

## Coding and payment overview:

# Implantable cardioverter defibrillator (ICD) therapy

### Commonly billed codes and associated 2024 Medicare rates

This document reflects commonly billed codes for implantable cardioverter defibrillator (ICD) therapy and the associated 2024 Medicare national reimbursement rates. This is not an all-inclusive list.

The following information reflects the Medicare national allowable amount published by CMS and does not include Medicare payment reductions resulting from sequestration adjustments to the amount payable to the provider, as mandated by the Budget Control Act of 2011. The Medtronic Customer Economics and Reimbursement teams can provide site-specific information upon request.

#### Disclaimer

Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules, and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for care provided. 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. This document provides assistance for FDA-approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA-cleared or approved labeling (e.g., instructions for use, operator’s manual, or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

#### Physician/Hospital Outpatient

Coding is based on specific procedures that are performed, and multiple procedure codes may be reported. This may result in multiple procedure payment reductions for physician payments. Hospital outpatient reimbursement is subject to various packaging rules, including Comprehensive APCs (C-APCs). Under C-APCs, only one payment is made for all procedures and supplies provided during the outpatient episode of care. Physician and hospital outpatient rates are effective through the 2023 calendar year.

CPT <sup>®1</sup> code	Description	2024 Medicare national unadjusted physician rate <sup>2</sup>	APC	2024 Medicare national unadjusted APC rate <sup>3</sup>
Lead Insertion				
33216	Insert single transvenous electrode, pacemaker or implantable defibrillator	\$359	5222	\$8,103
33217	Insert 2 transvenous electrodes, pacemaker or implantable defibrillator	\$357	5222	\$8,103
33271	Insert subcutaneous implantable defibrillator electrode	\$440	5222	\$8,103

CPT <sup>®1</sup> code	Description	2024 Medicare national unadjusted physician rate <sup>2</sup>	APC	2024 Medicare national unadjusted APC rate <sup>3</sup>
Generator insertion				
33230	Insert implantable defibrillator generator only; with existing dual leads	\$362	5231	\$22,482
33231	Insert implantable defibrillator generator only; with existing multiple leads	\$388	5232	\$31,379
33240	Insert implantable defibrillator generator only; with existing single lead	\$356	5231	\$22,482
33249	Insert or replace implantable defibrillator system, with transvenous lead(s), single or dual chamber	\$879	5232	\$31,379
Generator-only changeout				
33262	Remove and replace implantable defibrillator generator; single lead system	\$360	5231	\$22,482
33263	Remove and replace implantable defibrillator generator; dual lead system	\$374	5231	\$22,482
Generator and lead removal				
33241	Remove implantable defibrillator pulse generator only	\$209	5221	\$3,746
33244	Remove single or dual chamber implantable defibrillator electrode(s), transvenous extraction	\$833	5221	\$3,746
Reposition and repair lead				
33215	Reposition previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular)	\$300	5183	\$3,040
33218	Repair of single transvenous electrode, pacemaker or implantable defibrillator	\$377	5221	\$3,746
33220	Repair of 2 transvenous electrodes, pacemaker or implantable defibrillator	\$369	5221	\$3,746
Pocket relocation				
33223	Relocation of skin pocket for implantable defibrillator	\$396	5054	\$1,739
In person interrogation and programming evaluations				
93289	Interrogation device evaluation (in person) with analysis, review, and report by a physician or other qualified healthcare professional, includes connection, recording, and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm-derived data elements	\$70 \$35 (26) \$35 (TC)	5741	\$36
93282	Programming device evaluation (in person) w/iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review, and report; single lead ICD system	\$78 \$39 (26) \$39 (TC)	5741	\$36
93283	Programming device evaluation (in person) w/iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review, and report; dual lead ICD system	\$95 \$53 (26) \$42 (TC)	5741	\$36

CPT <sup>®1</sup> code	Description	2024 Medicare national unadjusted physician rate <sup>2</sup>	APC	2024 Medicare national unadjusted APC rate <sup>3</sup>
Remote interrogation evaluations				
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead ICD w/interim analysis, review(s), and report(s) (professional component)	\$35	N/A	Physician Only
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support, and distribution of results	\$21	5741	\$36
Intraoperative device testing				
93640	EP evaluation of single/dual chamber ICD leads including DFT evaluation at time of initial implantation or replacement	\$168 (26)	Packaged Service. No separate APC payment.	
93641	EP evaluation of single/dual chamber ICD leads including DFT evaluation at time of initial implantation or replacement; w/testing of ICD generator	\$294 (26)	Packaged Service. No separate APC payment.	

