Cardiac Pacemaker and Cardiac Resynchronization Therapy for Pacemakers (CRT-P) Procedures

Frequently Used CPT® Codes - Hospital Outpatient and Physician Services

Hospital Name_____ Procedure Date_____

Physician Name_____ Physician Signature_____

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

PACEMAKER SYSTEM

_____ 33206 Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial
_____ 33207 ventricular
_____ 33208 atrial and ventricular

Note: Codes 33206-33208 include subcutaneous insertion of the pulse generator and transvenous placement of electrode[s].

TEMPORARY

_____ 33210 Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
_____ 33211 Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)

Note: If temporary pacemaker is being used as a bridge (e.g., for a pacemaker-dependent patient) during permanent device implant procedure, use -59 to indicate distinct procedural service).

PULSE GENERATOR ONLY

_____ 33212 Insertion or replacement of pacemaker pulse generator only; with existing single lead
_____ 33213 with existing dual leads
_____ 33221 with existing multiple leads

Removal and/or Replacement

UPGRADE (single to dual)

_____ 33214 Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator) (When epicardial electrode placement is performed, report 33214 in conjunction with 33202, 33203)
_____ 33227 Removal of permanent pacemaker with replacement of pacemaker; single lead system
_____ 33228 dual lead system
_____ 33229 multiple lead system

LEAD(S)

_____ 33216 Insertion of a transvenous electrode; single chamber (1 electrode) permanent pacemaker or single chamber pacing cardioverter-defibrillator (Do not report in conjunction with 33214)
_____ 33217 dual chamber (2 electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator (Do not report in conjunction with 33214)
_____ +33224 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously place 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 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) (List separately in addition to code for primary procedure) (Use in conjunction with 33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33222, 33233, 33234, 33235, 33240, 33249)

Removal Only

_____ 33233 Removal of permanent pacemaker pulse generator
_____ 33234 Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
_____ 33235 dual lead system

Repositioning/Repair/Revision

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

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_____ 33218 Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator (for atrial or ventricular single chamber repair of pacemaker electrode([s] with replacement of pulse generator, see 33212 or 33213 and 33218 or 33220)

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

_____ 33222 Revision or relocation of skin pocket for pacemaker

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

Radiological supervision and Interpretation

_____ 76000 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation; diagnostic only

Radiological supervision and Interpretation

_____ 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) 2012. Professional Edition. Chicago, IL: 2012.

Disclaimer

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