



## CARDIAC RHYTHM MANAGEMENT

# National Medicare Reimbursement Guide

Implantable Cardioverter Defibrillator (ICD)

Effective October 1, 2024

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All content herein may be based upon several sources, included but not limited to primary sources, scientific literature, commercially available data sets, customer supplied information, and external sources.

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It should be noted that there are usually differences between economic modelling actual results. Abbott does not take responsibility for any such discrepancies. There is no guarantee of any potential economic outcome, including payment, cost savings, or procedure volume. Economic outcomes are dependent on many factors and will vary.

Certain Maryland hospitals paid under Maryland Waiver provisions using All Patient Refined Diagnosis Related Group (APR-DRG) are excluded from payment under the Medicare Inpatient Prospective Payment System (IPPS).

Reimbursement Calculators should not be provided at no charge to actively licensed Healthcare Professionals (HCPs) who regularly practice in Vermont.

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# CARDIAC RHYTHM MANAGEMENT NATIONAL MEDICARE REIMBURSEMENT

Effective October 1, 2024

## Introduction

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product's labeling. This content includes information regarding coverage, coding and reimbursement. Additional resources can be found at [www.cardiovascular.abbott/us/en/hcp/reimbursement.html](http://www.cardiovascular.abbott/us/en/hcp/reimbursement.html)

## Biventricular Pacing / Cardiac Resynchronization Therapy (CRT)

In certain circumstances, an additional lead may be required to achieve pacing of the left ventricle (biventricular pacing). In this event, the additional transvenous lead placement should be separately reported using CPT<sup>®</sup> 33224 or 33225. 33226 is reported for repositioning. See the Cardiac Resynchronization Therapy section for more information.

## Reimbursement Hotline

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available Monday through Friday at (855) 569-6430. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this content.

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## IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

### Physician

CPT CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY
<b>SYSTEM IMPLANT OR REPLACEMENT</b>				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	14.92	\$879	NA
<b>GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)</b>				
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	5.81	\$360	NA
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	6.08	\$374	NA
<b>GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)</b>				
33264	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator	6.35	\$390	NA
<b>GENERATOR IMPLANT</b>				
33241	Removal of implantable defibrillator pulse generator only	3.04	\$209	NA
<b>GENERATOR REMOVAL (BATTERY REMOVAL WITH REPLACEMENT)</b>				
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	5.80	\$356	NA
33230	Insertion of implantable defibrillator pulse generator only; with existing dual lead	6.07	\$362	NA
<b>RELOCATION OF SKIN POCKET</b>				
33223	Relocation of skin pocket for implantable defibrillator	6.30	\$396	NA

NA: Medicare has not established a payment amount for this code. Check with your local Medicare Administrative Contractor (MAC) to verify the payment amount. It is incumbent upon the physician to determine which, if any, modifiers should be used first.

## IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

### Physician

CPT CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY
LEAD PROCEDURES				
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	4.92	\$300	NA
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	5.62	\$359	NA
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	5.59	\$357	NA
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	5.82	\$377	NA
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	5.90	\$369	NA
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	13.74	\$833	NA

**NA:** Medicare has not established a payment amount for this code. Check with your local Medicare Administrative Contractor (MAC) to verify the payment amount. It is incumbent upon the physician to determine which, if any, modifiers should be used first.

## IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

### Hospital Outpatient

CPT <sup>‡</sup> CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
<b>SYSTEM IMPLANT OR REPLACEMENT</b>				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J1	5232	\$31,379
<b>GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)</b>				
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	J1	5231	\$22,482
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	J1	5231	\$22,482
<b>GENERATOR REMOVAL (BATTERY REMOVAL WITH REPLACEMENT)</b>				
33264	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator	J1	5232	\$31,379
<b>GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)</b>				
33241	Removal of implantable defibrillator pulse generator only	Q2	5221	\$3,746
<b>GENERATOR IMPLANT</b>				
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	J1	5231	\$22,482
33230	Insertion of implantable defibrillator pulse generator only; with existing dual lead	J1	5231	\$22,482
<b>RELOCATION OF SKIN POCKET</b>				
33223	Relocation of skin pocket for implantable defibrillator	T	5054	\$1,739

J1: Hospital Part B services paid through a comprehensive APC

Q2: T Packaged codes

T: Significant procedure, multiple reduction applies

2024 & 2025 CRM Medicare Reimbursement Lookup

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Effective Dates: January 1, 2024 - December 31, 2024

# IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

## Hospital Outpatient

CPT CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
<b>LEAD PROCEDURES</b>				
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	J1	5183	\$3,040
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J1	5222	\$8,103
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J1	5222	\$8,103
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	T	5221	\$3,746
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	T	5221	\$3,746
33234	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	Q2	5221	\$3,746

J1: Hospital Part B services paid through a comprehensive APC

Q2: T Packaged codes

T: Significant procedure, multiple reduction applies

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## IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

