outpatient

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 [‡] (LIST SEPARATELY IN ADDITION TO CODE FOR THE PRIMARY PROCEDURE)	CODE DESCRIPTOR	STATUS INDICATOR	REPORT WITH PRIMARY PROCEDURE CODE	APC (WHEN REPORTED WITH PRIMARY CODE)	MEDICARE NATIONAL RATE
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)	N	33234, 33235	5221	\$3,351
				33212, 33216, 33217, 33233	5222	\$8,163
				33213, 33214	5223	\$10,329
				33206, 33207, 33208, 33221, 33228, 33229	5224	\$18,672
				33230, 33240, 33263	5231	\$22,818
				33231, 33249, 33264	5232	\$32,076

N: Items and services packaged into APC rates

+ Indicates an add-on-code



CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Outpatient

CPT CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
OTHER CRT PROCEDURES				
33221	Insertion of pacemaker pulse generator only; with existing multiple lead	J1	5224	\$18,672
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	\$10,329
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	J1	5183	\$2,979
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	J1	5224	\$18,672
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	J1	5232	\$32,076
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	J1	5232	\$32,076

J1: Hospital Part B services paid through a comprehensive APC



CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Ambulatory Surgery Center (ASC)

CPT CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	MEDICARE LOCAL RATE	MEDICARE NATIONAL RATE
CRT-P PROCEDURES					
C7537	insertion of atrial pacemaker with left ventricular lead	J8	N	\$10,098	\$10,098
C7538	insertion of ventricular pacemaker with left ventricular lead	J8	N	\$10,070	\$10,070
C7539	insertion of atrial and ventricular pacemaker with left ventricular lead	J8	N	\$10,262	\$10,262
C7540	Removal and replacement of dual pacemaker with left ventricular lead	J8	N	\$10,088	\$10,088
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	\$7,725	\$7,725
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	J8	Y	\$1,856	\$1,856
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	J8	Y	\$11,850	\$11,850
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	J8	Y	\$11,581	\$11,581
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	J8	Y	\$25,557	\$25,557
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	J8	Y	\$25,823	\$25,823

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.

CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient

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

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE NATIONAL 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	\$23,826
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	243 with CC	\$16,079
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	244 without CC/MCC	\$13,041
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		
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

CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient

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

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE NATIONAL 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	\$19,558
0JPT3PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, percutaneous approach	259 without MCC	\$13,679
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT (DRGs 260, 261 AND 262)			
02WA0MZ	Revision of cardiac lead in heart, open approach	260 with MCC	\$23,999
02WA3MZ	Revision of cardiac lead in heart, percutaneous approach		
02WA4MZ	Revision of cardiac lead in heart, percutaneous endoscopic approach	261 with CC	\$13,107
0JWT0PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, open approach	262 without CC/MCC	\$11,502
0JWT3PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, percutaneous approach		

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

CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient

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

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE NATIONAL 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	
0JH639Z	Insertion of cardiac resynchronization defibrillator pulse generator into chest subcutaneous tissue and fascia, percutaneous approach	222 with MCC	\$52,520
0JH809Z	Insertion of cardiac resynchronization defibrillator pulse generator into abdomen subcutaneous tissue and fascia, open approach	223 without MCC	\$35,798
0JH839Z	Insertion of cardiac resynchronization defibrillator pulse generator into abdomen subcutaneous tissue and fascia, percutaneous approach	With Cardiac Catheterization, without AMI/HF/SHOCK	
02HL4KZ	Insertion of defibrillator lead into left ventricle, percutaneous endoscopic approach	224 with MCC	\$48,628
02HL3KZ	Insertion of defibrillator lead into left ventricle, percutaneous approach	225 without MCC	\$34,693
02HL0KZ	Insertion of defibrillator lead into left ventricle, open approach		
02H44KZ	Insertion of defibrillator lead into coronary vein, percutaneous endoscopic approach	Without Cardiac Catheterization	
02H43KZ	Insertion of defibrillator lead into coronary vein, percutaneous approach	226 with MCC	\$43,907
02H40KZ	Insertion of defibrillator lead into coronary vein, open approach	227 without MCC	\$34,439

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

CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient

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

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE NATIONAL RATE
AICD GENERATOR PROCEDURES (DRG 245)			
0JH609Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach	245	\$33,447
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	\$23,200
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



CARDIAC RESYNCHRONIZATION THERAPY (CRT)

Hospital Inpatient

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

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE NATIONAL RATE
AICD LEAD PROCEDURES (DRG 265) (continued)			
02HL4KZ	Insertion of defibrillator lead into left ventricle, percutaneous endoscopic approach	265	\$23,200
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

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