

Percutaneous Cardiac Lead Extraction™

2023 CODING AND REIMBURSEMENT GUIDE

Coverage, coding and payment for medical procedures and devices can be confusing. This guide was developed to assist with Medicare reporting and reimbursement of percutaneous cardiac lead extraction procedures. Cook lead extraction systems include an assortment of mechanical extraction sheaths, locking stylets and snares for use in both superior and femoral approach extraction procedures. If you have any questions, please contact our reimbursement team at 833.585.2688 or by e-mail at Reimbursement@cookmedical.com.

Coverage

Medicare carriers may issue local coverage decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies (<http://www.cms.hhs.gov/mcd/search.asp?>) and contact their carriers' medical directors (www.cms.hhs.gov/apps/contacts) or commercial insurers to determine if a procedure is covered.

Coding

The following CPT® code(s) may be used to report percutaneous removal of cardiac leads:

| | |
|-------|--|
| 33234 | Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular |
| 33235 | Removal of transvenous pacemaker electrode(s); dual lead system |
| 33244 | Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction (For removal and replacement of an implantable defibrillator pulse generator and transvenous electrode[s], use 33241 in conjunction with either 33243 or 33244 and 33249) |

Percutaneous repositioning of cardiac leads is typically reported using the following CPT® code(s):

| | |
|-------|--|
| 33215 | Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode |
| 33249 | Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber |

C-Codes

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals and ASCs should report C-codes. While the device codes are not paid separately from the procedure, the assignment of charges and reporting of these codes, identify device-related costs. Please refer to chart below for lead management product C-codes or access the Cook Medical C-Code Finder at <https://www.cookmedical.com/support/>

| HCPCS | Description | Device |
|-------|--|--|
| C1773 | Retrieval device, insertable | Evolution® Shortie RL & Evolution® RL dilator sheath sets & Liberator Beacon Tip Locking Stylet |
| C1893 | Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away | Byrd dilator sheath, Curved Femoral Introducer Sheath & SteadySheath® Evolution® dilator sheaths |
| C1776 | Guidewire | Included in sets |



Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.

Payment

2023 Reimbursement for Cardiac Lead Extraction™

| | | Ambulatory Surgery Center | | Outpatient Hospital | Physician Services |
|--------------------------------|--|--|------|---|--|
| CPT® Code | Procedure Description | Facility Payment (National Medicare Avg ¹) | APC | Facility Payment (National Medicare Avg ²) | Fee When Service Is Provided in the Hospital or ASC (National Medicare Avg ³) |
| Transvenous Lead Removal | | | | | |
| 33234 | Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular | \$2,371.35 | 5221 | \$3,350.93 | \$485.60 |
| 33235 | Removal of transvenous pacemaker electrode(s); dual lead system | \$2,275.94 | 5221 | \$3,350.93 | \$638.77 |
| 33244 | Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction | This service is not included on Medicare's list of approved procedures | 5221 | \$3,350.93 | \$867.17 |
| Transvenous Lead Repositioning | | | | | |
| 33215 | Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode | \$1,443.95 | 5183 | \$2,978.97 | \$311.08 |
| 33249 | Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber | \$25,547.20 | 5232 | \$32,076.33 | \$914.95 |

¹ 2023 Medicare Ambulatory Surgery Center Fee Schedule

² 2023 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Scheduled

³ 2023 Medicare Physician Fee Schedule

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2023 physician fees for your local area can be found at the following CMS links:

<http://www.cms.gov/apps/physician-fee-schedule> or

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>



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