



Subcutaneous Implantable Cardioverter Defibrillator (S-ICD) Coding & Payment Quick Reference

By Site of Service

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant organization-specific manuals for appropriate coding options.

The table below contains a list of possible CPT®/HCPCS codes that may be used to bill for S-ICD procedures. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered.

CPT / HCPCS Code	Scenario and Code Description
Implant of S-ICD Pulse Generator, with Defibrillator Threshold Testing (DFT) at the time of implant	
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode including defibrillation threshold evaluation, induction of arrhythmia evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
Replacement of S-ICD Pulse Generator only, reconnecting the existing S-ICD lead, with DFT at the time of implant	
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator only; single lead system
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
Replacement, Repositioning or Removal of S-ICD Lead	
33271	Insertion of subcutaneous implantable defibrillator electrode
33272	Removal of subcutaneous implantable defibrillator electrode
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode
Relocation of a skin pocket, defibrillator	
33223	The physician relocates a pacemaker or defibrillator pocket due to infection, erosion, or complications from the original generator placement
Device Evaluation (In-Person)	
93261	Interrogation device evaluation (in person) with analysis, review, and report by a physician or other qualified health care professional includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system

Device Evaluation (Remote)	
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results

Pre-Screening for S-ICD

Pre S-ICD workup involves an in-person ECG recording and evaluation. An ECG evaluation strictly for the purpose of S-ICD screening in the absence of a patient having symptoms is not a billable service. In the event that it is medically necessary for the provider to have a face-to-face office visit with the patient in conjunction with the S-ICD ECG screening evaluation, the provider may consider incorporating the data review and time of the S-ICD screening information into the Evaluation and Management (E/M) office visit level of service code.

The following ECG codes should be used for diagnostic purposes when testing is triggered by an event:

CPT / HCPCS Code	Code Description
Diagnostic Rhythm ECG Testing	
93040 (Global)	Rhythm ECG, 1-3 leads; with interpretation and report
93041 (Technical only)	Rhythm ECG, 1-3 leads; tracing only without interpretation and report
93042 (Professional only)	Rhythm ECG, 1-3 leads; interpretation and report only

Physician Payment – Medicare

Physician claims must contain the appropriate CPT/HCPCS code(s) to indicate the items and services that are furnished. The table below contains a list of possible CPT/HCPCS codes that may be used to bill for S-ICD procedures. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) rendered.

N/A indicates that Medicare has not deemed this procedure to be reimbursable in this setting. -26 Modifier indicates professional component, and the -TC Modifier indicates technical component. Procedures subject to multiple procedure reduction are shown in table @50% of the payment rate. All rates shown are 2026 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT®/ HCPCS Code	Code Description	Work RVUs	Total Office RVUs	Total Facility RVUs	Office Rate	Facility Rate
SICD Implant, including S-ICD electrode and DFT at time of implant						
33270	Insertion or replacement of subcutaneous implantable system with subcutaneous electrode and DFT at implant	8.87	NA	14.76	NA	\$493

Replacement / Replacement of S-ICD pulse generator only, reconnecting the existing S-ICD lead, with DFT at time of implant						
33262	Removal of defibrillator pulse generator with replacement of defibrillator pulse generator; single lead system	5.66	NA	9.86	NA	\$329
93644-26	EP evaluation of S-ICD, includes DFT, induction of arrhythmia, evaluation of sensing for arrhythmia termination and programming or reprogramming of sensing or therapeutic parameters @50%*	2.96	4.15	4.15	N/A	\$69*
Replacement /Replacement of S-ICD Lead only						
33272	Removal of subcutaneous implantable defibrillator electrode @50%*	5.28	NA	9.29	NA	\$155*
33271	Insertion of subcutaneous implantable defibrillator electrode	7.31	NA	12.16	NA	\$406
Revision of S-ICD Lead only						
33273	Repositioning of previously implanted subcutaneous defibrillator electrode	6.34	NA	10.75	NA	\$359

*Procedure is subject to the Medicare Physician Multiple Procedure Discounting policy for the second through the fifth highest valued procedures performed during the same operative episode.

CPT®/HCPCS Code	Code Description	Work RVUs	Total Office RVUs	Total Facility RVUs	Office Rate	Facility Rate
Device Evaluation (In-Person)						
93261	Interrogation device evaluation (in person) with analysis, review, and report by a physician or other qualified health care professional includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	0.72	2.09	NA	\$70	NA
93261-26	- Professional component only	0.72	1.06	1.06	\$35	\$35
93621-TC	- Technical component only	0.00	1.03	NA	\$34	NA
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	0.83	2.26	NA	\$75	NA
93260-26	- Professional component only	0.83	1.22	1.22	\$41	\$41
93260-TC	- Technical component only	0.00	1.04	NA	\$35	NA
Device Evaluation (Remote)						
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	0.72	1.08	1.08	\$36	\$36
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	0.00	0.95	NA	\$32	NA

