



FY2024 updates and changes to Medicare hospital inpatient (IPPS), outpatient (OPPS) and physician (MPFS) fee schedules

Cardiac rhythm management and cardiac catheter ablations

(Based on Final Rules)

Updated February 7, 2024

Medtronic Health Economics, Policy, and Reimbursement

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Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage and payment policies.

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Cardiac rhythm management + cardiac ablation solutions

Visit our reimbursement website:
medtronic.com/crhfreimbursement

**Contact the Reimbursement Customer
Support team**

Email:
rs.healthcareeconomics@medtronic.com

Phone:
866-877-4102
(8 a.m.-5 p.m. CT, M-F)

Pacemakers

Defibrillators

Patient monitoring

Cardiac catheter ablations

Cardiac diagnostic services

Mechanical circulatory support

CY 2024 Medicare outpatient & physician fee schedule updates & changes

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Medicare FY2024 IPPS national reimbursement summary & rates

Executive summary, Final Rule

National average Medicare rates over time

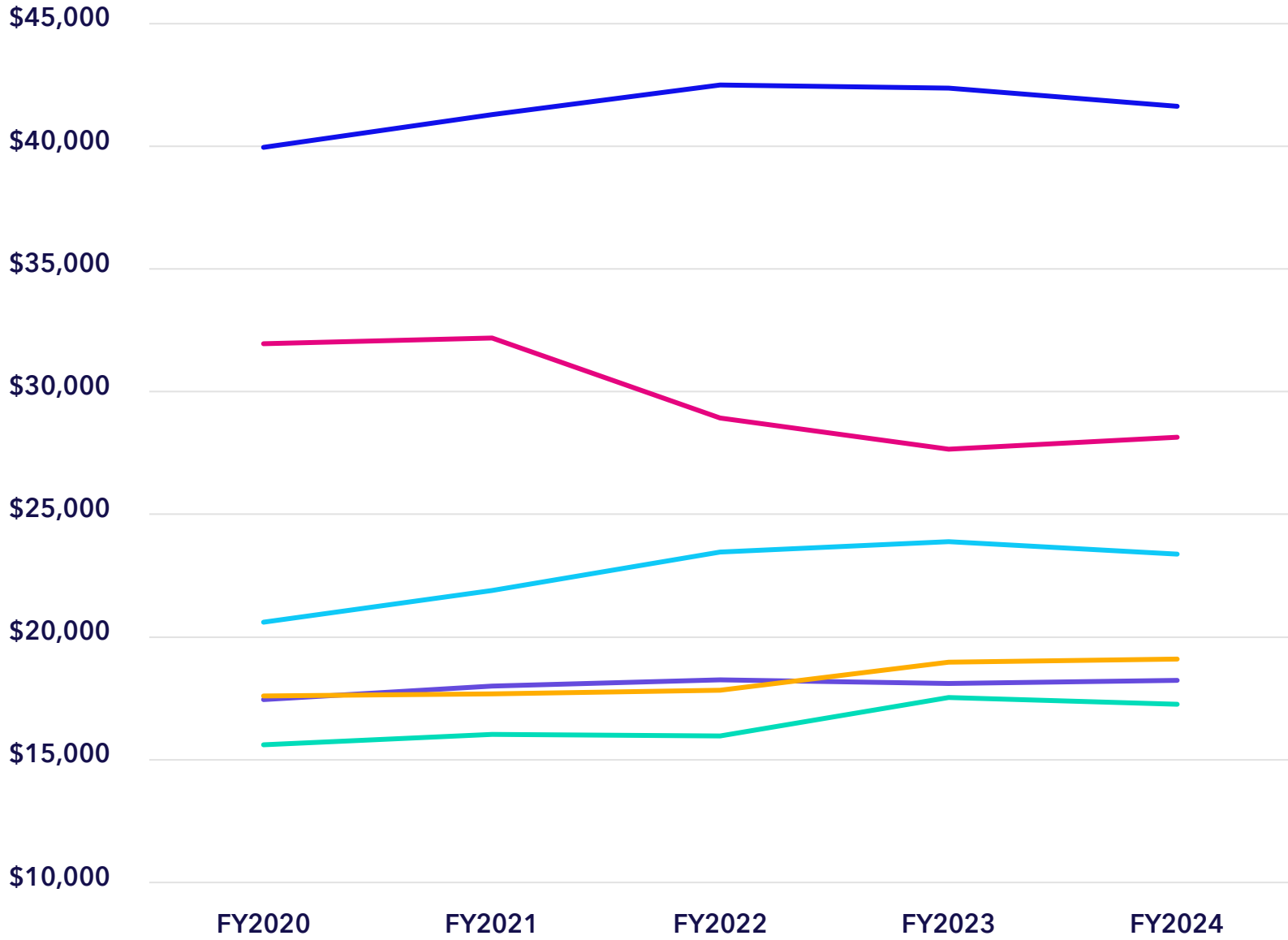
CMS MS-DRG Payments FY2020-2024

This summary includes the national volume-weighted average rates across relevant MS-DRGs representing these procedures and the corresponding changes over time, from Federal Fiscal Year 2020 - 2024. These rates have increased slightly over this timeframe.



Click or scan the QR code for the Medtronic CRM IPPS summary

Rates represent the volume-weighted average rates across relevant DRGs representing these procedures.



Acute inpatient PPS, CMS <https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps>

IPPS rate changes for cardiac rhythm management and ablation therapies

FY2023 to FY2024

This highlights the percent of change in payment for major cardiac rhythm management, cardiac catheter ablation, and cardiac diagnostic service procedures between the IPPS 2023 payment year and 2024 payment year. This is a blend of all MS-DRGs associated with the typical case for the procedures listed. The following pages will walk through MS-DRG-specific changes. For information on which procedures fall into these MS-DRGs, please contact Medtronic Reimbursement Customer Support.

Transvenous pacemakers & CRT-P systems **+0.7%**

Leadless pacemakers **+1.7%**

ICD & CRT-D systems **-1.7%**

Cardiac catheter ablations **-2.1%**

Ventricular assist devices **-0.8%**

Subcutaneous cardiac rhythm monitors **-1.5%**
(arrhythmia & syncope)

+0.7%

(stroke)

Rates represent the volume-weighted average rates across relevant DRGs representing these procedures.

The IPPS FY2024 national payment rates are based on information published in the IPPS final rule CMS-1785-F and corresponding tables and data files which was published on August 1, 2023. IPPS Final Rule Home Page [cms.gov](https://www.cms.gov/medicare/acute-inpatient-pps/fy-2024-ipp-pps-final-rule-home-page) Updated August 2023. Accessed August 8, 2023.



Changes to DRG assignments for ICD and CRT-D

Executive summary, Final Rule

ICD/CRT-D payment grouping change



CMS consolidated six MS-DRGs into three broad MS-DRGs

The consolidated MS-DRGs have differentiated payment based on:

- ▶ Whether the service occurs with cardiac catheterization, and
- ▶ Based on the presence or absence of major complications and comorbidities (MCC)

What does this mean?

- ▶ Elimination of the differentiation due to acute myocardial infarction (AMI), heart failure, or shock
- ▶ All procedures are impacted regardless of product brand used.

<https://www.cms.gov/newsroom/fact-sheets/fy-2024-hospital-inpatient-prospective-payment-system-ipp-and-long-term-care-hospital-prospective-0#:~:text=The%20IPPS%20pays%20hospitals%20for,in%20the%20hospital's%20geographic%20area.>

ICD/CRT-D payment grouping change

2023 MS-DRGs for ICDs

MS-DRG	MS-DRG description
222	Cardiac defibrillator implant with cardiac catheterization with AMI, HF or shock with MCC
223	Cardiac defibrillator implant with cardiac catheterization with AMI, HF or shock without MCC
224	Cardiac defibrillator implant with cardiac catheterization without AMI, HF or shock with MCC
225	Cardiac defibrillator implant with cardiac catheterization without AMI, HF or shock without MCC
226	Cardiac defibrillator implant without cardiac catheterization with MCC
227	Cardiac defibrillator implant without cardiac catheterization without MCC

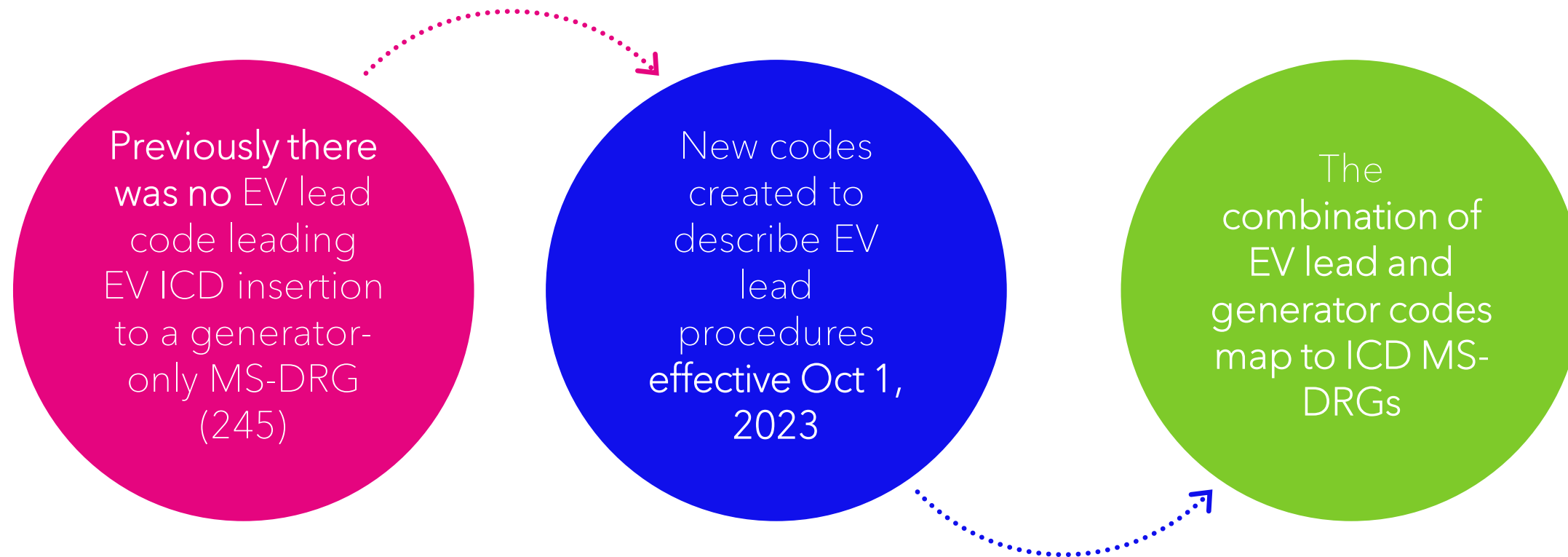
2024 MS-DRGs for ICDs

MS-DRG	MS-DRG description
275	Cardiac defibrillator implant with cardiac catheterization with MCC
276	Cardiac defibrillator implant with MCC
277	Cardiac defibrillator implant without MCC

