



Conduction System Pacing Reimbursement Guide

Conduction system pacing targets the natural conduction system of the heart and is considered more physiologic than traditional RV pacing at the RV apex region.

The INGEVITY+ is to be used in the Left Bundle Branch Area as an alternative to right ventricular pacing in single and dual chamber pacemakers.

Q: What codes should be billed for Conduction System Pacing?

A: There are no new CPT® codes specific to Conduction System Pacing. Instead, clinicians and facilities may bill established transvenous pacemaker insertion codes when performing CSP procedures. Current CPT® codes for pacemakers and defibrillators describe the work related to placing lead(s) in the chamber of the heart and are based on the anatomical location of the lead, not the function of the lead.

Q: Will there be differential payment for CSP?

A: No, codes and payment for transvenous pacemaker codes are nationally established and can apply to CSP procedures. See **Table A** below for the CPT® codes and 2025 national average Medicare rates by site of service that may apply to CSP.

Table A: 2025 Transvenous Pacemaker Coding & Payment by Site of Service								
CPT®/ HCPCS	Description	Physician		ASC	Hospital Outpatient		Hospital Inpatient	
		Facility Rate	Office Rate	ASC Payment	APC Category	APC Payment	Possible ICD-10 PCS Codes	Possible MS-DRG Assignment
33206*	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	\$495	N/A	\$7,690	APC 5223	\$10,465	02H63JZ 0JH804Z 0JH604Z	Permanent cardiac pacemaker implant
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	\$458	N/A	\$7,589	APC 5223	\$10,465	02HK3JZ 0JH804Z 0JH604Z	• MS-DRG 242 with MCC
33208*	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	\$495	N/A	\$7,690	APC 5223	\$10,465	02H63JZ 02HK3JZ 0JH606Z	• MS-DRG 243 with CC • MS-DRG 244 without CC/MCC

*Boston Scientific does not have FDA-approval for His bundle lead pacing; codes are provided for comprehensive coding purposes only.



Q: What is the C-Code for the INGEVITY+ Lead?

A: The appropriate HCPCS C-Code for the INGEVITY+ lead is **C1898: Lead, pacemaker, other than transvenous VDD single pass.**

Q: Is BSC INGEVITY+ labeled for cardiac resynchronization therapy (CRT)?

A: The INGEVITY+ is not labeled or indicated for CRT at this time and BSC cannot offer reimbursement guidance on off-label use of products.

Q: How do I select the appropriate code for the CSP procedure performed?

A: The applicable CPT® code for the CSP procedure performed depends on the chamber of the heart where the lead is placed. Some scenarios are described in Table B.

Table B: Coding for Common Pacemaker Scenarios		
Pacemaker Scenario	CPT Code	ICD-10 Codes for Inpatient Setting*
Single chamber PM or LBBAP lead in the RA	33206*	Appropriate insertion code + 02H63JZ (insertion of pacemaker lead into right atrium, percutaneous approach)
Single chamber PM or LBBAP lead in the RV	33207	Appropriate insertion code + 02HK3JZ (insertion of pacemaker lead into right ventricle, percutaneous approach)
Dual chamber PM or LBBAP, lead in the RA and RV	33208*	Appropriate insertion code + 02H63JZ (insertion of pacemaker lead into right atrium, percutaneous approach) + 02HK3JZ (insertion of pacemaker lead into right ventricle, percutaneous approach)

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References

1. CMS. CY2025 Physician Fee Schedule, Final Rule. CMS-1807-F.
2. CMS. CY2025 Hospital Outpatient Prospective Payment System, Final Rule: CMS-1809-F, Addenda A, Addenda AA.
3. CMS. FY2025 Hospital Inpatient Prospective Payment System, CMS-1808-F.

Coding 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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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 judgement of the HCP.

Sequestration Disclaimer

Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction. All Medicare rates as of January 1, 2025.

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