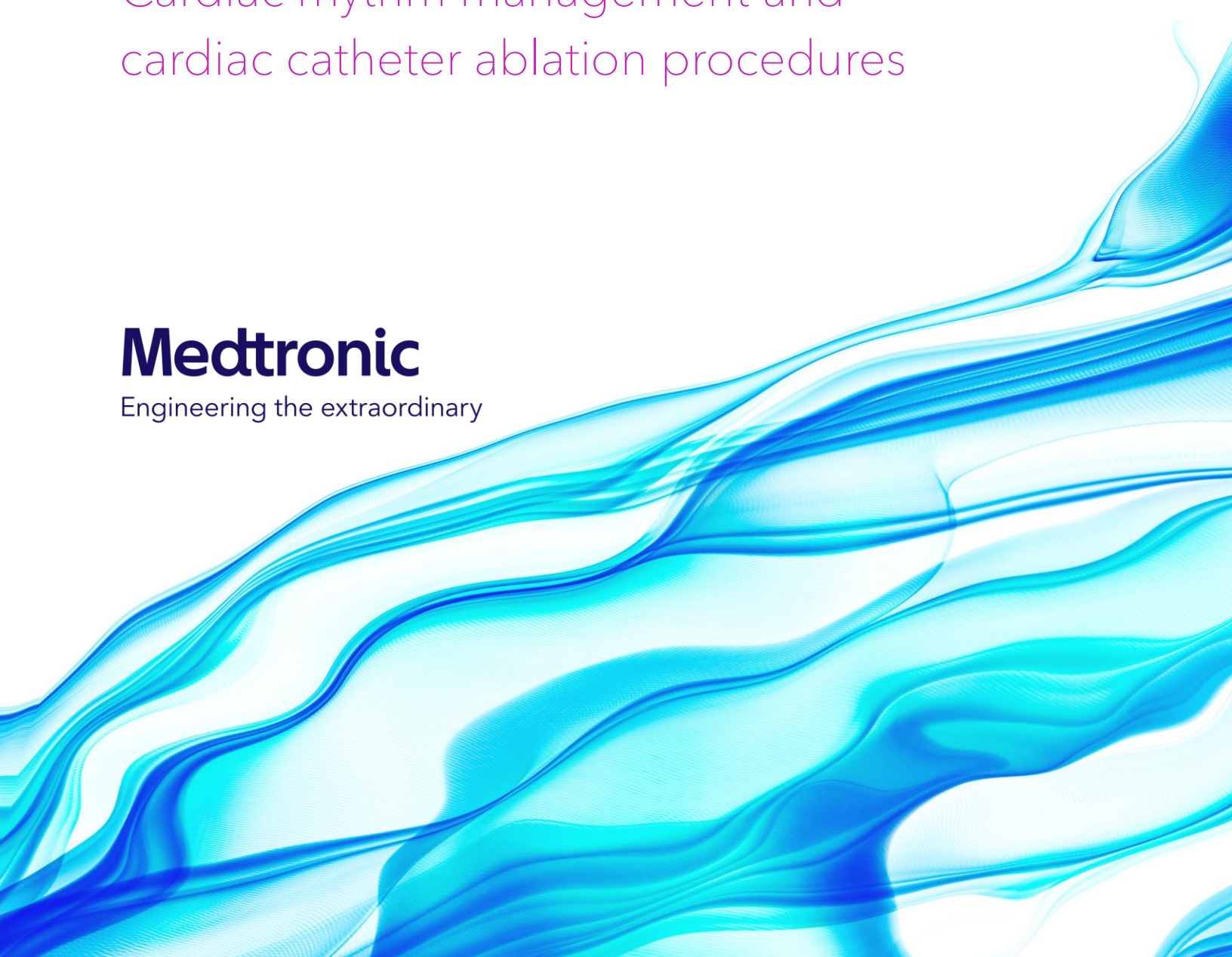


Ambulatory surgery center coding & payment overview

Cardiac rhythm management and
cardiac catheter ablation procedures

Medtronic

Engineering the extraordinary



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Contact

For questions or more information, please contact Reimbursement Customer Support at 1-866-877-4102 (M-F, 8:00 a.m. to 5:00 p.m. CT) or rs.healthcareeconomics@medtronic.com.

Coding, coverage, and reimbursement information for cardiac rhythm management devices, cardiac catheter ablation, and cardiac diagnostic services is also available at [medtronic.com/CRHFreimbursement](https://www.medtronic.com/CRHFreimbursement).

Please contact your sales representative to be connected with a Regional Economic Manager who can provide site-specific rates.

Disclaimer

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To healthcare providers

This resource includes the commonly billed procedure codes and associated Medicare national payment rates for common Cardiovascular Implantable Electronic Device (CIED) procedures. This is not a comprehensive list of all available codes, and it is possible that there is a more appropriate code for any given procedure. The descriptions are based upon the CPT®¹ short descriptors but may have additional wording included from the CPT® long descriptor to differentiate from other procedures with similar short descriptors.

