

# CODING & PAYMENT OVERVIEW

## ECONOMICS, REIMBURSEMENT AND EVIDENCE

# Cardiac Resynchronization Therapy

## COMMONLY BILLED CODES AND ASSOCIATED 2021 MEDICARE RATES

This document reflects commonly billed codes for the Cardiac Resynchronization Therapies and their associated 2021 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 Healthcare Economics and Reimbursement teams can provide site-specific information reflective of sequestration upon request.

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**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 reduction 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 2021 calendar year.

| CPT® <sup>1</sup> Code        | Description   | 2021 Medicare National Physician Rate <sup>2</sup> | C-APC or APC | 2021 Medicare National C-APC or APC Rate <sup>3</sup>           |
|-------------------------------|---|--|--------------|---|
| <b>CRT-D System Insertion</b> |   |  |              |   |
| 33249                         | Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber  | \$942  | 5232         | \$32,839<br>Packaged Service.<br>No separate payment for +33225 |
| +33225                        | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg., for upgrade to dual chamber system) (List separately in addition to code for primary procedure) | \$479  | N/A          |   |

| CPT® <sup>1</sup> Code  | Description   | 2021 Medicare National Physician Rate <sup>2</sup> | C-APC or APC | 2021 Medicare National C-APC or APC Rate <sup>3</sup> |
|---|---|--|--------------|---|
| <b>CRT-P System Insertion</b>   |   |  |              |   |
| 33207   | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular   | \$492  | 5224         | \$18,611  |
| +33225  | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)                                     | \$479  |              | C-APC<br>No separate payment for +33225               |
| <b>CRT-P System Insertion</b>   |   |  |              |   |
| 33208   | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular  | \$534  | 5224         | \$18,611  |
| +33225  | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)                                     | \$479  | N/A          | C-APC<br>No separate payment for +33225               |
| <b>Lead Insertion</b>   |   |  |              |   |
| 33216   | Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator   | \$382  | 5222         | \$8,153   |
| 33217   | Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator   | \$379  | 5222         | \$8,153   |
| 33224   | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)                                 | \$527  | 5223         | \$10,400  |
| <b>Remove and Replace ICD Generator</b>   |   |  |              |   |
| 33263   | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system  | \$400  | 5231         | \$23,040  |
| 33264   | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system  | \$417  | 5232         | \$32,839  |
| <b>Remove Pacemaker Generator</b>   |   |  |              |   |
| 33228   | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system  | \$365  | 5223         | \$10,400  |
| 33229   | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system  | \$386  | 5224         | \$18,611  |
| <b>Reposition LV Lead</b>   |   |  |              |   |
| 33226   | Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)  | \$505  | 5183         | \$2,862   |
| <b>CRT Device Analysis, Interrogation, and Programming Evaluation — In Person</b> |   |  |              |   |
| 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 system | \$85   | 5741         | \$37  |
|   |   | \$43 (26)  |              |   |
|   |   | \$42 (TC)  |              |   |

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|------------------------|--|--|--------------|---|
| 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 or other qualified health care professional; multiple lead transvenous implantable defibrillator system  | \$107  | 5741         | \$37  |
|                        |  | \$63 (26)  |              |   |
|                        |  | \$44 (TC)  |              |   |
| 93288                  | 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; single, dual, or multiple lead pacemaker system, or leadless pacemaker system   | \$56   | 5741         | \$37  |
|                        |  | \$21 (26)  |              |   |
|                        |  | \$35 (TC)  |              |   |
| 93289                  | 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; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements   | \$73   | 5741         | \$37  |
|                        |  | \$38 (26)  |              |   |
|                        |  | \$35 (TC)  |              |   |
| 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 | \$53   | 5741         | \$37  |
|                        |  | \$22 (26)  |              |   |
|                        |  | \$32 (TC)  |              |   |

#### CRT Device Analysis, Interrogation, and Programming Evaluation — Remote and TTM

|       |   |                   |      |                |
|-------|---|-------------------|------|----------------|
| 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   | \$31              | N/A  | Physician Only |
| 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   | \$38              | 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                                    | \$26              | 5741 | \$37           |
| 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 | \$27              | N/A  | Physician Only |
| G2066 | Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results             | Contractor Priced | 5741 | \$37           |

#### 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 procedure codes describe commonly performed CRT procedures. This is not an all-inclusive list. These codes are only used by hospitals for reporting inpatient services.