<https://www.cms.gov/newsroom/fact-sheets/fy-2024-hospital-inpatient-prospective-payment-system-ipp-and-long-term-care-hospital-prospective-0#:~:text=The%20IPPS%20pays%20hospitals%20for,in%20the%20hospital's%20geographic%20area.>

EV ICD is grouped with all other ICD implants

The Extra-Vascular Implantable Cardioverter Defibrillator (EV ICD) procedure will map to the same MS-DRGs as all other ICDs (275-277 Cardiac Defibrillator Implant). This includes transvenous ICDs, S-ICDs, CRT-Ds and EV ICD.



CY2024 updates for Medicare OPPS fee schedule

Executive summary, Final Rule

Medicare hospital outpatient rate changes

CY 2023 to CY 2024 summary

This highlights the percent of change in payment for major cardiac rhythm and heart failure, and cardiac catheter ablation therapies between OPSS 2023 payment year and 2024 payment year. This is the payment rate of all the major APC associated with the typical case for the procedures below. The appendix will walk you through APC-specific changes. For information on which procedures will fall into these categories for purposes of this summary, please contact Medtronic reimbursement customer support team.

ICD/EV-ICD/CRT-D system

-2.2%

Single chamber VR leadless pacemakers

+8.2%

Transvenous pacemakers

-1.4%

Subcutaneous cardiac rhythm monitors

-0.7%

Cardiac ablation procedures

-3.5%

CRT-P system

-0.5%

Note: Percent change in payment for select procedures between the OPSS 2022 payment year and 2023 payment year depicted; categories represent a blend of all MS-DRGs associated with the typical case for the select procedures
2024 OPSS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1786-fc>



Leadless pacemaker APC updates

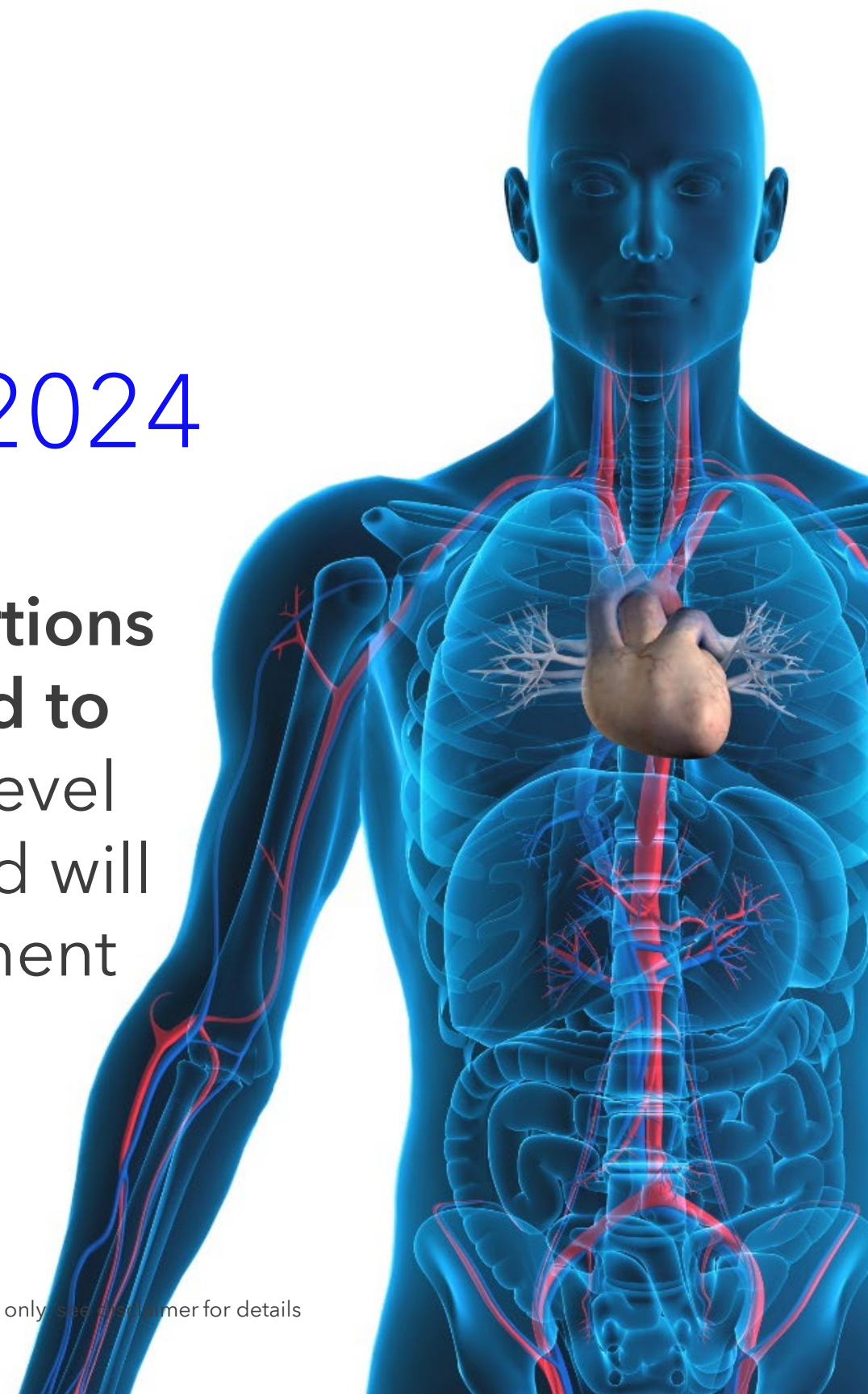
Executive summary, Final Rule

Prior to January 1, 2024

Right ventricular
leadless pacemakers
were assigned to the
Level 4 Endovascular
Procedures APC

After January 1, 2024

**All leadless insertions
are now assigned to
the same APC (Level
4 Pacemaker) and will
have reimbursement**



For Medicare patients, CED continues

Leadless pacemaker claims for traditional Medicare and Medicare Advantage must include the appropriate National Clinical Trials (NCT) to meet the Medicare NCD coverage criteria. No additional is required for the CED study participation*

Device	Model #	NCT #	CED Study Name
Micra™ VR pacemaker	MC1VR01	03039712	Micra CED study
Micra™ VR2 pacemaker	MC2VR01		
Micra™ AV pacemaker	MC1AVR1	04235491	Micra AV CED study
Micra™ AV2 pacemaker	MC2AVR1		

CED: Coverage with Evidence Development

NCD: National Coverage Determination

*The CED studies have received central IRB approval, so IRB approval at individual hospitals is not necessary

Resources

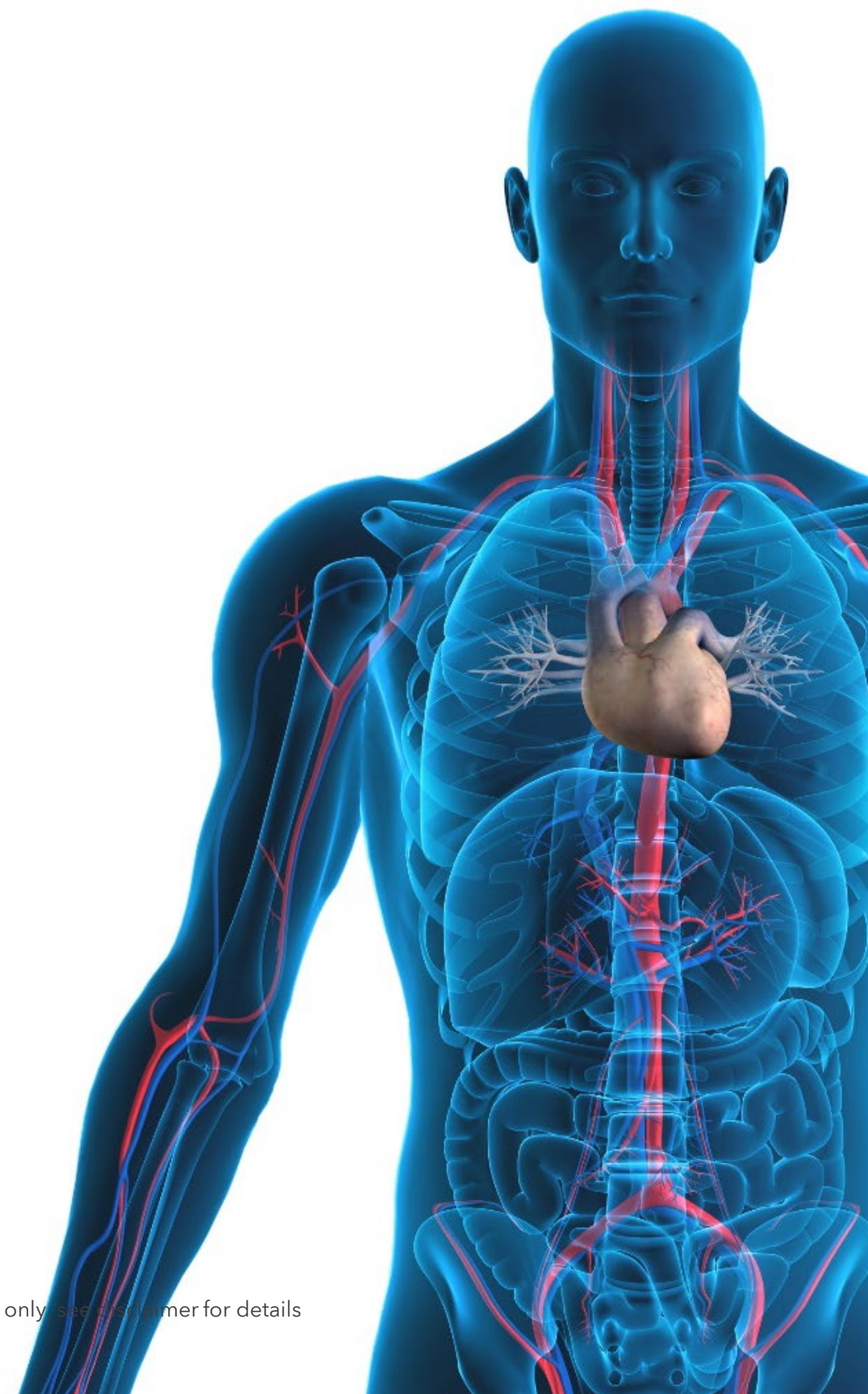
Reimbursement guide:
Micra™ leadless pacemakers



