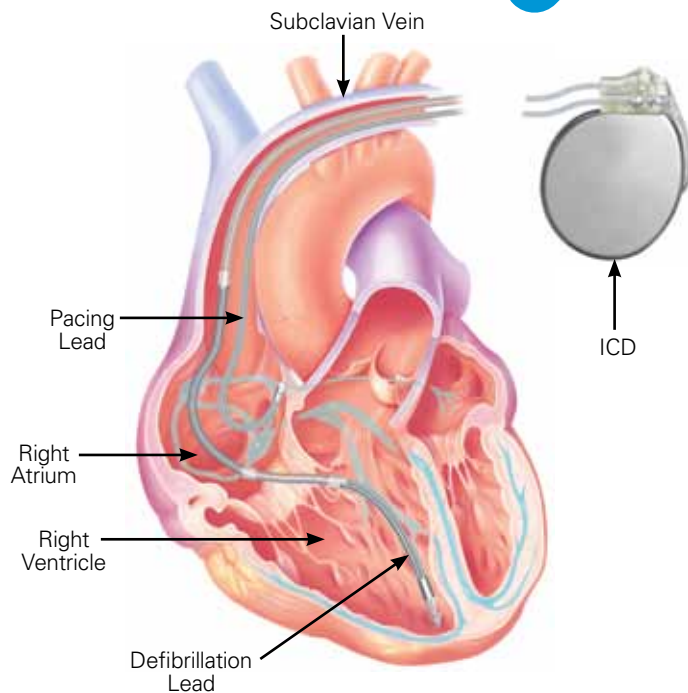


GuidePoint is simplifying reimbursement.

Updated: June 2009

Implantable Cardioverter Defibrillator (ICD) Coding Overview



ICD implantation procedure

The implantation of an ICD system requires the use of an ICD pulse generator and a defibrillation electrode, or lead, placed in the right ventricle for a single-chamber system. If a dual-chamber ICD system is required, a defibrillation lead is placed in the right ventricle and a pacing electrode or lead is placed in the right atrium. The defibrillation lead delivers electrical shock therapy if a lethal arrhythmia is detected. In addition, the lead system monitors and delivers electrical pacing stimulation if required. The leads are inserted through the subclavian vein. In some cases, the cephalic or internal jugular vein may be used as an alternative to the subclavian vein.

A step-by-step description of a typical initial ICD system implantation procedure

1. The subclavian vein is accessed and a pulse generator pocket is formed.
2. Using **fluoroscopy (71090)**, a **defibrillation lead (33249)** is inserted into the right ventricle.
3. If implanting a dual-chamber system, a **pacing lead** is also inserted into the right atrium under **fluoroscopy**.
4. **Lead measurement tests**, including pacing and sensing thresholds and lead impedances, are performed.
5. The **ICD pulse generator (included in 33249)** is connected to the lead(s).
6. Testing of **defibrillation thresholds (93641)**, including arrhythmia **induction**, is performed.
7. Additional **testing of the lead(s)** is completed.
8. The lead(s) and device are secured and the pulse generator pocket is closed.

Note: This document is for reference purposes only and does not replace physicians' medical documentation.

CPT copyright 2008 American Medical Association. All rights reserved.
CPT is a registered trademark of the American Medical Association.

See important notes on the uses and limitations of this information on page 13.

Commonly Billed Implantable Cardioverter Defibrillator (ICD) Procedures

Key

- Moderate sedation. (For these procedures, moderate [conscious] sedation is included and cannot be billed separately when provided by the same physician. See *AMA Current Procedural Terminology 2009* for specific guidelines.)

Initial single or dual-chamber ICD system implant, with fluoroscopy and with defibrillator threshold testing at time of implant

Hospital Inpatient ICD-9-CM Codes ¹	Hospital Outpatient* CPT® Codes ^{2,3}	Physician* CPT® Codes ^{2,3}
<p>37.94 Implantation or replacement of automatic cardioverter defibrillator, total system [AICD]</p> <p><i>Note: Device testing during procedure — omit code</i></p> <ul style="list-style-type: none"> • Implantation of defibrillator with leads (epicardial patches), formation of pocket (abdominal fascia) (subcutaneous), any transvenous leads, intraoperative procedures for evaluation of lead signals, and obtaining defibrillator threshold measurements • Techniques: lateral thoracotomy, medial sternotomy, subxiphoid procedure <p>Code also extracorporeal circulation, if performed (39.61)</p> <p>Code also any concomitant procedure [e.g., coronary bypass] (36.01–36.19)</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Implantation of cardiac resynchronization defibrillator, total system [CRT-D] (00.51) <p>87.49 Other chest X-ray</p> <p>X-ray of:</p> <ul style="list-style-type: none"> • Bronchus NOS • Diaphragm NOS • Heart NOS • Mediastinum NOS • Lung NOS • Trachea NOS 	<ul style="list-style-type: none"> • 33249 Insertion or repositioning of electrode lead(s) for single or dual-chamber pacing cardioverter defibrillator and insertion of pulse generator • 93641 Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator • 71090 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation 	<ul style="list-style-type: none"> • 33249 Insertion or repositioning of electrode lead(s) for single or dual-chamber pacing cardioverter defibrillator and insertion of pulse generator • 93641–26/51** Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator • 71090–26** Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation

Insertion of Sub-Q Array with defibrillation threshold testing

Hospital Inpatient ICD-9-CM Codes ¹	Hospital Outpatient* CPT® Codes ^{2,3}	Physician* CPT® Codes ^{2,3}
<p>37.70 Initial insertion of lead [electrode], not otherwise specified</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Insertion of temporary transvenous pacemaker system (37.78) • Replacement of atrial and/or ventricular lead(s) (37.76) 	<p>33999 Unlisted Procedure, Cardiac Surgery</p> <p>93641 Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator</p>	<p>33999 Unlisted Procedure, Cardiac Surgery</p> <p>93641-26/51** Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator</p>

Single-chamber ICD upgrade to dual-chamber ICD with retention of ventricular lead and insertion of new atrial lead, with fluoroscopy and with defibrillator threshold testing at the time of implant

Hospital Inpatient ICD-9-CM Codes ¹	Hospital Outpatient* CPT® Codes ^{2,3}	Physician* CPT® Codes ^{2,3}
<p>37.94 Implantation or replacement of automatic cardioverter defibrillator, total system [AICD]</p> <p><i>Note: Device testing during procedure — omit code</i></p> <ul style="list-style-type: none"> • Implantation of defibrillator with leads (epicardial patches), formation of pocket (abdominal fascia) (subcutaneous), any transvenous leads, intraoperative procedures for evaluation of lead signals, and obtaining defibrillator threshold measurements • Techniques: lateral thoracotomy, medial sternotomy, subxiphoid procedure <p>Code also extracorporeal circulation, if performed (39.61)</p> <p>Code also any concomitant procedure [e.g., coronary bypass] (36.01–36.19)</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Implantation of cardiac resynchronization defibrillator, total system [CRT-D] (00.51) <p>87.49 Other chest X-ray</p> <p>X-ray of:</p> <ul style="list-style-type: none"> • Bronchus NOS • Mediastinum NOS • Diaphragm NOS • Lung NOS • Heart NOS • Trachea NOS 	<ul style="list-style-type: none"> • 33249 Insertion or repositioning of electrode lead(s) for single or dual-chamber pacing cardioverter defibrillator and insertion of pulse generator • 33241 Subcutaneous removal of single or dual-chamber pacing cardioverter defibrillator pulse generator • 93641 Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator 71090 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation 	<ul style="list-style-type: none"> • 33249 Insertion or repositioning of electrode lead(s) for single or dual-chamber pacing cardioverter defibrillator and insertion of pulse generator • 33241–51** Subcutaneous removal of single or dual-chamber pacing cardioverter defibrillator pulse generator 71090–26** Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation • 93641–26/51** Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator

• Moderate sedation

Dual-chamber pacemaker upgrade to dual-chamber ICD, with capping of pacemaker leads and insertion of new right atrial and ventricular ICD leads, under fluoroscopy with defibrillator threshold testing at the time of implant

Hospital Inpatient ICD-9-CM Codes ¹	Hospital Outpatient* CPT® Codes ^{2,3}	Physician* CPT® Codes ^{2,3}
<p>37.94 Implantation or replacement of automatic cardioverter defibrillator, total system [AICD]</p> <p><i>Note: Device testing during procedure — omit code</i></p> <ul style="list-style-type: none"> • Implantation of defibrillator with leads (epicardial patches), formation of pocket (abdominal fascia) (subcutaneous), any transvenous leads, intraoperative procedures for evaluation of lead signals, and obtaining defibrillator threshold measurements • Techniques: lateral thoracotomy, medial sternotomy, subxiphoid procedure <p>Code also extracorporeal circulation, if performed (39.61)</p> <p>Code also any concomitant procedure [e.g., coronary bypass] (36.01–36.19)</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Implantation of cardiac resynchronization defibrillator, total system [CRT-D] (00.51) <p>87.49 Other chest X-ray</p> <p>X-ray of:</p> <ul style="list-style-type: none"> • Bronchus NOS • Diaphragm NOS • Heart NOS • Mediastinum NOS • Lung NOS • Trachea NOS 	<ul style="list-style-type: none"> • 33249 Insertion or repositioning of electrode lead(s) for single or dual-chamber pacing cardioverter defibrillator and insertion of pulse generator • 33233 Removal of permanent pacemaker pulse generator • 93641 Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator <p>71090 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation</p>	<ul style="list-style-type: none"> • 33249 Insertion or repositioning of electrode lead(s) for single or dual-chamber pacing cardioverter defibrillator and insertion of pulse generator • 33233–51** Removal of permanent pacemaker pulse generator <p>71090–26** Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation</p> <ul style="list-style-type: none"> • 93641–26/51** Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator

• Moderate sedation

Replacement of single-chamber ICD pulse generator with system defibrillator threshold testing at time of implant

Hospital Inpatient ICD-9-CM Codes ¹	Hospital Outpatient* CPT® Codes ^{2,3}	Physician* CPT® Codes ^{2,3}
<p>37.98 Replacement of automatic cardioverter defibrillator pulse generator only</p> <p><i>Note: Device testing during procedure — omit code</i></p> <p>Excludes:</p> <ul style="list-style-type: none"> • Replacement of cardiac resynchronization defibrillator, pulse generator device only [CRT-D] (00.54) 	<ul style="list-style-type: none"> • 33240 Insertion of single or dual-chamber pacing cardioverter defibrillator pulse generator • 33241 Subcutaneous removal of single or dual-chamber pacing cardioverter defibrillator pulse generator • 93641 Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator 	<ul style="list-style-type: none"> • 33240 Insertion of single or dual-chamber pacing cardioverter defibrillator pulse generator • 33241–51** Subcutaneous removal of single or dual-chamber pacing cardioverter defibrillator pulse generator • 93641–26/51** Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator

• Moderate sedation

Replacement of single-chamber cardioverter defibrillator lead, extraction of existing lead with threshold testing of new lead

Hospital Inpatient ICD-9-CM Codes ¹	Hospital Outpatient* CPT® Codes ^{2,3}	Physician* CPT® Codes ^{2,3}
<p>37.97 Replacement of automatic cardioverter defibrillator lead(s) only</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Replacement of epicardial lead [electrode] into epicardium (37.74) • Replacement of transvenous lead [electrode] into left ventricular coronary venous system (00.52) <p>87.49 Other chest X-ray</p> <p>X-ray of:</p> <ul style="list-style-type: none"> • Bronchus NOS • Mediastinum NOS • Diaphragm NOS • Lung NOS • Heart NOS • Trachea NOS 	<ul style="list-style-type: none"> • 33216 Insertion of a transvenous electrode; single-chamber (one electrode) permanent pacemaker or single-chamber pacing cardioverter defibrillator • 33244 Removal of single or dual-chamber pacing cardioverter defibrillator electrode(s); by transvenous extraction • 93641 Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator 71090 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation 	<ul style="list-style-type: none"> • 33216 Insertion of a transvenous electrode; single-chamber (one electrode) permanent pacemaker or single-chamber pacing cardioverter defibrillator • 33244-51** Removal of single or dual-chamber pacing cardioverter defibrillator electrode(s); by transvenous extraction • 93641-26/51** Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator 71090-26** Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation

• Moderate sedation

Replacement of dual-chamber cardioverter defibrillator leads with extraction of existing leads and threshold testing of new leads

Hospital Inpatient ICD-9-CM Codes ¹	Hospital Outpatient* CPT® Codes ^{2,3}	Physician* CPT® Codes ^{2,3}
<p>37.97 Replacement of automatic cardio-verter defibrillator lead(s) only</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Replacement of epicardial lead [electrode] into epicardium (37.74) • Replacement of transvenous lead [electrode] into left ventricular coronary venous system (00.52) <p>87.49 Other chest X-ray</p> <p>X-ray of:</p> <ul style="list-style-type: none"> <li style="width: 50%;">• Bronchus NOS <li style="width: 50%;">• Mediastinum NOS <li style="width: 50%;">• Diaphragm NOS <li style="width: 50%;">• Lung NOS <li style="width: 50%;">• Heart NOS <li style="width: 50%;">• Trachea NOS 	<ul style="list-style-type: none"> • 33217 Insertion of a transvenous electrode; dual-chamber (two electrodes) permanent pacemaker or dual-chamber pacing cardioverter defibrillator • 33244 Removal of single or dual-chamber pacing cardioverter defibrillator electrode(s); by transvenous extraction • 93641 Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator 71090 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation 	<ul style="list-style-type: none"> • 33217 Insertion of a transvenous electrode; dual-chamber (two electrodes) permanent pacemaker or dual-chamber pacing cardioverter defibrillator • 33244-51** Removal of single or dual-chamber pacing cardioverter defibrillator electrode(s); by transvenous extraction • 93641-26/51** Electrophysiologic evaluation of single or dual-chamber pacing cardioverter defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual-chamber pacing cardioverter defibrillator pulse generator 71090-26** Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation

• Moderate sedation

Single-chamber ICD follow-up (in person)

Hospital Inpatient ICD-9-CM Codes ¹	Hospital Outpatient* CPT® Codes ^{2,3}	Physician* CPT® Codes ^{2,3}
<p>89.49 Automatic implantable cardioverter defibrillator (AICD) check</p> <ul style="list-style-type: none"> • Bedside check of an AICD or cardiac resynchronization defibrillator [CRT-D] • Checking pacing thresholds of device • Interrogation only without arrhythmia induction <p>Excludes:</p> <ul style="list-style-type: none"> • Catheter based invasive electrophysiologic testing (37.26) • Non-invasive programmed electrical stimulation [NIPS] (arrhythmia induction) (37.20) 	<p>93289 Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter defibrillator system, including analysis of heart rhythm derived data elements</p> <p>OR 93282 Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report: single lead implantable cardioverter defibrillator system</p>	<p>93289 Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter defibrillator system, including analysis of heart rhythm derived data elements</p> <p>OR 93282 Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report: single lead implantable cardioverter defibrillator system</p>

Dual-chamber ICD follow-up (in person)

Hospital Inpatient ICD-9-CM Codes ¹	Hospital Outpatient* CPT® Codes ^{2,3}	Physician* CPT® Codes ^{2,3}
<p>89.49 Automatic implantable cardioverter defibrillator (AICD) check</p> <ul style="list-style-type: none"> • Bedside check of an AICD or cardiac resynchronization defibrillator [CRT-D] • Checking pacing thresholds of device • Interrogation only without arrhythmia induction <p>Excludes:</p> <ul style="list-style-type: none"> • Catheter based invasive electrophysiologic testing (37.26) • Non-invasive programmed electrical stimulation [NIPS] (arrhythmia induction) (37.20) 	<p>93289 Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter defibrillator system, including analysis of heart rhythm derived data elements</p> <p>OR 93283 Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report: dual lead implantable cardioverter defibrillator system</p>	<p>93289 Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter defibrillator system, including analysis of heart rhythm derived data elements</p> <p>OR 93283 Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report: dual lead implantable cardioverter defibrillator system</p>

Single, dual, or multi chamber ICD interrogation (remote)

Hospital Inpatient ICD-9-CM Codes ¹	Hospital Outpatient* CPT® Codes ^{2,3}	Physician* CPT® Codes ^{2,3}
<p><i>Not Applicable; inappropriate site of service for this scenario.</i></p>	<p>93295 Interrogation device evaluation (remote), up to 90 days; single, dual, or multiple lead implantable cardioverter defibrillator system with interim physician analysis, review(s), and report(s)</p> <p>AND (if applicable) 93296 Interrogation device evaluation(s) (remote), up to 90 days, single, dual, or multiple lead pacemaker system or implantable cardioverter defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</p>	<p>93295 Interrogation device evaluation (remote), up to 90 days; single, dual, or multiple lead implantable cardioverter defibrillator system with interim physician analysis, review(s), and report(s)</p> <p>AND (if applicable) 93296 Interrogation device evaluation(s) (remote), up to 90 days, single, dual, or multiple lead pacemaker system or implantable cardioverter defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</p>

Single, dual, or multi chamber ICD interrogation (remote) with analysis of Implantable Cardiovascular Monitor (ICM)

Hospital Inpatient ICD-9-CM Codes ¹	Hospital Outpatient* CPT® Codes ^{2,3}	Physician* CPT® Codes ^{2,3}
<p>Not Applicable; inappropriate site of service for this scenario.</p>	<p>93295 Interrogation device evaluation (remote), up to 90 days; single, dual, or multiple lead implantable cardioverter defibrillator system with interim physician analysis, review(s), and report(s)</p> <p>AND (if applicable)</p> <p>93296 Interrogation device evaluation(s) (remote), up to 90 days, single, dual, or multiple lead pacemaker system or implantable cardioverter defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</p> <p>AND</p> <p>93297 Interrogation device evaluation(s) (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, physician analysis, review(s) and report(s)</p> <p>AND (if applicable)</p> <p>93299 Interrogation device evaluation(s) (remote) up to 30 days implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s) receipt of transmissions and technician review, technical support and distribution of results</p>	<p>93295 Interrogation device evaluation (remote), up to 90 days; single, dual, or multiple lead implantable cardioverter defibrillator system with interim physician analysis, review(s), and report(s)</p> <p>AND (if applicable)</p> <p>93296 Interrogation device evaluation(s) (remote), up to 90 days, single, dual, or multiple lead pacemaker system or implantable cardioverter defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</p> <p>AND</p> <p>93297 Interrogation device evaluation(s) (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, physician analysis, review(s) and report(s)</p> <p>AND (if applicable)</p> <p>93299 Interrogation device evaluation(s) (remote) up to 30 days implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s) receipt of transmissions and technician review, technical support and distribution of results</p>