### Ambulatory Surgery Center (ASC)

CPT <sup>®</sup> CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	MEDICARE NATIONAL RATE
<b>SYSTEM IMPLANT OR REPLACEMENT</b>				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	J8	Y	\$24,843
<b>GENERATOR IMPLANT</b>				
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	J8	Y	\$19,843
33230	Insertion of implantable defibrillator pulse generator only; with existing dual lead	J8	Y	\$19,039
<b>GENERATOR REMOVAL/REVISION (BATTERY REPLACEMENT)</b>				
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	J8	Y	\$19,146
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	J8	Y	\$19,129
<b>GENERATOR REMOVAL (BATTERY REMOVAL WITH REPLACEMENT)</b>				
33264	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator	J8	Y	\$25,027
<b>GENERATOR REMOVAL (BATTERY REMOVAL WITHOUT REPLACEMENT)</b>				
33241	Removal of implantable defibrillator pulse generator only	G2	N	\$2,037
<b>RELOCATION OF SKIN POCKET</b>				
33223	Relocation of skin pocket for implantable defibrillator	A2	Y	\$946

**A2:** Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.

**G2:** Non-office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight

**J8:** Device-intensive procedure; paid at an adjusted rate.

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## IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

### Ambulatory Surgery Center (ASC)

CPT CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	MEDICARE NATIONAL RATE
<b>LEAD PROCEDURES</b>				
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	G2	Y	\$1,548
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	J8	Y	\$5,643
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	J8	Y	\$5,430
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	G2	Y	\$2,037
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	J8	Y	\$2,662

**G2:** Non-office-based surgical procedure added in CY 2008 or later; payment based on OPSS relative payment weight

**J8:** Device-intensive procedure; paid at an adjusted rate.

## IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

### Hospital Inpatient

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE LOCAL RATE	MEDICARE NATIONAL RATE
<b>CARDIAC DEFIBRILLATOR IMPLANT (DRGs 275, 276, AND 277)</b>				
		<b>With Cardiac Catheterization, with AMI/HF/SHOCK</b>		
0JH608Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, open approach	275 with MCC	\$50,292	\$50,292
0JH638Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, percutaneous approach	276 with MCC	\$44,083	\$44,083
0JH808Z	Insertion of defibrillator generator into abdomen subcutaneous tissue and fascia, open approach	277 without MCC	\$33,110	\$33,110
0JH838Z	Insertion of defibrillator generator into abdomen subcutaneous tissue and fascia, percutaneous approach			

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

# IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

## Hospital Inpatient

Note: report the combination of device insertion and/or lead(s) codes that best describes the procedure performed

ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE NATIONAL RATE
<b>AICD GENERATOR PROCEDURES (DRG 245)</b>			
0JH608Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, open approach	245	\$34,777
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		
<b>AICD LEAD PROCEDURES (DRG 265)</b>			
02H43KZ	Insertion of defibrillator lead into coronary vein, percutaneous approach	265	\$25,386
02H43MZ	Insertion of cardiac lead into coronary vein, percutaneous approach		
02H63KZ	Insertion of defibrillator lead into right atrium, percutaneous approach		
02HK3KZ	Insertion of defibrillator lead into right ventricle, percutaneous approach		
02HN0KZ	Insertion of defibrillator lead into pericardium, open approach		
02HN4KZ	Insertion of defibrillator lead into pericardium, percutaneous endoscopic approach		
02HK4KZ	Insertion of defibrillator lead into right ventricle, percutaneous endoscopic approach		
02HK0KZ	Insertion of defibrillator lead into right ventricle, open approach		
02H44KZ	Insertion of defibrillator lead into coronary vein, percutaneous endoscopic approach		
02H60KZ	Insertion of defibrillator lead into right atrium, open approach		
02H64KZ	Insertion of defibrillator lead into right atrium, percutaneous endoscopic approach		

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

## IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

### HCPCS Device Category C-Codes

C-CODE	DESCRIPTION
ICD	
C1721	Cardioverter-defibrillator, dual-chamber (implantable)
C1722	Cardioverter-defibrillator, single-chamber (implantable)
C1882	Cardioverter-defibrillator, other than single or dual-chamber (implantable)
LEADS	
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)

### ICD-10-CM Diagnosis Codes

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Cardiac Pacemaker, Implantable Cardioverter Defibrillator (ICD) and Implantable/Insertable Cardiac Monitors (ICM) patients, there are many possible diagnosis code scenarios and a wide variety of possible combinations. The possible scenarios and combinations are too numerous to capture in this document. The customer should check with their local carriers or intermediaries and should consult with legal counsel or a financial, coding or reimbursement specialist for coding, reimbursement or billing questions related to ICD-10-CM diagnosis codes.

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11. First Coast Service Options (FCSO) Medicare Part B Fees [cited: January 2021].  
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