Medicare billing instructions for
Micra™ leadless pacemakers



Click on the document title or scan the QR code for the Medtronic resource



CY2024 updates for Medicare physician fee schedule

Executive summary, Final Rule

Medicare physician fee schedule rate changes

CY 2023 to CY 2024 summary

This highlights the percent of change in payment for our cardiac therapy procedures between the Medicare Physician Fee Schedule 2023 payment year and 2024 payment year. For information on which procedures will fall into these categories for purposes of this summary, please contact Medicare Reimbursement Customer Support team. The rates below reflect an average decrease across the CPTs within that therapy (for insertion/implantation.)

ICD & CRT-D
system

-3.9%

Leadless pacemakers

-4.2%

Transvenous
pacemaker system

-3.8%

Subcutaneous cardiac
rhythm monitors

-4.6%

Cardiac ablation
procedures

-4.5%

CRT-P
system

-3.8%

Note: Percent change in payment for select procedures between the OPPS 2023 payment year and 2024 payment year depicted; categories represent a blend of all MS-DRGs associated with the typical case for the select procedures 2024 PFS Final Rule CMS-1784-F released November 2, 2023. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1784-f>

Practice Expense changes to non-facility SCRM payments beginning CY2022

CY2024 is year 3 of the 4-year phased impact



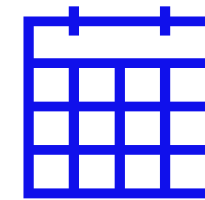
PE
inputs

Clinical labor
Supplies
Equipment



Budget
neutrality

All adjustments must ensure
budget neutrality within the
Physician Fee Schedule



4-year
phase-in

Planned reductions will occur
over a 4-year time period

2024 PFS Final Rule CMS-1784-F release November 2, 2023. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1784-f>

Remote monitoring coding updates

Executive summary, Final Rule

Coding historical timeline for remote monitoring

2008

CMS asked the AMA to create a new CPT® code describing remote monitoring services

2009

Category I CPT® 93299 created to identify remote monitoring technical services; carrier priced

2017

Coding review of CPT® 93299; RVU valuation update; remained carrier priced

2019

AMA reviewed CPT® 93299, determined it should be deleted

2020

CPT® 93299 deleted by the AMA
HCPCS G2066 created; carrier priced
NGS announced a decrease in reimbursement; decrease delayed due to the PHE

2022

WPS and NGS announce adjustments in reimbursement rates

2024 updates for remote monitoring

Removal of G2066 for remote monitoring

- › Effective January 1, 2024
- › **Delete G2066**
- › CPT® codes 93297 and 93298
- › Modifiers for professional (**-26**) and technical (**TC**) components
- › Remote monitoring is billable through OPPS
 - › CMS issued a correction notice in February to confirm 93297 and 93298 are separately payable under OPPS
 - › The status indicator has been changed to Q1
 - › These changes are effective for services on or after January 1, 2024

**Code G2066 for
remote
monitoring will be
deleted
January 1, 2024**

**Modifiers (-TC)
and (-26) will be
applicable to
93297 and 93298**

Click or scan the QR code for
the Medtronic resource



CMS Correction Notice: https://public-inspection.federalregister.gov/2024-02631.pdf?utm_campaign=pi+subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov

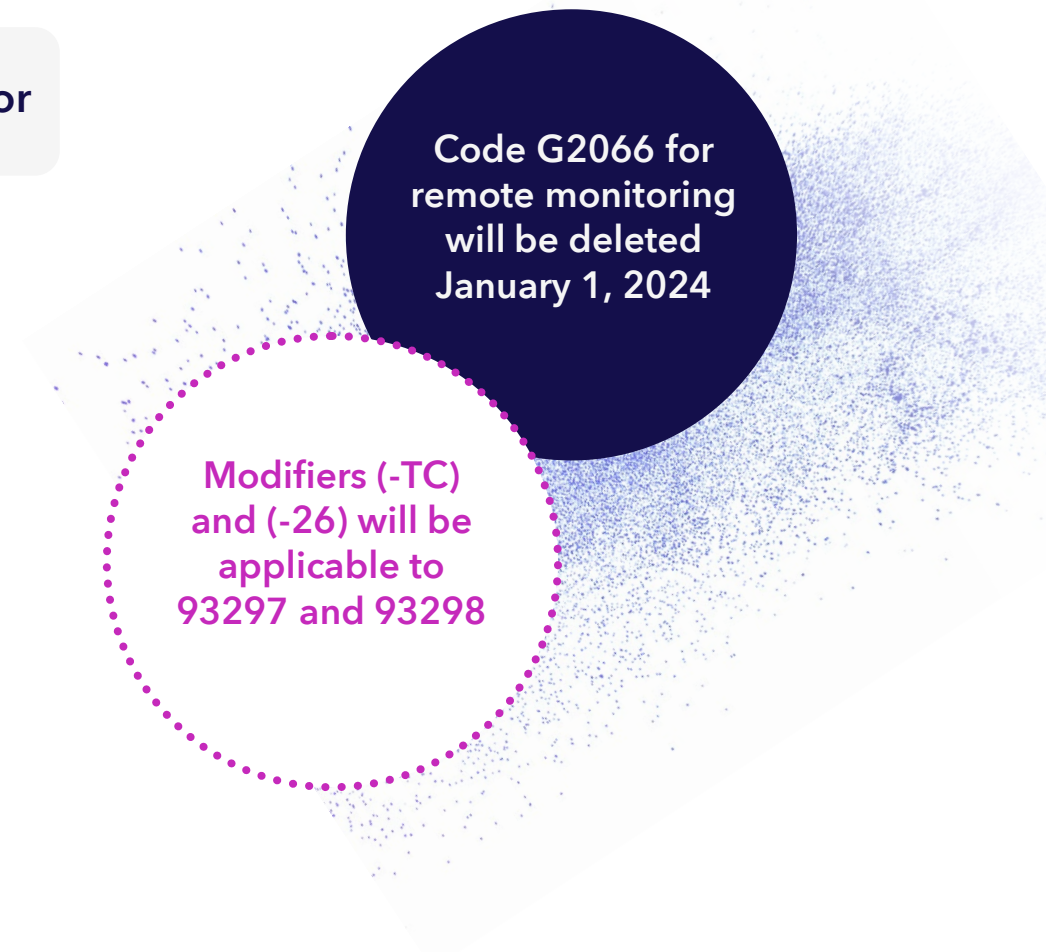
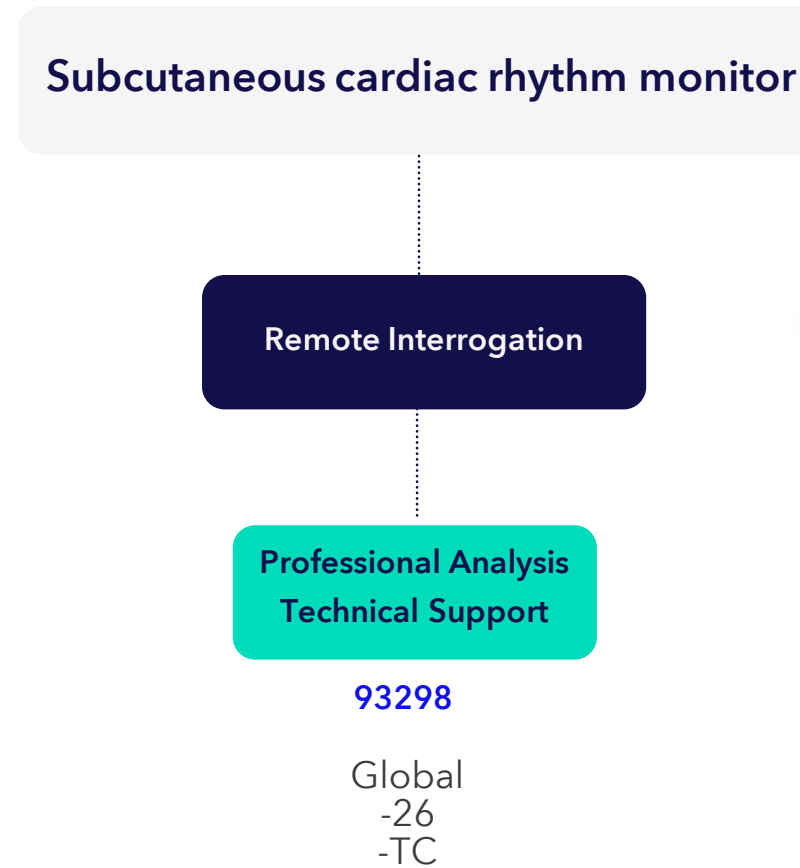
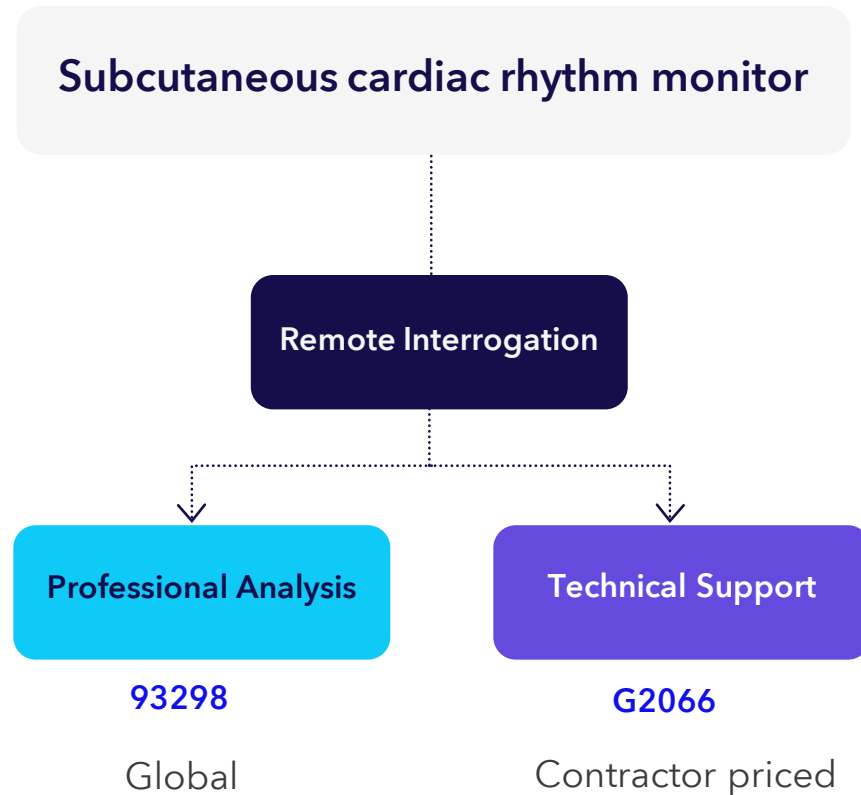
Code G2066 will be deleted January 1, 2024

