

Percutaneous Cardiac Lead Extraction™

2024 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 800.468.1379 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 (www.cms.gov/medicare-coverage-database/search.aspx) 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

2024 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	\$2,689.74	5221	\$3,745.52	\$475.35
33235	Removal of transvenous pacemaker electrode(s); dual lead system	\$2,037.13	5221	\$3,745.52	\$624.81
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	\$3,745.52	\$846.83
Transvenous Lead Repositioning					
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	\$1,548.04	5183	\$3,040.18	\$305.25
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	\$24,843.19	5232	\$31,378.60	\$893.77

1 2024 Medicare Ambulatory Surgery Center Fee Schedule

2 2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Scheduled

3 2024 Medicare Physician Fee Schedule

CPT © 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

2024 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>



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.