Ambulatory Surgery Centers (ASCs) use CPT® codes for their services. Medicare payment for procedures performed in an ambulatory surgery center is generally based on Medicare's ambulatory payment classification (APC) methodology for hospital outpatient payment. Each CPT® code designated as a covered procedure in an ASC is assigned a comparable relative weight under the hospital outpatient APC system. This is then converted to a flat payment amount using a conversion factor unique to ASCs. Multiple procedures may be paid on each claim; however, multiple procedure reductions may apply². Certain add-on codes may also be covered when they are integral to covered surgical procedures, although they may not be separately payable. In general, there is no separate payment for devices; their payment is packaged into the payment for the procedure.

This guide does not include procedures that are currently not allowed/payable by Medicare to be performed in an ASC setting (e.g., leadless pacemaker insertion and/or extraction and cardiac ablations). Please see page 5 for information specific to leadless pacemaker procedures.

The following information reflects the Medicare national allowable amounts 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 Regional Economic Managers and Reimbursement Customer Support teams can provide site-specific information reflective of sequestration upon request.

Pacemaker (PM) and cardiac resynchronization therapy-pacemaker (CRT-P) procedures

Leadless pacemaker procedures are not reimbursed in the ASC setting by Medicare.⁵ While leadless pacemaker procedures are included on the ASC approved procedure list, CMS specifies in Transmittal 3815, Change Request 10117, these procedures can only be performed in certain locations and ASCs are not included in these locations.

CPT® code ¹	CPT® description	2023 ASC Medicare national unadjusted payment rate ³	2024 ASC Medicare national unadjusted payment rate ⁴	% of change
Insertion permanent transvenous pacemaker system				
33206	Insert new or replace perm PM w/atrial lead	\$7,796	\$7,223	-7.3%
33207	Insert new or replace perm PM w/ventricular lead	\$7,906	\$7,421	-6.1%
33208	Insert new or replace perm PM w/atrial and ventricular leads	\$8,065	\$7,639	-5.3%
C7537	Insert atrial PM with insertion of LV lead	\$10,098	\$10,569	4.7%
C7538	Insert ventricular PM with insertion of LV lead	\$10,070	\$10,767	6.9%
C7539	Insert dual PM with insertion of LV lead	\$10,262	\$10,985	7.0%
Insertion temporary pacemaker				
33210	Insert/replace temp lead/catheter - single chamber lead	\$4,191	\$5,766	37.6%
33211	Insert/replace temp dual chamber leads	\$6,330	\$7,237	14.3%
Insertion of pacemaker generator only				
33212	Insert PM generator only; w/existing single lead	\$6,563	\$6,316	-3.8%
33213	Insert PM generator only; w/existing dual leads	\$7,714	\$7,588	-1.6%
33221	Insert PM generator only; w/existing multiple leads	\$11,581	\$13,052	12.7%
Upgrade a single pacemaker to a dual pacemaker				
33214	Upgrade single PM to dual PM (includes removal of PM generator, test existing lead, insert new lead and insert new PM generator)	\$7,466	\$7,663	2.6%
Pacemaker generator changeouts				
33227	Remove perm PM generator w/replacement of PM generator; single lead system	\$6,410	\$6,297	-1.8%
33228	Remove perm PM generator w/replacement of PM generator; dual lead system	\$7,547	\$7,465	-1.1%
C7540	Remove and replace dual PM generator with insertion of LV lead	\$10,087	\$10,811	7.2%
33229	Remove perm PM generator w/replacement of PM generator; multiple lead system	\$12,287	\$12,867	4.7%

CPT® code ¹	CPT® description	2023 ASC Medicare national unadjusted payment rate ³	2024 ASC Medicare national unadjusted payment rate ⁴	% of change
Removal of permanent pacemaker generator only				
33233	Remove perm PM generator only	\$5,999	\$5,580	-7.0%
Lead procedures				
33215	Reposition previously implanted transvenous right atrial or right ventricular lead, perm PM or implantable defibrillator	\$1,444	\$1,548	7.2%
33216	Insert single transvenous lead, perm PM or implantable defibrillator	\$5,956	\$5,643	-5.3%
33217	Insert 2 transvenous leads, perm PM or implantable defibrillator	\$6,467	\$5,430	-16.0%
33218	Repair single transvenous lead, perm PM or implantable defibrillator	\$1,745	\$2,037	16.7%
33220	Repair 2 transvenous leads, perm PM or implantable defibrillator	\$2,299	\$2,662	15.8%
33234	Remove transvenous PM electrode single lead system	\$2,371	\$2,690	13.5%
33235	Remove transvenous PM electrode(s) dual lead system	\$2,276	\$2,037	-10.5%
Left ventricle lead procedures				
33224	Insert LV lead, attach to previously placed generator	\$7,725	\$7,724	0.0%
33226	Reposition previously implanted LV lead	\$1,856	\$1,950	5.1%
Pacemaker pocket procedures				
33222	Relocation of skin pocket for pacemaker	\$899	\$946	5.2%

Defibrillator (ICD) and cardiac resynchronization therapy-defibrillator (CRT-D) procedures