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2023

2024



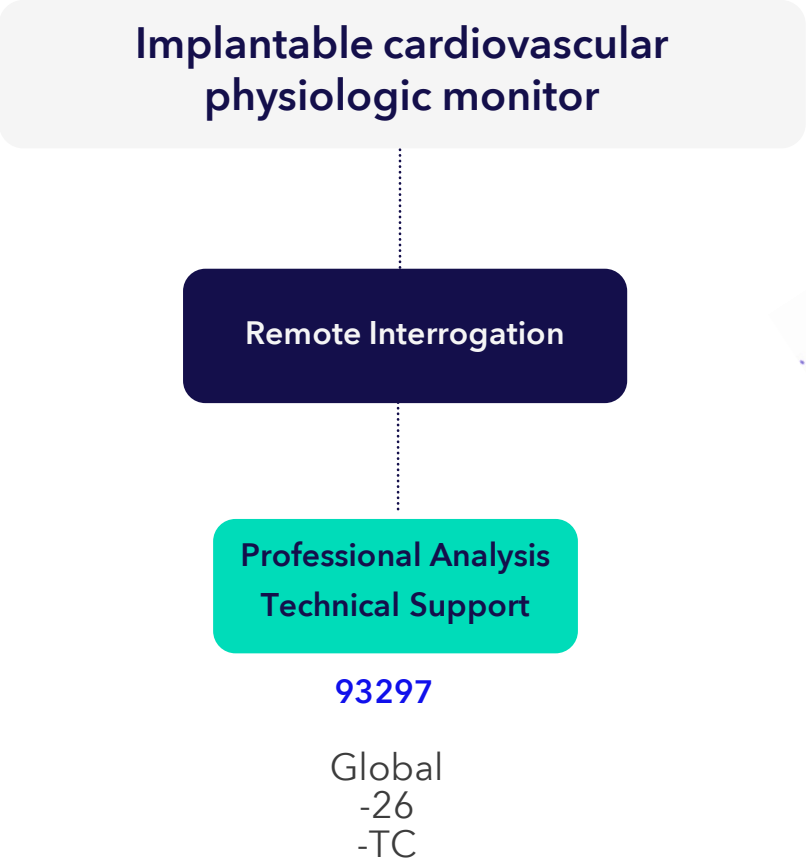
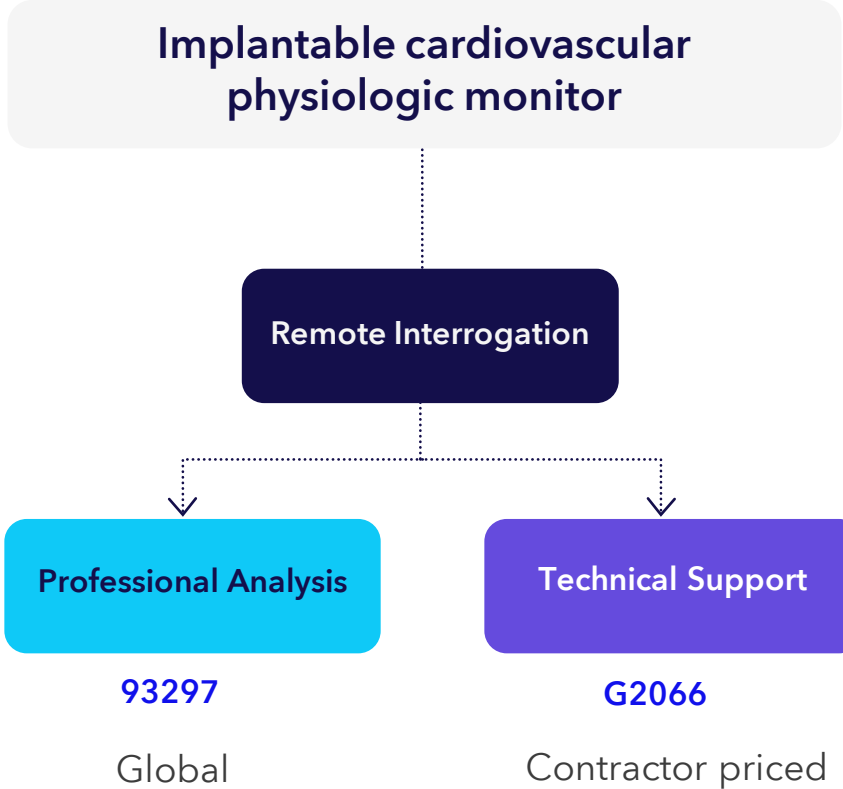
Code G2066 will be deleted January 1, 2024

Click or scan the QR code for the Medtronic resource



2023

2024



Code G2066 for remote monitoring will be deleted January 1, 2024

Modifiers (-TC) and (-26) will be applicable to 93297 and 93298

FY2024 updates for extravascular implantable cardioverter defibrillators

Executive summary, Final Rule

EV-ICD US patient coverage overview

Medicare Fee-For-Service

- Medicare has a National Coverage Determination (NCD 20.4) for all ICDs¹

Medicare Advantage

- Required to follow Medicare fee-for-service coverage²
- May have different implementation requirements such as prior testing and prior authorization²
- Check with payers directly regarding specific policy criteria and/or limitations

Non-Medicare payers

- Coverage varies by payer policy
- We encourage providers to address coverage with private payers on an individual patient basis
- We recommend providers seek prior authorization

¹ CMS National Coverage Determination 20.4: IMPLANTABLE AUTOMATIC DEFIBRILLATORS. Available at: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=110>. Accessed January 31, 2022.

²Centers for Medicare and Medicaid Services. Medicare Managed Care Coverage Manual - Chapter 4 section 10.7.1 and 10.7.3 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c04.pdf> Accessed on January 17, 2020.

Extravascular ICD hospital inpatient procedure codes are available

Hospital Inpatient Procedure Coding

The following ICD-10-PCS codes describe commonly performed defibrillator procedures. **This is not an all-inclusive list.** These codes are only used by hospitals for reporting inpatient services.

ICD-10-PCS	Description
Implant cardioverter-defibrillator generator	
0JH608Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, open approach
0JH808Z	Insertion of defibrillator generator into abdomen subcutaneous tissue and fascia, open approach
Insert EV ICD lead	
0WHC3GZ	Insertion of defibrillator lead into mediastinum, percutaneous approach
Revise or relocate pocket	
0JWT0PZ	Revision of cardiac rhythm-related device in trunk subcutaneous tissue and fascia, open approach
Remove generator	
0JPT0PZ	Removal of cardiac rhythm-related device from trunk subcutaneous tissue and fascia, open approach

Extravascular ICD hospital outpatient & physician procedure codes are available

Hospital Outpatient- & Physician Procedure Coding

The following CPT codes describe commonly performed defibrillator procedures. This is not an all-inclusive list. These codes are used by hospitals for reporting outpatient services, and by physicians to report in- and outpatient services.

CPT® code	CPT® code description
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed
0572T	Insertion of substernal implantable defibrillator electrode
0573T	Removal of substernal implantable defibrillator electrode
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode
0577T	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
0580T	Removal of substernal implantable defibrillator pulse generator only
0614T	Removal and replacement of substernal implantable defibrillator pulse generator

Extravascular ICD remote and in-person device monitoring codes are available

Remote and in-person device monitoring coding

The following CPT codes describe device evaluation procedures for the EV ICD device. This is not an all-inclusive list.