🔍 For ASC-related information, please see our coding overview [here](#).

### Key

26 – Professional Component

TC – Technical Component

## Inpatient Coding

### ICD-10-PCS

Inpatient hospital ICD-10-PCS codes do not include system implantation codes. Each specific device-related procedure must be individually coded. The following ICD-10-PCS codes describe commonly performed implantable cardioverter 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
0JH638Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, percutaneous approach
0JH808Z	Insertion of defibrillator generator into abdomen subcutaneous tissue and fascia, open approach
0JH838Z	Insertion of defibrillator generator into abdomen subcutaneous tissue and fascia, percutaneous approach
Insert RA or RV lead, transvenous	
02H63KZ	Insertion of defibrillator lead into right atrium, percutaneous approach
02HK3KZ	Insertion of defibrillator lead into right ventricle, percutaneous approach

ICD-10-PCS	Description
Insert subcutaneous defibrillator lead	
0JH60PZ	Insertion of cardiac rhythm-related device into chest subcutaneous tissue and fascia, open approach
Replace epicardial lead	
02HN0KZ	Insertion of defibrillator lead into pericardium, open approach
02PA0MZ	Removal of cardiac lead from heart, open approach
Revise and reposition RA, RV, or LV lead	
02WA0MZ	Revision of cardiac lead in heart, open approach
02WA3MZ	Revision of cardiac lead in heart, percutaneous approach
Revise or relocate pocket	
0JWT0PZ	Revision of cardiac rhythm-related device in trunk subcutaneous tissue and fascia, open approach
0JWT3PZ	Revision of cardiac rhythm-related device in trunk subcutaneous tissue and fascia, percutaneous approach
Remove generator	
0JPT0PZ	Removal of cardiac rhythm-related device from trunk subcutaneous tissue and fascia, open approach
0JPT3PZ	Removal of cardiac rhythm-related device from trunk subcutaneous tissue and fascia, percutaneous approach
Absorbable antibacterial envelope (TYRX™)*	
3E0102A	Introduction of anti-infective envelope into subcutaneous tissue, open approach

\*The envelope procedure code is reported in addition to the primary generator implant code.

## Inpatient Reimbursement

Medicare reimbursement for inpatient hospital services is based on a classification system known as Medicare Severity Diagnosis Related Groups (MS-DRGs). MS-DRG assignment is determined by patient diagnoses and procedures. Only one MS-DRG is assigned per hospital admission, and one payment is made for all procedures and supplies related to that inpatient stay. MS-DRG assignment may be affected when one or more documented secondary diagnoses are included in the Major Complication or Comorbidity (MCC) or Complication or Comorbidity (CC) lists, which are maintained by CMS.

MS-DRG	Description	FY 2024 Medicare national unadjusted rate <sup>4</sup>
Implantable cardioverter defibrillator and subcutaneous implantable cardioverter defibrillator		
275	Cardiac defibrillator implant with cardiac catheterization and MCC	\$49,262
276	Cardiac defibrillator implant with MCC	\$43,481
277	Cardiac defibrillator implant without MCC	\$33,484
245	AICD generator procedures	\$31,727
265	AICD lead procedures	\$24,744

### Key

MCC – Major Complication or Comorbidity

CC – Complication or Comorbidity

## Contact us

Coding, coverage, and reimbursement information is available at: [medtronic.com/crhfreimbursement](https://www.medtronic.com/crhfreimbursement). For questions or for more information, please contact Reimbursement Customer Support at 1-866-877-4102 (8 a.m. to 5 p.m. CT, Monday- Friday) or [rs.healthcareconomics@medtronic.com](mailto:rs.healthcareconomics@medtronic.com).

### References

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<sup>2</sup>The Medicare Physician Fee Schedule (MPFS) 2024 National payment rates based on information published in the MPFS final rule CMS-1784-F that was released November 2, 2023.

PFS Federal Regulation Notices. cms.gov <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1784-f> Accessed December 13, 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.

<sup>3</sup>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-notice/cms-1786-fc> Accessed November 21, 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.

<sup>4</sup>The IPPS FY 2024 National payment rates based on information published in the IPPS final rule CMS-1785-F.

IPPS Final Rule Home Page. cms.gov <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2024-ipp-final-rule-home-page> Updated November 30, 2023. Accessed December 7, 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.

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