¹ Ingenix. Updatable 2009 ICD-9-CM Expert for Hospitals, Volumes 1, 2 and 3. 6th Revision. Salt Lake City, UT: 2008

² Heart Rhythm Society. CPT Coding Guide for Heart Rhythm Procedures and Services, 2008. Washington D.C.: 2008.

³ American Medical Association. Current Procedural Terminology (CPT) 2009. Professional Edition. Chicago, IL: 2008. Current Procedural Terminology (CPT) is copyright 2008 American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT is a registered trademark of the American Medical Association.

* As of January 1, 2005, the Centers for Medicare and Medicaid Services (CMS) requires hospitals to report all device category codes (C-codes) on Medicare outpatient claims when medical devices are used in conjunction with procedure(s) billed. If C-codes are not identified on submitted Medicare outpatient claims, the claim(s) will be returned to the hospital for correction. Find C-codes for CRM devices at <http://www.bostonscientific.com/crm/reimbursement>. Also find C-codes for CRM devices and related accessories (e.g., introducers, catheters, sheaths) at <http://www.cms.hhs.gov/transmittals/downloads/A03076.pdf> and http://www.cms.hhs.gov/HospitalOutpatientPPS/04_passthrough_payment.asp.

** Modifiers 26 (professional component) and 51 (multiple procedures) are for physician billing only. See the *AMA Current Procedural Terminology 2009* for complete descriptions. Historically, third-party payers have used –51 modifier in various ways that may affect payment. Always verify appropriate usage with payers.

Note: *The CPT coding scenarios in this document are from the Heart Rhythm Society's (HRS) CPT coding guide. The ICD-9-CM scenarios are not from the HRS coding guide. However, they were formulated using 2009 ICD-9-CM terminology and following Medicare coding guidelines.*

Disclaimer

Reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice. Boston Scientific makes no representation or warranty regarding this information or its completeness, accuracy, timeliness, or applicability with a particular patient. Boston Scientific specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this document. Boston Scientific encourages providers to submit accurate and appropriate claims for services. Laws, regulations and payer policies concerning reimbursement are complex and change frequently. Providers are responsible for making appropriate decisions relating to coding and reimbursement submissions. Accordingly, Boston Scientific recommends that you consult with your payers, reimbursement specialist and/or legal counsel regarding coding, coverage and reimbursement matters. Information included herein is current as of June 1, 2009, but is subject to change without notice. This piece reflects payment estimates only and is not a guarantee of payment. Actual reimbursement may vary. All patient care decisions must be based on medical necessity and appropriately documented.

If you are a medical provider participating in a clinical trial, we recommend you contact your payers, including Medicare/Medicaid and private insurers, to verify correct coverage and reimbursement policies for investigational devices. Note that clinical trial medical providers who anticipate filing Medicare claims must notify the Medicare contractor(s) before claims submissions. It is the responsibility of the medical provider participating in a clinical trial to furnish all necessary information concerning the device, the clinical trial, and participating Medicare beneficiaries that the contractor deems necessary for a coverage determination and claims processing. Medicare advises clinical trial medical providers to seek payment only for items or services that are typically provided absent of a clinical trial protocol (e.g., conventional care). Boston Scientific does not advise medical providers to bill third-party payers for items and services not considered medically necessary absent of the clinical study protocol.

CPT Disclaimer

CPT Copyright 2008 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

**Boston
Scientific**

Delivering what's next.™

Cardiac Rhythm Management

Boston Scientific Corporation
4100 Hamline Avenue North
St. Paul, MN 55112-5798 USA
Tel: 651.582.4000 Fax: 651.582.4166

Medical Professionals:
1.800.CARDIAC (227.3422)
Patients and Families:
1.866.484.3268

www.bostonscientific.com

Copyright © 2009 by
Boston Scientific Corporation
or its affiliates. All rights reserved.

C5-472-0609