

Three tables follow, listing the national Medicare payments for procedures associated with implantation, replacement, removal and revision of pacemakers, implantable cardioverter-defibrillators (ICDs) and cardiac resynchronization therapy (CRT) devices and leads. To accurately report the procedure, multiple code combinations may be needed.

### Cardiac Lead Removal

### 2009

#### Physician Payments

These payments are for procedures performed in facility.

ICD-9 DIAGNOSIS	CPT CODE	PHYSICIAN PAYMENT	DESCRIPTION
425.0-425.9			Cardiomyopathy
428.0-428.9			Heart failure
995.91-2			Sepsis, Severe sepsis
996.01			Mechanical complications due to cardiac pacemaker (electrode)
996.04			Mechanical complication due to automatic implantable cardiac defibrillator
996.61			Infection, due to cardiac device, implant and graft
996.72			Other complications due to other cardiac device implant and graft
427.0-427.9			Cardiac dysrhythmias
426.0-426.9			Conduction disorders
	33215	\$312	Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode
	33222	\$351	Revision or relocation of skin pocket for pacemaker
	33223	\$423	Revision of skin pocket for single or dual chamber pacing cardioverter-defibrillator
	33233	\$245	Removal of permanent pacemaker generator
	33234	\$496	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
	33235	\$641	Removal of transvenous pacemaker electrode(s); dual lead system
	33236	\$766	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
	33237	\$843	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
	33238	\$913	Removal of permanent transvenous electrode(s) by thoracotomy
	33240	\$472	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator
	33241	\$231	Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator
	33243	\$1,332	Removal of single or dual chamber pacing cardioverter defibrillator electrode(s); by thoracotomy
	33244	\$871	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s) by transvenous extraction
	33249	\$919	Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator

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#### Hospital Inpatient Payments

ICD-9 DIAGNOSIS	ICD-9 PROCEDURE	MS-DRG CODE	MS-DRG PAYMENT	DESCRIPTION
425.0-425.9				Cardiomyopathy
428.0-428.9				Heart failure
995.91-2				Sepsis, Severe sepsis
996.01				Mechanical complications due to cardiac pacemaker (electrode)
996.04				Mechanical complication due to automatic implantable cardiac defibrillator
996.61				Infection, due to cardiac device, implant and graft
996.72				Other complications due to other cardiac device implant and graft
427.0-427.9				Cardiac dysrhythmias
426.0-426.9				Conduction disorders
	00.50 - 00.54			Implantation or replacement pacemaker/AICD/transvenous lead (electrode)
	37.74			Implantation or replacement, epicardial pacemaker lead (electrode), into epicardium
	37.75			Revision, lead electrode
	37.76			Replacement, transvenous atrial and/or ventricular pacemaker lead (electrode)
	37.77			Removal, lead(s) without replacement
		260	\$18,921	Cardiac pacemaker revision except device replacement with MCC*
		261	\$7,979	Cardiac pacemaker revision except device replacement with CC**
		262	\$5,633	Cardiac pacemaker revision except device replacement without CC/MCC
		265	\$12,259	AICD lead procedure
		258	\$15,716	Cardiac pacemaker device replacement with MCC
		259	\$9,376	Cardiac pacemaker device replacement without MCC
		242	\$20,546	Permanent cardiac pacemaker implant with MCC
		243	\$14,363	Permanent cardiac pacemaker implant with CC
		244	\$11,130	Permanent cardiac pacemaker implant without CC/MC
		226	\$37,240	Cardiac defibrillator implant without cardiac catheterization with MCC
		227	\$27,721	Cardiac defibrillator implant without cardiac catheterization without MCC
		222	\$47,976	Cardiac defibrillator implant with cardiac catheterization with acute myocardial infarction, heart failure, or shock with MCC
		223	\$34,881	Cardiac defibrillator implant with cardiac catheterization with acute myocardial infarction, heart failure, or shock without MCC
		224	\$44,122	Cardiac defibrillator implant with cardiac catheterization without acute myocardial infarction, heart failure, or shock with MCC
		225	\$32,740	Cardiac defibrillator implant with cardiac catheterization without acute myocardial infarction, heart failure, or shock without MCC
		245	\$22,106	AICD lead & generator procedures

\* MCC: Major Complication or Co-Morbidity – highest level of severity of illness and the highest level of resource use and consequently higher costs.

\*\* CC: Complications or Co-Morbidity

Any diagnosis code not on the MCC or CC diagnosis code list is considered a non-CC diagnosis code. This group represents the lowest level of severity of illness and resource use.

Note: MS-DRG payment rates are the result of a combination of patient-specific diagnosis and procedural coding.

## Cardiac Lead Removal

2009

### Hospital Outpatient Payments

ICD-9 DIAGNOSIS	CPT CODE	APC CODE	APC PAYMENT	DESCRIPTION
425.0-425.9				Cardiomyopathy
428.0-428.9				Heart failure
995.91-2				Sepsis, Severe sepsis
996.01				Mechanical complications due to cardiac pacemaker (electrode)
996.04				Mechanical complication due to automatic implantable cardiac defibrillator
996.61				Infection, due to cardiac device, implant and graft
996.72				Other complications due to other cardiac device implant and graft
427.0-427.9				Cardiac dysrhythmias
426.0-426.9				Conduction disorders
	33215	105	\$1,462	Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode
	33222	136	\$1,055	Revision or relocation of skin pocket for pacemaker
	33223	136	\$1,055	Revision of skin pocket for single or dual chamber pacing cardioverter-defibrillator
	33233	105	\$1,462	Removal of permanent pacemaker generator
	33234	105	\$1,462	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
	33235	105	\$1,462	Removal of transvenous pacemaker electrode(s); dual lead system
	33241	105	\$1,462	Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator
	33244	105	\$1,462	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s) by transvenous extraction

<b>HCPCS</b>	C2629	Spectranetics Laser Sheath II (SLS® II)
	C1773	Lead Locking Device (LLD®)

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Providers should select the most appropriate HCPCS/CPT code(s) with the highest level of detail to describe the service(s) rendered to the patient, as well as the most appropriate ICD-9 codes to describe the patient's condition. Any questions should be directed to the pertinent local payer.

All codes supplied in this guide are for information purposes only and represent no statement or guarantee by The Spectranetics Corporation that these codes will be appropriate or that reimbursement will be made in a particular situation. It is always the provider's responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered. All coding and reimbursement information is subject to change without notice, and specific payers may have their own coding and reimbursement requirements and policies. It is recommended that providers stay current with NCCI coding manual narratives and edits. Before filing any claims, providers should verify current requirements and policies with the payer.

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Payments may be subject to reduced payment when multiple procedures are performed on the same day. Listed Medicare payments are unadjusted national rates, and actual rates will vary by locality and provider characteristics.

Sources: International Classification of Diseases (ICD-9-CM) 2008, Hospital Volumes 1, 2, and 3, 9th Revision-Clinical Modification. 2009 National Physician Fee Schedule Relative Value File. January 2009 release. This file contains the revisions identified in the Physician Fee Schedule Final Regulation published November 2008. Outpatient Prospective Payment System CY 2009 Final Rule, Federal Register, Vol 73, No. 223, November 18, 2008. Inpatient Prospective Payment System CY 2009 Final Rule, Federal Register, Vol 73, No. 193, October 3, 2008.



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