Implantable Cardioverter Defibrillator (ICD) and Cardiac Resynchronization Therapy for Defibrillators (CRT-D) Procedures

Frequently Used CPT® Codes – Hospital Outpatient and Physician Services

Hospital Name _____ Procedure Date _____

Physician Name _____ Physician Signature _____

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.

Insertion or Replacement

Replacement of a pulse generator should be reported with a code for removal of the pulse generator and a code for the insertion of the pulse generator.

CRT-D requires the placement of a left ventricular (LV) lead, which is reported separately in addition to the single or dual chamber ICD system.

ICD SYSTEM (pulse generator and leads)

_____ 33249 Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter defibrillator and insertion of pulse generator

PULSE GENERATOR ONLY

_____ 33240 Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator

LEAD(S)

_____ 33216 Insertion of a transvenous electrode; single chamber (one electrode) permanent pacemaker or single chamber pacing cardioverter-defibrillator

_____ 33217 dual-chamber (two electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator (Do not report 33216-3217 in conjunction with 33214)

_____ 33224 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion and/or replacement of generator) (When epicardial electrode placement is performed, report 33224 in conjunction with 33202, 33203)

_____+33225 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual-chamber system) (Use in conjunction with 33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33222, 33233, 33234, 33235, 33240, 33249)

Removal

_____ 33241 Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator

_____ 33244 Removal of single of dual chamber pacing cardioverter-defibrillator electords(s); by transvenous extraction

Repositioning/Repair/Revision

_____ 33215 Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode

_____ 33218 Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator

_____ 33220 Repair of two transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator

_____ 33223 Revision of skin pocket for single or dual chamber pacing cardioverter-defibrillator

_____ 33226 Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)

Radiological Supervision & Interpretation

_____ 71090 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation

Electrophysiologic Evaluation

_____ 93640 Electrophysiologic evaluation of single or dual chamberpacing 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

_____ 93641 with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator

_____ 93642 Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

Timing Optimization by Echocardiography

_____ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography (Do not report 93307 in conjunction with 93320, 93321, 93325)

_____ 93308 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study

_____+93320 Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete (Use in conjunction with 93303, 93304, 93312, 93314, 93315, 93317, 93350, 93351)

_____+93321 follow-up or limited study (Use in conjunction with 93303, 93304, 93308, 93312, 93314, 93315, 93317, 93350, 93351)

_____+93325 Doppler echocardiography color flow velocity mapping (Use in conjunction with 76825, 76826, 76827, 76828, 93303, 93304, 93308, 93312, 93314, 93315, 93317, 93350, 93351)

Note: When tissue Doppler imaging (TDI) is used rather than Doppler color flow velocity, report unlisted cardiovascular code 93799.

Add-on Codes

Add-on codes are always performed in addition to the primary service or procedure and must never be reported as a stand-alone code. These codes are designated with the symbol +.

Modifiers

Providers can indicate that a service or procedure has been altered by a specific circumstance but has not changed in its definition or code. For example, modifiers may be used to report:

- only the professional component (-26)
- multiple procedures performed at the same session by the same provider (-51)
- distinct procedural service (-59)
- co-surgery (-62)
- that a procedure was discontinued (-53 for physician reporting; -73 or -74 for hospital reporting)

Consult the current CPT and/or HCPCS manual for a complete listing of modifiers, their definitions and guidelines.

References

American Medical Association. Current Procedural Terminology (CPT) 2010. Professional Edition. Chicago, IL: 2009.

Disclaimer

This information is provided to assist the recipient to understand the alternative codes and payment amounts that may be available when St. Jude Medical products are used. Note that codes, coverage, and payment can vary from setting to setting, and from insurer to insurer. This information does not guarantee that use of any particular codes will result in coverage or payment at any specific level. Insurers make reimbursement decisions according to the insurer's evaluation of the patient's medical needs. The hospital and physician should select the code or codes that most accurately describe the patient's conditions and the procedures performed and products used. The recipient should fully comply with the insurer requirements in submitting claims.

ST. JUDE MEDICAL
MORE CONTROL. LESS RISK.

CPT © 2008 American Medical Association. All Rights Reserved.
CPT is a registered trademark of the American Medical Association
ST. JUDE MEDICAL, the nine-squares symbol and MORE CONTROL. LESS RISK. are trademarks and service marks of St. Jude Medical, Inc. and its related companies. ©2010 St. Jude Medical. All Rights Reserved.