| ICD-10-PCS  | Description   |
|---|---|
| <b>Cardiac Resynchronization Defibrillator Generator Insertion</b>        |   |
| 0JH609Z   | Insertion of cardiac resynchronization defibrillator pulse generator into chest subcutaneous tissue and fascia, open approach |
| <b>Cardiac Resynchronization Pacemaker Generator Insertion</b>            |   |
| 0JH607Z   | Insertion of cardiac resynchronization pacemaker pulse generator into chest subcutaneous tissue and fascia, open approach     |
| <b>Defibrillator Lead Insertion</b>                                       |   |
| 02HK3KZ   | Insertion of defibrillator lead into right ventricle, percutaneous approach   |
| and/or 02H63KZ  | Insertion of defibrillator lead into right atrium, percutaneous approach  |
| <b>Pacemaker Lead Insertion</b>   |   |
| 02H63JZ   | Insertion of pacemaker lead into right atrium, percutaneous approach  |
| and/or 02HK3JZ  | Insertion of pacemaker lead into right ventricle, percutaneous approach   |
| <b>Left Ventricular Lead Insertion into Coronary Vein — Defibrillator</b> |   |
| 02H43KZ   | Insertion of defibrillator lead into coronary vein, percutaneous approach   |
| <b>Left Ventricular Lead Insertion into Coronary Vein — Pacemaker</b>     |   |
| 02H43JZ   | Insertion of pacemaker lead into coronary vein, percutaneous approach   |
| <b>Revision or Reposition RA, RV, or LV lead</b>                          |   |
| 02WA0MZ   | Revision of cardiac lead in heart, open approach  |
| <b>Revision of Device Pocket</b>  |   |
| 0JW0PZ  | Revision of cardiac rhythm-related device in trunk subcutaneous tissue and fascia, open approach                              |
| <b>Cardiac Rhythm-related Device Removal</b>                              |   |
| 0JPT0PZ   | Removal of cardiac rhythm-related device from trunk subcutaneous tissue and fascia, open approach                             |
| <b>Diagnostic Electrophysiology (EP) Procedure</b>                        |   |
| 4A023FZ   | Measurement of cardiac rhythm, percutaneous approach  |
| <b>Device Check Without Induction of Arrhythmia</b>                       |   |
| 4B02XTZ   | Measurement of cardiac defibrillator, external approach   |
| 4B02XSZ   | Measurement of cardiac pacemaker, external approach   |
| <b>Absorbable Antibacterial Envelope (TYRX™)</b>                          |   |
| 3E0102A   | Introduction of anti-infective envelope into subcutaneous tissue, open approach   |

## 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 secondary diagnoses that are included in the Major Complication or Comorbidity (MCC), or Complication or Comorbidity (CC) lists which are maintained by CMS.

| MS-DRG  | Brief Description  | FY 2021 Medicare National Unadjusted Rate <sup>4</sup> |
|---|--|--|
| <b>Implantable Cardioverter-defibrillator and Subcutaneous Implantable Cardioverter-defibrillator</b> |  |  |
| 222   | Cardiac defibrillator implant w/cardiac catheterization w/AMI, HF or Shock w/MCC     | \$54,127   |
| 223   | Cardiac defibrillator implant w/cardiac catheterization w/AMI, HF or Shock w/o MCC   | \$39,928   |
| 224   | Cardiac defibrillator implant w/cardiac catheterization w/o AMI, HF or Shock w/MCC   | \$47,321   |
| 225   | Cardiac defibrillator implant w/cardiac catheterization w/o AMI, HF or Shock w/o MCC | \$36,166   |
| 226   | Cardiac defibrillator implant w/o cardiac catheterization w/MCC                      | \$42,497   |
| 227   | Cardiac defibrillator implant w/o cardiac catheterization w/o MCC                    | \$33,757   |
| 245   | AICD generator procedures  | \$34,799   |
| 265   | AICD lead procedures   | \$21,614   |
| <b>Transvenous Pacemakers</b>   |  |  |
| 242   | Permanent cardiac pacemaker implant w/MCC  | \$23,926   |
| 243   | Permanent cardiac pacemaker implant w/CC   | \$16,278   |
| 244   | Permanent cardiac pacemaker implant w/o CC/MCC                                       | \$13,277   |
| 258   | Cardiac pacemaker device replacement w/MCC   | \$20,576   |
| 259   | Cardiac pacemaker device replacement w/o MCC   | \$13,628   |

### Key

MCC — Major Complication or Comorbidity

CC — Complication or Comorbidity

For Reimbursement Customer Support, please contact us at 866-877-4102 or via email at [rs.healthcareeconomics@medtronic.com](mailto:rs.healthcareeconomics@medtronic.com). To access reimbursement tools, guides and/or C-code Finder (allows you to find C-codes by product name or model number), visit our website at: [medtronic.com/crhfreimbursement](http://medtronic.com/crhfreimbursement). C-code Finder: [medtronic.com/crhfcodes](http://medtronic.com/crhfcodes).

## References

<sup>1</sup> CPT codes and descriptions only are copyright ©2020 American Medical Association. All rights reserved. No fee schedules are included in CPT. The American Medical Association assumes no liability for data contained or not contained herein.

<sup>2</sup> The Medicare Physician Fee Schedule (MPFS) 2021 National payment rates based on information published in the MPFS final rule CMS-1734-F updated due to legislation that was signed December 27, 2020 including corresponding tables which were updated on December 29, 2020.

PFS Federal Regulation Notices. cms.gov <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1734-f>

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 OPPS 2021 National payment rates based on information published in the OPPS/ASC final rule CMS-1736-FC and corresponding Addendum B table which was published on December 3, 2020.

Hospital Outpatient Regulations and Notices. cms.gov <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc> Accessed December 3, 2020.

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 2021 National payment rates based on information published in the IPPS final rule CMS-1735-F and correction notice CMS-1735-CN and corresponding tables and data files which was published on September 18, 2020.

IPPS Final Rule Home Page. cms.gov <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipps-final-rule-home-page> Updated December 3, 2020. Accessed December 4, 2020.

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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