Hospital Outpatient Payment – Medicare

Hospital outpatient claims must contain the appropriate CPT/HCPCS code(s) to indicate the items and services that are furnished. The table below contains a list of possible CPT/HCPCS codes that may be used to bill for S-ICD procedures. Providers should select the most appropriate code(s) with the highest level of detail to describe the service(s) actually rendered. All rates shown are 2026 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT®/HCPCS Code	Short Description	APC	Medicare National Average Outpatient Rate
Level 4 Skin Procedures			
33223	Relocation of skin pocket for implantable defibrillator	5054	\$2,108
Level 2 ICD and Similar Procedures			
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	5232	\$32,069
Level 1 ICD and Similar Procedures			
33262	Removal of defibrillator pulse generator with replacement of defibrillator pulse generator; single lead system	5231	\$22,725
Level 2 Pacemaker and Similar Procedures			
33271	Insertion of subcutaneous implantable defibrillator electrode	5222	\$8,455
Level 1 Pacemaker and Similar Procedures			
33272	Removal of subcutaneous implantable defibrillator electrode	5221	\$3,818
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	5221	\$3,818
Level 1 Electronic Analysis of Devices			
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	5741	\$38
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	5741	\$38
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	5741	\$38

C-Code	Description
C1722	Cardioverter-defibrillator, single chamber (implantable)
C1896	Lead cardioverter, defibrillator, other than endocardial single or dual coil (implantable)

Ambulatory Surgery Center Payment – Medicare

Ambulatory surgery center claims must contain the appropriate CPT/HCPCS code(s) to indicate the items and services that are furnished. The table below contains a list of possible CPT/HCPCS codes that may be used to bill for S-ICD procedures. Providers should select the most appropriate code(s) with the highest level of detail to describe the service(s) actually rendered. All rates shown are 2026 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT®/HCPCS Code	Short Description	Medicare National Average ASC Rate
33270	S-ICD system implant	\$25,175
33271	Insertion of subcutaneous implantable defibrillator electrode	\$7,822
33272	Removal of subcutaneous defibrillator electrode	\$2,092
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	\$18,921

Hospital Inpatient Payment – Medicare

Hospital inpatient claims must contain the appropriate ICD-10-PCS code(s) to indicate the items and services that are furnished. Providers should select the most appropriate code(s) with the highest level of detail to describe the S-ICD service(s) rendered. The table below contains a list of MS-DRGs and National Payment rates. MS-DRG assignment is based on a combination of diagnoses and procedure codes. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG. All rates shown are 2026 Medicare national averages; actual rates will vary geographically and/or by individual facility.

MS-DRG	DRG Description	Medicare National Average IPPS Rate
ICD Systems (transvenous and subcutaneous)		
275	Cardiac Defibrillator Implant With Cardiac Catheterization And MCC	\$51,886
276	Cardiac Defibrillator Implant With MCC or Carotid Sinus Neurostimulator	\$43,709
277	Cardiac Defibrillator Implant Without MCC	\$33,608
ICD Replacements		
245	AICD generator procedures	\$33,199
265	AICD lead procedures	\$26,329

ICD-10 PCS Procedure Codes

Hospital inpatient claims must contain the appropriate ICD-10-PCS code(s) to indicate the items and services that are furnished. The table below contains a list of possible ICD-10-PCS codes that may be used to bill for S-ICD procedures. Providers should select the most appropriate code(s) with the highest level of detail to describe the service(s) rendered.

ICD-10 PCS Code	Description
0JH608Z	Insertion of defibrillator generator into chest subcutaneous tissue and fascia, open approach
0JPT0FZ	Removal of subcutaneous defibrillator lead from trunk subcutaneous tissue and fascia, open approach
0JH60FZ	Insertion of subcutaneous defibrillator lead from trunk subcutaneous tissue and fascia, open approach
0JWTFZ	Revision of subcutaneous defibrillator lead in trunk subcutaneous tissue and fascia, open approach
4B02XTZ	Measurement of Cardiac Defibrillator, External Approach (in person only)

Reimbursement Resources for Rhythm Management:

<http://www.bostonscientific.com/en-US/reimbursement/rhythm-management.html>

Reimbursement Help Desk:

CRM.Reimbursement@bsci.com

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Information included herein is current as of January 2025 but is subject to change without notice. Rates for Physician, ASC, Hospital OPPOS services are effective January 1, 2026. Hospital IPPS is effective Oct.1, 2025 - Sept. 30, 2026.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgment of the HCP.

References

1. CMS. CY2026 Physician Fee Schedule, Final Rule: CMS-1832-F.
2. CMS. CY2026 Hospital Outpatient Prospective Payment System, Final Rule: CMS-1834-FC, Addenda A, Addenda AA.
3. CMS. FY2026 Hospital Inpatient Prospective Payment System, Final Rule: CMS-1833-F.
4. Centers for Medicare and Medicaid Services. Medicare Claims Processing Manual System Chapter 23 Fee Schedule Administration and Coding Requirements 50.6 Physician Fee Schedule Payment Policy Indicator File Record (Rev 13216). May 2025.

Sequestration Disclaimer

Rates referenced in these guides do not reflect Sequestration, automatic reduction in federal spending that will result in a 2% across-the-board reduction to All Medicare rates as of January 1, 2026.

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