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Cardiac Rhythm Management and Electrophysiology Reimbursement Update

Last updated: October 2008

On October 30, 2008, the Centers for Medicare and Medicaid Services (CMS) released the final rates for the 2009 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgery Center (ASC) payments. Changes that affect Cardiac Rhythm Management (CRM) and Electrophysiology (EP) procedures are detailed below. The rule goes into effect January 1, 2009.

OPPS and ASC Highlights

- Reimbursement on LV leads will decrease by 45%, however, combined payment for CRT-D system implants will decrease by 4%. Based on 2006 Medicare Physician Claims Summary data, only 20% of these procedures are performed in an outpatient setting. The decrease is due to a calculation methodology applied by CMS.
- Payments rates for EP procedures increased by 8% to 12%. The Composite APC payment for EP Evaluations and Ablations increased by 10%. Despite Boston Scientific led efforts, there continues to be no separate payment for Intra Cardiac Echocardiography (ICE).
- CMS added four new measures of imaging efficiency to the seven existing quality measures in CY 2010, which are required for hospitals to measure and submit to receive the full market basket update increase of 3.9%.
 - Average Outpatient ICD payments will increase by 10%
 - Average Outpatient pacemaker payments will range from: -1% to +7%
 - Average Outpatient and ASC cardiac ablation payment will increase by +8%

Typically, ASC payments for CRM services are ~85%-95% of outpatient payments.

See important notes on the uses and limitations of this information on page 2.

Base Payment Changes CRM services for 2009

The table below shows a sample of the final 2009 APC rates for CRM procedures compared to 2008 APC rates and the base payment rates for CRM APCs.

APC	Procedure	CY09* vs. CY08	Base APC Reimbursement**
0108	ICD System Implant	+10 %	\$28,251
0107	ICD/CRT-D PG Only	+1 %	\$21,139
0108 + 0418†	CRT-D System Implant + LV Lead	-4%	\$32,823
0418	LV Lead Only	-45%	\$9,144
0089	Pacemaker Single Chamber System	0%	\$7,778
0090	Pacemaker Single Chamber PG Only	-1%	\$6,361
0655	Pacemaker Dual Chamber System	+7%	\$9,512
0654	Pacemaker Dual Chamber PG Only	+3%	\$7,199

* The percent changes shown are base payments and will vary for individual hospitals.

** Final rates may vary due to geographic wage differences.

† 50% discount applied to 0418 due to "T" status: "Significant Procedure, Multiple Reduction Applies." See Addendum D1 in OPSS regulation and notices.

Base Payment Changes for EP Procedures for 2009

The table below shows a sample of the final 2009 APC rates for EP procedures compared to 2008 APC rates and the base payment rates for EP APCs.

APC	Procedure	CY09* vs. CY08	Base APC Reimbursement**
080	Diagnostic Cardiac Catheterization	+5%	\$2,594
8000	Cardiac Electrophysiologic Evaluation and Ablation Composite (combined ablation and comprehensive EP study)	+10%	\$9,418
0084	Level I EP Procedures (EP study components)	+11%	\$678
0085	Level II EP Procedures (comprehensive EP study OR AV node ablation only)	+8%	\$3,260
0086	Level III EP Procedures (SVT or VT ablation only)	+12%	\$6,615

* The percent changes shown are base payments and will vary for individual hospitals.

** Final rates may vary due to geographic wage differences.

Additional Information

[Read Medicare's press release](#)

[Read the full 2009 OPSS & ASC Final Rule](#)

For questions related to the reimbursement of CRM products, call 1.800.CARDIAC (1.800.227.3422) and ask for the Reimbursement Call Center.

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