CPT® code	CPT® code description
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, 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
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter
0577T	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results

List of C-Codes that apply to Extravascular ICD

C-Codes

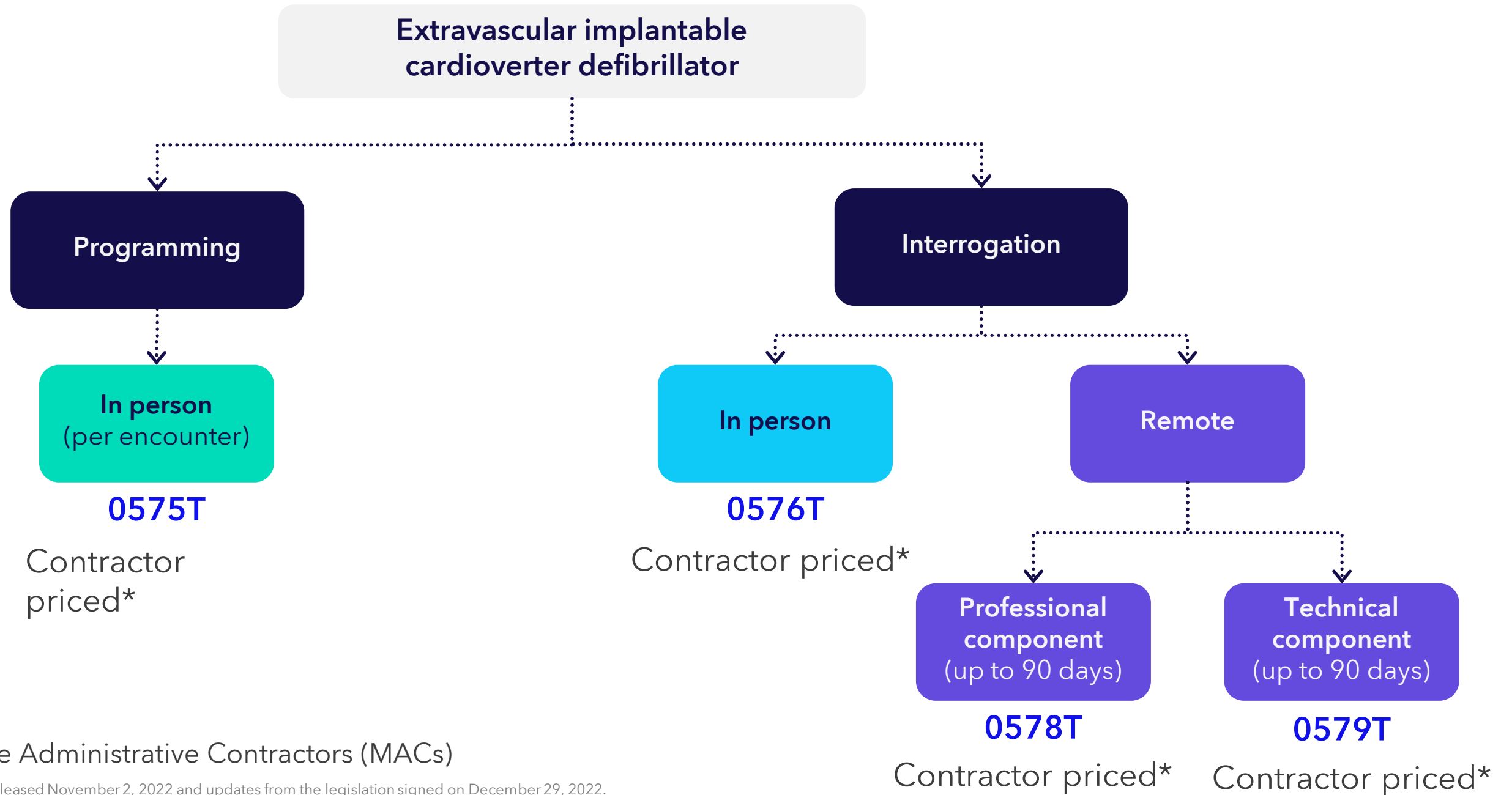
The following Healthcare Common Procedure Coding System (HCPCS) device C-codes relate to the insertion of extravascular implantable cardioverter defibrillators (EV ICDs).

HCPCS code	HCPCS code description
C1722	Cardioverter-defibrillator, single chamber (implantable)
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser

[Click here](#)

for the Medtronic C-code Finder

Extravascular ICD-specific codes apply for monitoring



*refers to Medicare Administrative Contractors (MACs)

PFS 2023 Final Rule CMS-1770-F released November 2, 2022 and updates from the legislation signed on December 29, 2022.
<https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1770-f>

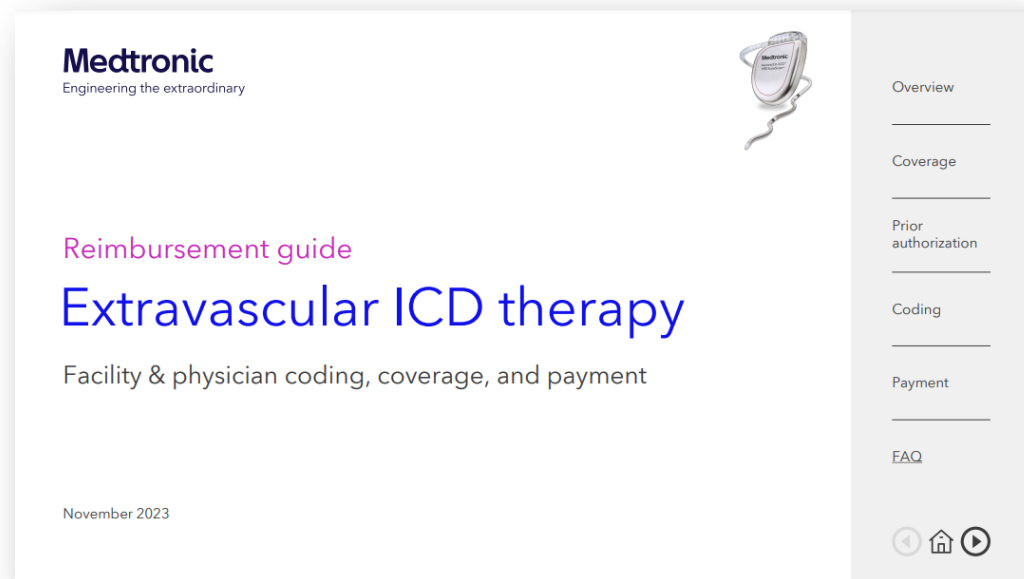
EV-ICD questions and resources

Q

How would a provider bill when an EV-ICD implant fails and a transvenous ICD is implanted?

A

In this scenario, only the transvenous ICD implant can be reported. Currently there are correct coding initiative (CCI) edits in place that prevent EV-ICD and transvenous ICD procedures on the same date that cannot be overridden.



Click or scan the QR code for the Medtronic resource

<https://www.medtronic.com/content/dam/medtronic-wide/public/united-states/customer-support-services/reimbursement/ev-icd-reimbursement-guide.pdf>

Additional updates

2024 updates for Medicare Advantage

Starting January 1st, 2024

CMS set significant provisions and clarifications as it relates to coverage policy provisions of Medicare Advantage Organizations (MAOs).



Coverage policy provisions

- › Plans **must follow Medicare NCDs** or applicable jurisdictional LCDs
- › Clarification that Medicare Advantage plans **must cover services under both NCDs with CED and CMS approved IDE Clinical Studies**
- › In the **absence** of an NCD or LCD, Medicare Advantage plans may establish internal coverage policies **only on the basis of current clinical treatment guidelines or published clinical literature** that is publicly available to CMS, patients, and providers

Utilization management

- › When there is an applicable NCD or LCD, prior authorization **may only be used for confirmation of diagnosis** or other medical criteria
- › Prior authorization may **not** be used for emergency or urgently needed or stabilization services

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c04.pdf>. and Federal Register, volume 88 issue 70 (Wednesday, April 12, 2023). <https://www.govinfo.gov/content/pkg/FR-2023-04-12/pdf/2023-07115.pdf>.

Starting January 1st, 2024

CMS set significant provisions and clarifications as it relates to coverage policy provisions of Medicare Advantage Organizations (MAOs).



Resource

- › This document provides a high-level summary of the CMS updates to Medicare Advantage Organizations (MAOs) relating to utilization management and prior authorization.



Click or scan the QR code for the Medtronic resource

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c04.pdf>. and Federal Register, volume 88 issue 70 (Wednesday, April 12, 2023). <https://www.govinfo.gov/content/pkg/FR-2023-04-12/pdf/2023-07115.pdf>. <https://www.medtronic.com/content/dam/medtronic-wide/public/united-states/customer-support-services/reimbursement/2024-medicare-advantage-update.pdf>

Updates to ICD-10-PCS for pulsed field ablation

ICD-10-PCS inpatient procedure coding changes for cardiac catheter ablation

Change

A new ICD-10-PCS code, 02583ZF, has been created to specify irreversible electroporation (IRE), also known as pulsed field ablation (PFA), in cardiac catheter ablation from other ablation modalities in the inpatient setting. The new ICD-10-PCS code for IRE in cardiac ablation is effective for inpatient discharges on or after April 01, 2024.

Impact

Providers should continue to use the current code, 02583ZZ, to report any and all cardiac catheter ablations in the inpatient setting until the new code is effective. Once effective, the new ICD-10-PCS code for IRE in cardiac ablation should only be reported for procedures that utilize an IRE/PFA technology.

Procedures that utilize radiofrequency or cryoablation technologies should continue to be reported with ICD-10-PCS 02583ZZ.

