

## Coding and payment overview: Implantable cardioverter defibrillator (ICD) therapy

### Commonly billed codes and associated 2022 Medicare rates

This document reflects commonly billed codes for implantable cardioverter defibrillator (ICD) therapy and the associated 2022 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

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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 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 2022 calendar year.

CPT <sup>®1</sup> Code	Description	2022 Medicare National Unadjusted Physician Rate <sup>2</sup>	APC	2022 Medicare National Unadjusted APC Rate <sup>3</sup>
Lead Insertion				
33216	Insert single transvenous electrode, pacemaker or implantable defibrillator	\$382	5222	\$8,332
33217	Insert 2 transvenous electrodes, pacemaker or implantable defibrillator	\$378	5222	\$8,332
33271	Insert subcutaneous implantable defibrillator electrode	\$463	5222	\$8,332

CPT <sup>®1</sup> Code	Description	2022 Medicare National Unadjusted Physician Rate <sup>2</sup>	APC	2022 Medicare National Unadjusted APC Rate <sup>3</sup>
Generator insertion				
33230	Insert implantable defibrillator generator only; with existing dual leads	\$394	5231	\$23,551
33231	Insert implantable defibrillator generator only; with existing multiple leads	\$409	5232	\$33,547
33240	Insert implantable defibrillator generator only; with existing single lead	\$376	5231	\$23,551
33249	Insert or replace implantable defibrillator system, with transvenous lead(s), single or dual chamber	\$939	5232	\$33,547
Generator-only changeout				
33262	Remove and replace implantable defibrillator generator; single lead system	\$383	5231	\$23,551
33263	Remove and replace implantable defibrillator generator; dual lead system	\$399	5231	\$23,551
Generator and lead removal				
33241	Remove implantable defibrillator pulse generator only	\$221	5221	\$3,517
33244	Remove single or dual chamber implantable defibrillator electrode(s), transvenous extraction	\$889	5221	\$3,517
Reposition and repair lead				
33215	Reposition previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular)	\$317	5183	\$2,924
33218	Repair of single transvenous electrode, pacemaker or implantable defibrillator	\$399	5221	\$3,517
33220	Repair of 2 transvenous electrodes, pacemaker or implantable defibrillator	\$387	5221	\$3,517
Pocket relocation				
33223	Relocation of skin pocket for implantable defibrillator	\$420	5054	\$1,749
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	\$76 \$37 (26) \$39 (TC)	5741	\$38
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	\$85 \$43 (26) \$42 (TC)	5741	\$38
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	\$103 \$57 (26) \$46 (TC)	5741	\$38

CPT <sup>®1</sup> Code	Description	2022 Medicare National Unadjusted Physician Rate <sup>2</sup>	APC	2022 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)	\$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	\$24	5741	\$38
Intraoperative device testing				
93640	EP evaluation of single/dual chamber ICD leads including DFT evaluation at time of initial implantation or replacement	\$181 (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	\$315 (26)	Packaged Service. No separate APC payment.	

## 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 pacemaker 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
Insert subcutaneous defibrillator lead	
0JH60PZ	Insertion of cardiac rhythm-related device into chest subcutaneous tissue and fascia, open approach

ICD-10-PCS	Description
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	
0JW0PZ	Revision of cardiac rhythm-related device in trunk subcutaneous tissue and fascia, open approach
0JW3PZ	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 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 2022 Medicare National Unadjusted Rate <sup>4</sup>
Implantable cardioverter defibrillator and subcutaneous implantable cardioverter defibrillator		
222	Cardiac defibrillator implant w/cardiac cath w/principal dx of AMI, HF or Shock w/MCC	\$52,431
223	Cardiac defibrillator implant w/cardiac cath w/principal dx of AMI, HF or Shock w/o MCC	\$38,238
224	Cardiac defibrillator implant w/cardiac cath w/o principal dx of AMI, HF or Shock w/MCC	\$49,583
225	Cardiac defibrillator implant w/cardiac cath w/o principal dx of AMI, HF or Shock w/o MCC	\$37,046
226	Cardiac defibrillator implant w/o cardiac cath w/MCC	\$43,292
227	Cardiac defibrillator implant w/o cardiac cath w/o MCC	\$34,370
245	AICD generator procedures	\$35,727
265	AICD lead procedures	\$22,193

### Key

MCC – Major Complication or Comorbidity

CC – Complication or Comorbidity

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) 2022 National payment rates based on information published in the MPFS final rule CMS-1751-F and updates from legislation signed December 10, 2021. PFS Federal Regulation Notices. cms.gov <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1751-f>. PFS Relative Value Files. cms.gov <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>. Accessed November 22, 2021. 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 2022 National payment rates based on information published in the OPSS/ASC final rule CMS-1753-FC and corresponding Addendum B table which was published on November 16, 2021. Hospital Outpatient Regulations and Notices. cms.gov. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/cms-1753-fc>. Accessed November 22, 2021. 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 2022 National payment rates based on information published in the IPPS final rule CMS-1752-F and corresponding tables and data files which was published on August 13, 2021. IPPS Final Rule Home Page. cms.gov <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipp-final-rule-home-page>. Accessed November 22, 2021. 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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