CPT® code ¹	CPT® description	2023 ASC Medicare national unadjusted payment rate ³	2024 ASC Medicare national unadjusted payment rate ⁴	% of change
Insertion of permanent transvenous defibrillator system				
33249	Insert or replace perm implantable defibrillator system, with transvenous lead(s); single or dual chamber	\$25,547	\$24,843	-2.8%
Insertion defibrillator generator only				
33230	Insert implantable defibrillator generator only; w/existing dual leads	\$19,718	\$19,039	-3.4%
33231	Insert implantable defibrillator generator only; w/existing multiple leads	\$25,823	\$25,183	-2.5%
33240	Insert implantable defibrillator generator only; w/existing single lead	\$20,228	\$19,843	-1.9%
Defibrillator generator changeouts				
33262	Remove implantable defibrillator generator w/replacement of implantable defibrillator generator; single lead system	\$19,382	\$19,146	-1.2%
33263	Remove implantable defibrillator generator w/replacement of implantable defibrillator generator; dual lead system	\$19,333	\$19,129	-1.1%
33264	Remove implantable defibrillator generator w/replacement of implantable defibrillator generator; multiple lead system	\$25,557	\$25,027	-2.1%
Removal defibrillator generator only				
33241	Remove implantable defibrillator generator only	\$1,745	\$2,037	16.7%
Lead procedures				
33215	Reposition previously implanted transvenous right atrial or right ventricular lead, perm PM or implantable defibrillator	\$1,444	\$1,548	7.2%
33216	Insert single transvenous lead, perm PM or implantable defibrillator	\$5,956	\$5,643	-5.3%
33217	Insert 2 transvenous leads, perm PM or implantable defibrillator	\$6,467	\$5,430	-16.0%
33218	Repair single transvenous lead, perm PM or implantable defibrillator	\$1,745	\$2,037	16.7%
33220	Repair 2 transvenous leads, perm PM or implantable defibrillator	\$2,299	\$2,662	15.8%

CPT® code ¹	CPT® description	2023 ASC Medicare national unadjusted payment rate ³	2024 ASC Medicare national unadjusted payment rate ⁴	% of change
Left ventricle lead procedure				
33224	Insert LV lead, attach to previously placed generator	\$7,725	\$7,724	0.0%
+33225	Insert LV lead at time of generator implant or replacement (List separately in addition to code for primary procedure)	Packaged Service. No separate payment.	Packaged Service. No separate payment.	-
33226	Reposition previously implanted LV lead	\$1,856	\$1,950	5.1%
Relocation of defibrillator pocket				
33223	Relocation of skin pocket for implantable defibrillator	\$899	\$946	5.2%
Permanent subcutaneous defibrillator procedures				
33270	Insert or replace perm subcutaneous implantable defibrillator system	\$25,478	\$25,172	-1.2%
33271	Insert subcutaneous defibrillator lead	\$6,234	\$6,129	-1.7%
33273	Reposition previously implanted subcutaneous implantable defibrillator lead	\$1,745	\$2,037	16.7%
Defibrillator generator changeouts				
0614T	Removal and replacement of substernal implantable defibrillator pulse generator		\$19,067	

Diagnostics (SCRM) procedures

CPT® code ¹	CPT® description	2023 ASC Medicare national unadjusted payment rate ³	2024 ASC Medicare national unadjusted payment rate ⁴	% of change
Subcutaneous cardiac rhythm monitor procedures (includes implantable loop records)				
33285	Implant subcutaneous cardiac rhythm monitor	\$7,048	\$6,904	-2.0%
33286	Remove subcutaneous cardiac rhythm monitor	\$338	\$365	8.0%

References

- ¹ CPT codes and descriptions only are copyright ©2023 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.
- ² Medicare Claims Processing Manual Chapter 14 – Ambulatory Surgical Centers, Section 40.5.
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c14.pdf>
Accessed December 5, 2023
- ³ The Ambulatory Surgical Center (ASC) ASC 2023 National payment rates based on information published in the OPPS/ASC final rule CMS-1772-FC, Addendum AA table which was released on November 1, 2022.
ASC Regulations and Notices. cms.gov <https://www.cms.gov/medicare/medicare-fee-service-payment/asc-payment/asc-regulations-and-notice/cms-1772-fc> Accessed November 21, 2022
ASC specific rates will vary based on various specific factors not reflected in this document and CMS may make adjustments to any or all of the data inputs from time to time.
- ⁴ The Ambulatory Surgical Center (ASC) ASC 2023 National payment rates based on information published in the OPPS/ASC final rule CMS-1786-FC, Addendum AA table which was released on November 1, 2022.
ASC Regulations and Notices. cms.gov <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1786-fc> Accessed November 21, 2023
ASC specific rates will vary based on various specific factors not reflected in this document and CMS may make adjustments to any or all of the data inputs from time to time.
- ⁵ Centers for Medicare and Medicaid Services. Medicare Claims Processing Manual 100-04, Transmittal 3815. National Coverage Determination (NCD20.8.4): Leadless Pacemakers. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3815CP.pdf> Accessed on December 19, 2022.

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