For inpatient discharges from January 1, 2024 - March 31, 2024

ICD-10 procedure code ²	Description
Percutaneous cardiac catheter ablation procedures	
02583ZZ	Destruction of conduction mechanism, percutaneous approach

For inpatient discharges on or after April 1, 2024

ICD-10 procedure code ²	Description
Percutaneous cardiac catheter ablation procedures	
02583ZZ	Destruction of conduction mechanism, percutaneous approach
02583ZF	Destruction of conduction mechanism using irreversible electroporation, percutaneous approach

Learn more about the new ICD-10-PCS code for irreversible electroporation in cardiac catheter ablation [Coding corner: CY2024 cardiac catheter ablation coding update.](#)



<https://www.cms.gov/files/document/icd-10-ms-drgs-v411-effective-april-1-2024.pdf>

Additional resources

Having trouble
with **prior**
authorizations?

Check out our
new resources!

[General prior authorization guide](#)

- › General process of prior authorization
- › Documentation and information to collect
- › Payer differences
- › Contacting the payer
- › Submitting the request
- › Peer-to-peer
- › Initial submission vs. appeal



Click on the document title or scan the QR code for the Medtronic resource

- › Sample prior authorization letters
- › Sample pre-service appeal letters
- › Summary of guidelines and key evidence

Reveal LINQ™ and LINQ II™ prior authorization resources



Micra™ leadless pacemaker prior authorization resources



Aurora EV-ICD™ system prior authorization resources



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Medtronic economic resources

Consult with **Regional Economic Managers** to access best-in-class healthcare economic tools and resources



U.S. reimbursement, health policy, and payment reform



Procedure and service line economics



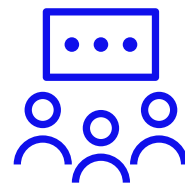
Disease state economics



Economic value of Medtronic technology



Value-based healthcare partnerships



Local market assessments

Visit our reimbursement website:
medtronic.com/crhfreimbursement

Contact the Reimbursement Customer Support team

Email:
rs.healthcareeconomics@medtronic.com


Phone:
866-877-4102
(8 a.m.-5 p.m. CT, M-F)

Medtronic

Reimbursement foundations

REIMBURSEMENT FOUNDATIONS VIDEO

Learn about Medicare hospital and physician coverage, coding, and payment at a high level, including CMS proposed and final rule timelines, and available resources.

[CLICK TO WATCH VIDEO](#) 

www.Medtronic.com/CRHFreimbursement



Click or scan the QR code
for the Medtronic resource

Educational video outlining:

- Reimbursement fundamentals
- Physician reimbursement
- Facility reimbursement
- Medtronic economic resources

NEW C-code finder



Find C-codes by:

- Product name
- Model number
- Product category

www.Medtronic.com/c-code

Click or scan the QR code for the Medtronic resource



The screenshot shows the top of the website with a blue header containing the word "REIMBURSEMENT" and "C code finder". Below the header is a light gray section with the title "Search for C codes" and a paragraph explaining that Medicare provides C codes for hospital use in billing. At the bottom of the screenshot is a search bar with a magnifying glass icon and the placeholder text "Search for C codes".

Stay updated

We are making improvements to our Medtronic cardiac rhythm, heart failure, cardiac ablation therapy, and cardiac diagnostics reimbursement website. In order to continue to receive up-to-date information about upcoming reimbursement educational opportunities, please complete the email sign up form linked below.



Click or scan the QR code for the Medtronic resource



Sign up here: [Reimbursement educational email sign up form](#)

References

CY 2024 Medicare inpatient, outpatient, and physician updates & changes

Brief statement(s)

Brief Statement

Combined Micra™ VR2 and Micra™ AV2 Indications (or Intended Use)

Micra VR2 Model MC2VR01 is indicated for use in patients who have experienced one or more of the following conditions:

- paroxysmal or permanent high-grade AV block in the presence of AF
- paroxysmal or permanent high-grade AV block in the absence of AF, as an alternative to dual chamber pacing, when a dual-chamber transvenous pacing system is considered difficult, high risk, or not deemed necessary for effective therapy
- symptomatic bradycardia-tachycardia syndrome or sinus node dysfunction (sinus bradycardia or sinus pauses), as an alternative to atrial or dual chamber pacing, when a dual-chamber transvenous pacing system is considered difficult, high risk, or not deemed necessary for effective therapy

Rate-responsive pacing is indicated to provide increased heart rate appropriate to increasing levels of activity.

The device is designed to be used only in the right ventricle.

Micra AV2 Model MC2AVR1 is indicated for VDD pacing in patients when a dual chamber transvenous pacing system is considered a poor option or not deemed necessary for effective therapy, and when a right ventricular transcatheter pacing system promoting AV synchrony at rest is acceptable. Conditions when a patient is considered a poor candidate for transvenous pacing may include, but are not limited to, tortuous anatomy, a need to preserve venous access, or increased risk of infection. The device provides AV synchrony at rest and rate responsive

(VVIR) pacing during periods of high patient activity.

Device-mediated AV synchrony can vary depending on patient condition and activity levels, and it can be limited at high sinus rates. During periods of intermittent AV synchrony, the device will provide ventricular pacing support with an increased potential for pacing rate variability. Micra AV2 is indicated for use in patients who have experienced one of the following:

- Paroxysmal or permanent high-grade AV block in the absence of AF
- Paroxysmal or permanent high-grade AV block in the presence of paroxysmal AF
- Paroxysmal or permanent high-grade AV block in the presence of persistent AF when attempts at restoring sinus rhythm are still planned

The device is designed to be used only in the right ventricle.

Contraindications

Micra VR2 Model MC2VR01 and Micra AV2 Model MC2AVR1 are contraindicated for patients who have the following types of medical devices implanted: an implanted device that would interfere with the implant of the Micra device in the judgment of the implanting physician, an implanted inferior vena cava filter, a mechanical tricuspid valve, or an implanted cardiac device providing active cardiac therapy that may interfere with the sensing performance of the Micra device.

The device is contraindicated for patients who have the following conditions: femoral venous anatomy unable to accommodate a 7.8 mm (23 French) introducer sheath or implant on the right side of the heart (for example, due to obstructions or severe tortuosity), morbid obesity that prevents the implanted device from obtaining telemetry communication within ≤12.5 cm (4.9 in), or known intolerance to the materials listed in the Instruction for Use, or to heparin, or sensitivity to contrast

Warnings and Precautions

End of Service (EOS) – When the EOS condition is met, the clinician has the option of permanently programming the device to Off and leaving it in the heart, or retrieving the device, provided the device has not yet become encapsulated. Removal of the Micra device after it has become encapsulated may be difficult because of the development of fibrotic tissue. If removal of the device is required, it is recommended that the removal be performed by a clinician who has expertise in the removal of implanted leads.

MRI conditions for use – Before an MRI scan is performed on a patient implanted with the Micra device, the cardiology and radiology professionals involved in this procedure must understand the requirements specific to their tasks as defined in the device manuals.

Rate-responsive mode may not be appropriate for patients who cannot tolerate pacing rates above the programmed Lower Rate. The patient's age and medical condition should be considered by physicians and patients as they select the pacing system, mode of operation, and implant technique best suited to the individual.

Precautions should be taken before administering anticoagulant agents, antiplatelet agents, or contrast media in patients with known hypersensitivity to these agents.

The use of deactivated Micra devices in situ and an active Micra device, or an active transvenous pacemaker or defibrillator, has not been clinically tested to determine whether EMI or physical interaction is clinically significant. Bench testing supports that implantation of an active Micra device, or an active transvenous pacemaker or defibrillator, next to an inactivated Micra device is unlikely to cause EMI or physical interaction. Post-approval studies are planned to characterize risks of co-implanted, deactivated Micra devices. Currently recommended end of device life care for a Micra device may include the addition of a replacement device with or without explanation of the Micra device, which should be turned off.

For Micra AV2 Model MC2AVR1, patient activities and environments which present mechanical vibrations to the patient can interfere with the mechanical sensing of atrial contractions. This can result in a loss of AV synchrony.

Potential Adverse Events or Potential Complications

Potential complications include, but are not limited to, toxic/allergic reaction, oversensing, pacemaker syndrome, cardiac arrest, necrosis, and surgical complications such as cardiac perforation, pericardial effusion, cardiac tamponade, device embolization, hematoma, AV fistula, vessel dissection, infection, cardiac inflammation, and thrombosis.

See the device manuals for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, MRI conditions for use, and potential complications/ adverse events.

For further information, please call Medtronic at 800-328-2518 and/or consult the Medtronic website at medtronic.com.

Caution: Federal law (USA) restricts these devices to sale by or on the order of a physician.

CY 2024 Medicare inpatient, outpatient, and physician updates & changes

References

CPT Reference:

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IPPS Rate Reference:

The IPPS 2024 National payment rates based on information published in the IPPS final rule CMS-1785-F which was released on August 1, 2023
FY 2024 IPPS Final Rule Home Page. cms.gov. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ipp-pps-final-rule-home-page#CMS1785F> Accessed November 15, 2023.
Hospital specific rates will vary based on various hospital-specific factors not reflected in this document and CMS may make adjustments to any or all of the data inputs from time to time.

OPPS Rate Reference:

The OPSS 2024 National payment rates based on information published in the OPSS/ASC final rule CMS-1786-FC and corresponding Addendum B table which was released on November 2, 2023.
Hospital Outpatient Regulations and Notices. cms.gov. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc>. Accessed November 15, 2023
Hospital specific rates will vary based on various hospital-specific factors not reflected in this document and CMS may make adjustments to any or all of the data inputs from time to time.

