Abbott

CARDIAC RHYTHM MANAGEMENT

National Medicare Reimbursement Guide

Pacemakers

Effective October 1, 2025

TERMS AND CONDITIONS

Estimates shown are for illustrative purposes only. This content is not intended for any other purpose. Estimates may be based upon several sources, included but not limited to: primary sources, scientific literature, commercially available data sets, data/inputs provided by the customer, and various external sources.

It should be noted that there are usually differences between modelling estimates and 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. Estimates are modelled using the Medicare Prospective Payment System fee schedule.

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CARDIAC RHYTHM MANAGEMENT NATIONAL MEDICARE REIMBURSEMENT

Effective October 1, 2025

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**

Reimbursement Hotline

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available Monday through Friday at 1-855-569-6430. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this content.

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PACEMAKERS

Physician

CPT‡ CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY
	SYSTEM IMPLANT OR REPLACEMENT			
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	7.14	$436	NA
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	7.80	$458	NA
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	8.52	$495	NA
	GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)			
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	5.25	$325	NA
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	5.52	$340	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	$459	NA
	GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)			
33233	Removal of permanent pacemaker pulse generator only	3.14	$224	NA
	GENERATOR REMOVAL WITH REPLACEMENT			
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	5.79	$357	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.

PACEMAKERS

Physician

CPT‡ CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY
	GENERATOR IMPLANT			
33212	Insertion of pacemaker pulse generator only; with existing single lead	5.01	$311	NA
33213	Insertion of pacemaker pulse generator only; with existing dual leads	5.28	$324	NA
	RELOCATION OF SKIN POCKET			
33222	Relocation of skin pocket for pacemaker	4.85	$331	NA
	LEAD PROCEDURES			
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	5.62	$356	NA
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	5.59	$355	NA
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	4.92	$298	NA
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	5.82	$374	NA
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	5.9	$366	NA
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	7.66	$464	NA
33235	Removal of transvenous pacemaker electrode(s); dual lead system	9.9	$609	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.

PACEMAKERS

Hospital Outpatient

CPT‡ CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
	SYSTEM IMPLANT OR REPLACEMENT			
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J1	5223	$10,465
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J1	5223	$10,465
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J1	5223	$10,465
	GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)			
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	J1	5222	$8,276
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	J1	5223	$10,465
	SYSTEM UPGRADE: SINGLE CHAMBER TO DUAL CHAMBER PACEMAKER			
33214	Upgrade of implanted pacemaker system, conversion of single-chamber system to dualchamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	J1	5223	$10,465
	GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)			
33233	Removal of permanent pacemaker pulse generator only	Q2	5222	$8,276
	GENERATOR REMOVAL WITH REPLACEMENT			
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	J1	5224	$19,071

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

PACEMAKERS

Hospital Outpatient

CPT‡ CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
	GENERATOR IMPLANT			
33212	Insertion of pacemaker pulse generator only; with existing single lead	J1	5222	$8,276
33213	Insertion of pacemaker pulse generator only; with existing dual leads	J1	5223	$10,465
	RELOCATION OF SKIN POCKET			
33222	Relocation of skin pocket for pacemaker	T	5054	$1,829
	LEAD PROCEDURES			
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J1	5222	$8,276
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J1	5222	$8,276
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	J1	5183	$3,148
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	T	5221	$3,639
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	T	5221	$3,639
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Q2	5221	$3,639
33235	Removal of transvenous pacemaker electrode(s); dual lead system	Q2	5221	$3,639

J1: Hospital Part B services paid through a comprehensive APC
Q2: T Packaged codes
T = Significant procedure, multiple reduction applies

PACEMAKERS

Ambulatory Surgery Center (ASC)

CPT‡ CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	MEDICARE NATIONAL RATE
	SYSTEM IMPLANT OR REPLACEMENT			
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J8	Y	$7,408
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J8	Y	$7,589
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J8	Y	$7,690
	GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)			
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	J8	Y	$6,424
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	J8	Y	$7,532
	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	$7,595
	GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)			
33233	Removal of permanent pacemaker pulse generator only	J8	N	$5,506
	GENERATOR REMOVAL WITH REPLACEMENT			
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	J8	Y	$13,222

J8: Device-intensive procedure; paid at an adjusted rate.

PACEMAKERS

Ambulatory Surgery Center (ASC)

CPT‡ CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	MEDICARE NATIONAL RATE
	GENERATOR IMPLANT			
33212	Insertion of pacemaker pulse generator only; with existing single lead	J8	Y	$6,519
33213	Insertion of pacemaker pulse generator only; with existing dual leads	J8	Y	$7,546
	RELOCATION OF SKIN POCKET			
33222	Relocation of skin pocket for pacemaker	A2	Y	$981
	LEAD PROCEDURES			
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J8	Y	$5,903
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J8	Y	$6,179
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	G2	Y	$1,589
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	G2	Y	$1,954
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	G2	Y	$1,954
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	G2	N	$1,954
33235	Removal of transvenous pacemaker electrode(s); dual lead system	G2	N	$1,954

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

PACEMAKERS

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
	PERMANENT CARDIAC PACEMAKER IMPLANT (DRGs 242, 243 AND 244)		
0JH60PZ	Insertion of cardiac rhythm related device into chest subcutaneous tissue and fascia, open approach		
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	242 with MCC	$23,233
0JH83PZ	Insertion of cardiac rhythm related device into abdomen subcutaneous tissue and fascia, percutaneous approach		
0JH604Z	Insertion of pacemaker, single chamber into chest subcutaneous tissue and fascia, open approach	243 with CC	$15,506
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	244 without CC/MCC	$13,153
0JH834Z	Insertion of pacemaker, single chamber rate responsive into abdomen subcutaneous tissue and fascia, percutaneous approach		
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		

Continued on next page

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

PACEMAKERS

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
	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		
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	242 with MCC	$23,233
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	243 with CC	$15,506
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	244 without CC/MCC	$13,153
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

PACEMAKERS

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	$22,864
0JPT3PZ	Removal of cardiac rhythm related device from trunk subcutaneous tissue and fascia, percutaneous approach	259 without MCC	$14,714
	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT (DRGs 260, 261 AND 262)		
02WA0MZ	Revision of cardiac lead in heart, open approach		
02WA3MZ	Revision of cardiac lead in heart, percutaneous approach	260 with MCC	$23,670
02WA4MZ	Revision of cardiac lead in heart, percutaneous endoscopic approach	261 with CC	$13,757
0JWT0PZ	Revision of cardiac rhythm related device in trunk subcutaneous tissue and fascia, open approach	262 without CC/MCC	$11,860
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

PACEMAKERS

HCPCS Device Category C-Codes

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

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.

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