MPFS Rate Reference:

The Medicare Physician Fee Schedule (MPFS) 2024 National payment rates based on information published in the MPFS final rule CMS-1784-F.
PFS Federal Regulation Notices. cms.gov <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f>. Accessed November 15, 2023.
PFS Relative Value Files. cms.gov <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>
Local physician rates will vary based on location specific factors not reflected in this document. CMS may make adjustments to any or all of the data inputs from time to time

Centers for Medicare and Medicaid Services. Hospital Outpatient Regulations and Notices. cms.gov. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices> Accessed January 17, 2024.

Hospital specific rates will vary based on various hospital-specific factors not reflected in this document and CMS may make adjustments to any or all of the data inputs from time to time

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Appendix

Resource links



[CMS FY2024 IPPS Final Rule Home Page](#)



[CMS Coverage Policies: MCD Search](#)



[CMS ICD-10-CM/PCS MS-DRG v40 Definitions Manual](#)



Rate appendix

OPPS/MPFS rates based on Final Rule

Medicare **OPPS** rates for select cardiac rhythm,
heart failure, cardiac catheter ablation
therapies, and cardiac diagnostic services

based on Final Rule

Medicare outpatient 2023 vs 2024 national average payment

Select pacemaker procedures

CPT® Code	Description	2024 SI	Final 2023 APC	Final 2023 OPPS payment	Final 2024 APC	Final 2024 OPPS payment	\$ change	% change
Insertion permanent transvenous pacemaker system								
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J1	5223	\$10,329	5223	\$10,185	-\$144	-1.4%
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J1	5223	\$10,329	5223	\$10,185	-\$144	-1.4%
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J1	5223	\$10,329	5223	\$10,185	-\$144	-1.4%
Upgrade a single pacemaker to a dual 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	\$10,329	5223	\$10,185	-\$144	-1.4%
Leadless permanent pacemaker procedures								
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed	J1	5194	\$17,178	5224	\$18,585	\$1,407	7.6%

2023 OPPS/ASC Final Rule page: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1772-fc>
 2024 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc>

Medicare outpatient 2023 vs 2024 national average payment

Select pacemaker procedures (continued)

CPT® Code	Description	2024 SI	Final 2023 APC	Final 2023 OPPS payment	Final 2024 APC	Final 2024 OPPS payment	\$ change	% change
Pacemaker generator changeouts								
33227	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	J1	5222	\$8,163	5222	\$8,103	-\$60	-0.7%
33228	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	J1	5223	\$10,329	5223	\$10,185	-\$144	-1.4%
33229	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	J1	5224	\$18,672	5224	\$18,585	-\$87	-0.5%
Removal of permanent pacemaker generator only								
33233	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)	Q2	5222	\$8,163	5222	\$8,103	-\$60	-0.7%
Leadless permanent pacemaker procedures								
33275	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed	J1	5183	\$2,929	5183	\$3,040	\$81	3.7%

2023 OPPS/ASC Final Rule page: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1772-fc>

2024 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc>

Medicare outpatient 2023 vs 2024 national average payment

Select implantable cardioverter defibrillator procedures

CPT® Code	Description	2024 SI	Final 2023 APC	Final 2023 OPPS payment	Final 2024 APC	Final 2024 OPPS payment	\$ change	% change
Insertion of permanent transvenous defibrillator system								
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J1	5232	\$32,076	5232	\$31,379	-\$697	-2.2%
Insertion defibrillator generator only								
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	J1	5231	\$22,818	5231	\$22,482	-\$336	-1.5%
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	J1	5232	\$32,076	5232	\$31,379	-\$697	-2.2%
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	J1	5231	\$22,818	5231	\$22,482	-\$336	-1.5%
Removal defibrillator generator only								
33241	Removal of implantable defibrillator pulse generator only	Q2	5221	\$3,351	5221	\$3,746	\$395	10.5%

2023 OPSS/ASC Final Rule page: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospital-outpatient-ppshospital-outpatient-regulations-and-notices/cms-1772-fc>

2024 OPSS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc>

Medicare outpatient 2023 vs 2024 national average payment

Select implantable cardioverter defibrillator procedures (continued)

CPT® Code	Description	2024 SI	Final 2023 APC	Final 2023 OPPS payment	Final 2024 APC	Final 2024 OPPS payment	\$ change	% change
Defibrillator generator changeouts								
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	J1	5231	\$22,818	5231	\$22,482	-\$336	-1.5%
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	J1	5231	\$22,818	5231	\$22,482	-\$336	-1.5%
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	J1	5232	\$32,076	5232	\$31,379	-\$697	-2.2%

2023 OPPS/ASC Final Rule page: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notice/cms-1772-fc>

2024 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1786-fc>

Medicare outpatient 2023 vs 2024 national average payment

Select implantable cardiovascular physiologic monitoring

CPT® Code	Description	2024 SI	Final 2023 APC	Final 2023 OPPS payment	Final 2024 APC	Final 2024 OPPS payment	\$ change	% change
Implantable cardiovascular physiologic monitoring - remote interrogation								
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	Q1			5741	\$36		

Note: The deletion of G2066 is effective for services on and after January 1, 2024. CPT® code 93297 historically had a status indicator of “M” which was not separately payable under OPPS. CMS issued a correction notice on February 6, 2024 changing the status indicator to “Q1” making CPT® 93297 separately payable under OPPS effective January 1, 2024. Due to this change, we do not have historical 2023 rates.

CMS Correction Notice 45 CFR Part 180. https://public-inspection.federalregister.gov/2024-02631.pdf?utm_campaign=pi+subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov
 2023 OPPS/ASC Final Rule page: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1772-fc>
 2024 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc>



Medicare outpatient 2023 vs 2024 national average payment

Select extravascular implantable cardioverter defibrillator (EV-ICD) procedures

CPT® Code	Description	2024 SI	Final 2023 APC	Final 2023 OPPS payment	Final 2024 APC	Final 2024 OPPS payment	\$ change	% change
Insertion of extravascular implantable cardioverter defibrillator								
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	J2	5232	\$32,076	5232	\$31,379	-\$697	-2.2%
0572T	Insertion of substernal implantable defibrillator electrode	J1	5222	\$8,163	5222	\$8,103	-\$60	-0.7%
Removal or repositioning of extravascular implantable cardioverter defibrillator electrode								
0573T	Removal of substernal implantable defibrillator electrode	Q2	5221	\$3,351	5221	\$3,746	\$395	10.5%
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	Q2	5221	\$3,351	5221	\$3,746	\$395	10.5%

2023 OPSS/ASC Final Rule page: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notice/cms-1772-fc>

2024 OPSS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1786-fc>

Medicare outpatient 2023 vs 2024 national average payment

Select cardiac resynchronization therapy procedures

CPT® Code	Description	2024 SI	Final 2023 APC	Final 2023 OPPS payment	Final 2024 APC	Final 2024 OPPS payment	\$ change	% change
CRT-P insertion								
33208	Insertion/replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular (dual chamber system)	J1	5224	\$18,672	5224	\$18,585	-\$87	-0.5%
+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)							
CRT-D insertion								
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J1	5232	\$32,076	5232	\$31,379	-\$697	-2.2%
+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)							

2023 OPSS/ASC Final Rule page: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notice/cms-1772-fc>

2024 OPSS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1786-fc>

Medicare outpatient 2023 vs 2024 national average payment

Select subcutaneous cardiac rhythm monitor procedures

CPT® Code	Description	2024 SI	Final 2023 APC	Final 2023 OPPS payment	Final 2024 APC	Final 2024 OPPS payment	\$ change	% change
Subcutaneous cardiac rhythm monitor procedures (includes loop records)								
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	J1	5222	\$8,163	5222	\$8,095	-\$68	-0.8%
33286	Removal, subcutaneous cardiac rhythm monitor	Q2	5071	\$649	5071	\$670	\$22	3.1%
Subcutaneous cardiac rhythm monitoring remote interrogation (includes loop recorders)								
93298	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	Q1			5741	\$36		

Note: The deletion of G2066 is effective for services on and after January 1, 2024. CPT® code 93298 historically had a status indicator of “M” which was not separately payable under OPPS. CMS issued a correction notice on February 6, 2024 changing the status indicator to “Q1” making CPT® 93298 separately payable under OPPS effective January 1, 2024. Due to this change, we do not have historical 2023 rates.

CMS Correction Notice 45 CFR Part 180. https://public-inspection.federalregister.gov/2024-02631.pdf?utm_campaign=pi+subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov
 2023 OPPS/ASC Final Rule page: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notice/cms-1772-fc>
 2024 OPPS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1786-fc>

Medicare outpatient 2023 vs 2024 national average payment

Select subcutaneous cardiac rhythm monitor procedures

CPT® Code	Description	2024 SI	Final 2023 APC	Final 2023 OPPS payment	Final 2024 APC	Final 2024 OPPS payment	\$ change	% change
Cardiac ablation procedures								
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	J1	5213	\$23,481	5213	\$22,653	-\$828	-3.7%
+93655	Intracardiac catheter ablation of discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	N	-	\$-	-	\$-	\$-	-
+93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	N	-	\$-	-	\$-	\$-	-

2023 OPSS/ASC Final Rule page: <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notice/cms-1772-fc>

2024 OPSS/ASC Final rule page: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1786-fc>

Medicare **MPFS** rates for select cardiac rhythm,
heart failure, cardiac catheter ablation
therapies, and cardiac diagnostic services

based on Final Rule

Medicare physician 2023 vs 2024 national average payment

Select pacemaker procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Insertion permanent transvenous pacemaker system								
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial		N/A	N/A	N/A	\$456	\$439	-3.9%
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular		N/A	N/A	N/A	\$479	\$461	-3.9%
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		N/A	N/A	N/A	\$519	\$499	-4.0%
Leadless permanent pacemaker procedures								
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed		N/A	N/A	N/A	\$481	\$461	-4.3%
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral ventriculography), when performed		N/A	N/A	N/A	\$501	\$487	-2.9%

2023 PFS Final Rule CMS-1770-F released November 2, 2022 and updates from the legislation signed on December 29, 2022. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1770-f>
 2024 PFS Final Rule CMS-1784-F release November 2, 2023. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f>

Medicare physician 2023 vs 2024 national average payment

Select pacemaker procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Removal permanent transvenous pacemaker system								
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system		N/A	N/A	N/A	\$340	\$328	-3.7%
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system		N/A	N/A	N/A	\$355	\$343	-3.5%
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system		N/A	N/A	N/A	\$375	\$360	-4.2%

2023 PFS Final Rule CMS-1770-F released November 2, 2022 and updates from the legislation signed on December 29, 2022. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1770-f>
 2024 PFS Final Rule CMS-1784-F release November 2, 2023. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1784-f>

Medicare **physician** 2023 vs 2024 national average payment

Select implantable cardioverter defibrillator procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Insertion of permanent transvenous defibrillator system								
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber		N/A	N/A	N/A	\$915	\$879	-4.1%
Insertion defibrillator generator only								
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads		N/A	N/A	N/A	\$384	\$362	-6.1%
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads		N/A	N/A	N/A	\$401	\$388	-3.4%
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead		N/A	N/A	N/A	\$367	\$356	-3.1%

2023 PFS Final Rule CMS-1770-F released November 2, 2022 and updates from the legislation signed on December 29, 2022. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1770-f>
 2024 PFS Final Rule CMS-1784-F release November 2, 2023. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1784-f>

Medicare **physician** 2023 vs 2024 national average payment

Select implantable cardioverter defibrillator procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Defibrillator generator change outs								
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system		N/A	N/A	N/A	\$374	\$360	-3.9%
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system		N/A	N/A	N/A	\$388	\$374	-3.7%
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system		N/A	N/A	N/A	\$405	\$390	-3.8%

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Medicare **physician** 2023 vs 2024 national average payment

Select extravascular implantable cardioverter defibrillator (EV-ICD) procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Insertion of extravascular implantable cardioverter defibrillator								
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed		Contractor priced					
0572T	Insertion of substernal implantable defibrillator electrode		Contractor priced					
Removal or repositioning of extravascular implantable cardioverter defibrillator electrode								
0573T	Removal of substernal implantable defibrillator electrode		Contractor priced					
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode		Contractor priced					

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Medicare **physician** 2023 vs 2024 national average payment

Select extravascular implantable cardioverter defibrillator (EV-ICD) procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Extravascular cardioverter defibrillator generator change outs								
0580T	Removal of substernal implantable defibrillator pulse generator only							Contractor priced
0614T	Removal and replacement of substernal implantable defibrillator pulse generator							Contractor priced

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Medicare **physician** 2023 vs 2024 national average payment

Select cardiac resynchronization therapy procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Insertion cardiac resynchronization therapy - pacemaker (CRT-P) system								
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial		N/A	N/A	N/A	\$479	\$461	-3.9%
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)		N/A	N/A	N/A	\$463	\$442	-4.8%
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		N/A	N/A	N/A	\$519	\$499	-4.1%
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)		N/A	N/A	N/A	\$463	\$442	-4.8%

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Medicare **physician** 2023 vs 2024 national average payment

Select cardiac resynchronization therapy procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Insertion permanent transvenous defibrillator system								
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber		N/A	N/A	N/A	\$915	\$879	-4.1%
+33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)		N/A	N/A	N/A	\$463	\$442	-4.8%

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Medicare **physician** 2023 vs 2024 national average payment

Select subcutaneous cardiac rhythm monitor procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Subcutaneous cardiac rhythm monitor procedures (includes loop recorders)								
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming		\$4,421	\$4,071	-8.6%	\$88	\$84	-4.8%
33286	Removal, subcutaneous cardiac rhythm monitor		\$134	\$127	-5.5%	\$86	\$82	-4.9%

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Medicare **physician** 2023 vs 2024 national average payment

Select ventricular assist device procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Ventricular assist device procedures								
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle		N/A	N/A	N/A	\$1,923	\$1,570	-22.5%
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle		N/A	N/A	N/A	\$1,762	\$1,710	-3.0%
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass		N/A	N/A	N/A	\$1,924	\$1,857	-3.6%
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass		N/A	N/A	N/A	\$2,288	\$2,185	-4.7%

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Medicare physician 2023 vs 2024 national average payment

Select cardiac ablation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Cardiac ablation procedures								
+93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)		N/A	N/A	N/A	\$307	\$293	-4.8%
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, when necessary, right ventricular pacing/recording when necessary, and His bundle recording, when necessary, with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation		N/A	N/A	N/A	\$949	\$907	-4.6%
+93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)		N/A	N/A	N/A	\$307	\$293	-4.8%

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Medicare physician 2023 vs 2024 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Pacemaker device programming - 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 in one cardiac chamber	Global	\$69	\$66	-4.5%	N/A	N/A	
		26	\$31	\$30	-3.3%	\$31	\$30	-3.3%
		TC	\$38	\$36	-5.6%	N/A	N/A	
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	Global	\$81	\$77	-5.2%	N/A	N/A	
		26	\$37	\$35	-5.7%	\$37	\$35	-5.7%
		TC	\$44	\$42	-4.8%	N/A	N/A	

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Medicare physician 2023 vs 2024 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Pacemaker device programming - in person								
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	Global	\$86	\$82	-4.9%	N/A	N/A	
		26	\$42	\$40	-5.0%	\$42	\$40	-5.0%
		TC	\$44	\$42	-4.8%	N/A	N/A	
Pacemaker device interrogation - in person								
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; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis		\$50	\$48	-4.2%	N/A	N/A	
		26	\$18	\$17	-5.9%	\$18	\$17	-5.9%
		TC	\$33	\$31	-6.5%	N/A	N/A	

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Medicare **physician** 2023 vs 2024 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Pacemaker device interrogation - in person								
93288	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	Global	\$57	\$55	-3.6%	N/A	N/A	
		26	\$20	\$20	-	\$20	\$20	-
		TC	\$37	\$35	-5.7%	N/A	N/A	
Pacemaker device evaluation - 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		\$30	\$28	-7.1%	\$30	\$28	-7.1%

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Medicare physician 2023 vs 2024 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Transvenous defibrillator programming - 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	Global	\$82	\$78	-5.1%	N/A	N/A	
		26	\$42	\$39	-7.7%	\$42	\$39	-7.7%
		TC	\$40	\$38	-5.3%	N/A	N/A	
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	Global	\$100	\$95	-5.3%	N/A	N/A	
		26	\$56	\$53	-5.7%	\$56	\$53	-5.7%
		TC	\$44	\$42	-4.8%	N/A	N/A	

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Medicare physician 2023 vs 2024 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Pacemaker device programming - in person								
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 nor other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Global	\$108	\$103	-4.9%	N/A	N/A	
		26	\$61	\$58	-5.2%	\$61	\$58	-5.2%
		TC	\$47	\$45	-4.4%	N/A	N/A	
Transvenous defibrillator programming - in person								
93289	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	Global	\$74	\$70	-5.7%	N/A	N/A	
		26	\$37	\$35	-5.7%	\$37	\$35	-5.7%
		TC	\$37	\$36	-2.8%	N/A	N/A	

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Medicare **physician** 2023 vs 2024 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Transvenous defibrillator device interrogation - 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		\$37	\$35	-5.7%	\$37	\$35	-5.7%
Implantable cardiovascular physiologic monitor interrogation (OptiVol) - 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	Global	\$55	\$52	-5.8%	N/A	N/A	
		26	\$21	\$20	-5.0%	\$21	\$20	-5.0%
		TC	\$34	\$32	-6.3%	N/A	N/A	

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Medicare **physician** 2023 vs 2024 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Extravascular ICD programming - in person								
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, 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		Contractor priced					
Extravascular ICD evaluation - in person								
0577T	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)		Contractor priced					

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Medicare **physician** 2023 vs 2024 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Extravascular ICD interrogation - in person								
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter		Contractor priced					
Extravascular ICD interrogation - remote								
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional		Contractor priced					
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results		Contractor priced					

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Medicare physician 2023 vs 2024 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Implantable cardiovascular physiologic monitor interrogation (OptiVol) - 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			\$59		N/A	N/A	
		26	\$26	\$24	-8.3%	\$26	\$24	-8.3%
		TC		\$35		N/A	N/A	

Note: The deletion of G2066 effective January 1, 2024 included the addition of the -26 and -TC modifiers for CPT® 93297, therefore we do not have historical 2023 rates.

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Medicare physician 2023 vs 2024 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Subcutaneous cardiac rhythm monitor interrogation - in person								
93291	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	Global	\$50	\$48	-4.2%	N/A	N/A	
		26	\$18	\$17	-5.9%	\$18	\$17	-5.9%
		TC	\$33	\$31	-6.5%	N/A	N/A	
93285	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	Global	\$62	\$59	-5.1%	N/A	N/A	
		26	\$25	\$24	-4.2%	\$25	\$24	-4.2%
		TC	\$36	\$34	-5.9%	N/A	N/A	

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Medicare physician 2023 vs 2024 national average payment

Select cardiac monitoring & evaluation procedures

CPT® code	Description	Modifier	Non-facility			Facility		
			2023 total payment	2024 total payment	% change	2023 total payment	2024 total payment	% change
Subcutaneous cardiac rhythm monitor interrogation - remote								
93298	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			\$100		N/A	N/A	
		26	\$26	\$24	-8.3%	\$26	\$24	-8.3%
		TC		\$76		N/A	N/A	

Note: The deletion of G2066 effective January 1, 2024 included the addition of the -26 and -TC modifiers for CPT® 93298, therefore we do not have historical 2023 rates.

2023 PFS Final Rule CMS-1770-F released November 2, 2022 and updates from the legislation signed on December 29, 2022. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1770-f>
 2024 PFS Final Rule CMS-1784-F release November 2, 2023. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f>

