

Single Chamber and Dual Chamber Permanent Cardiac Pacemakers – Coding and Billing (A54961)



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Session Overview

- **This Session Will Cover:**

- National Coverage Determination (NCD) for Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers (20.8.3)
- Local Coverage Article: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers – Coding and Billing (A54961)
- Medical Necessity
- Coding & Billing Guidelines
- Common Denials
- Case Study Examples

National Coverage Determination (NCD)

The National Coverage Determination (NCD) 20.8.3, Single Chamber and Dual Chamber Permanent Cardiac Pacemakers were revised with an effective date of August 13, 2013. The CMS A/B Medicare Administrative Contractors (MACs) have been instructed to implement the NCD at the local level. The following provides coding and billing instructions for the implementation of NCD 20.8.3. The NCD “Item/Service Description” and “Indications and Limitations” are repeated here.

CMS Article Guidance: Local Coverage Determination

Local Coverage Article (LCA): Single Chamber and Dual Chamber Permanent Cardiac Pacemakers – Coding and Billing (A54961)

Medical Necessity

Implanted Permanent Cardiac Pacemakers

- Reasonable and necessary for treatment of non-reversible symptomatic bradycardia due to sinus node dysfunction and second and/or third degree atrioventricular block

Symptomatic Bradycardia

- Symptoms attributable to heart rate < 60 beats per minute (Ex: syncope, seizures, congestive heart failure, dizziness, or confusion)

Nationally Covered Indications

1. **Documented** non-reversible symptomatic bradycardia due to sinus node dysfunction, and
2. **Documented** non-reversible symptomatic bradycardia due to second degree and/or third degree atrioventricular block.

Nationally Non-Covered Indications

1. Reversible bradycardia
2. Asymptomatic first degree atrioventricular block
3. Asymptomatic sinus bradycardia
4. Asymptomatic sino-atrial block/sinus arrest
5. Ineffective atrial contractions without bradycardia
6. Asymptomatic second degree atrioventricular block

Nationally Non-Covered Indications

7. Undetermined Syncope
8. Bradycardia during sleep
9. Right bundle branch block with left axis deviation without syncope or intermittent atrioventricular block
10. Asymptomatic bradycardia- post-myocardial infarction patients initiating long-term beta-blocker drug therapy
11. Frequent/persistent supraventricular tachycardias, except to control tachycardia
12. Condition - pacing takes place only intermittently/briefly, and not associated with prolonged needs

Nationally Covered “Other”

MAC Determined: For other indications not specifically addressed in this NCD

Coding and Billing Guidelines

CPT Codes for the Initial Insertion of Cardiac Pacemakers:

- 33206 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
- 33207 Ventricular
- 33208 Atrial and Ventricular

Covered Conditions and Diagnosis Codes Group I

- **Clinical Conditions:**

- Documented non-reversible symptomatic bradycardia due to sinus node dysfunction
- Documented non-reversible symptomatic bradycardia due to second degree and/or third degree atrioventricular block

- **Diagnosis Codes- (ICD-10-CM) (Must Attest with Modifier - KX):**

- Atrioventricular (AV) block (I44.2)
- Mobitz (type II) AV block (I44.1)
- Other second degree AV block (I44.1)
- Sinoatrial node dysfunction/Sick sinus syndrome (I49.5)
- Congenital heart block (Q24.6)

Covered Conditions and Diagnosis Codes Group II

Diagnosis Codes- (Must Attest with Modifier - KX):

- Atrioventricular block (Symptomatic) (I44.30)
- First-degree atrioventricular block (Symptomatic) (I44.0)
- Left bundle branch block (I44.7)
- Right bundle branch block (I45.10 / I45.19)
- Bundle branch block, unspecified (I45.10 / I45.19)
- Right bundle branch block and left posterior fascicular block (I45.2)
- Right bundle branch block and left anterior fascicular block (I45.2)
 - Other bilateral bundle branch block (I45.2)
 - Bifascicular block (I45.2)
 - Trifascicular block (I45.3)

Covered Conditions and Diagnosis Codes Group II

Diagnosis Codes- (Must Attest with Modifier - KX):

- Supraventricular tachycardias (I47.1 / I47.9)
- Paroxysmal supraventricular tachycardia/supraventricular tachycardia (SVT terminated by pacing when ablation and/or drugs fail to control or produce intolerable side effects) (I47.1 / I47.9)
- Atrial fibrillation persistent (I48.1/ I48.91) with symptomatic bradycardia due to necessary medical therapy
- Atrial flutter (I48.3 / I48.4 / I48.92) with symptomatic bradycardia due to necessary medical therapy
- Hypersensitive carotid sinus syndrome and neurocardiogenic syncope (G90.01)

Covered Conditions “Other” Group III

- Conditions Not Addressed by the NCD or by the Contractor
- **Diagnosis Codes- (Must Attest with Modifier - SC):**
 - Not limited to:
 - Cardiac resynchronization therapy
 - Obstructive hypertrophic cardiomyopathy
 - Pacing in children, adolescents, and patients with congenital heart disease
 - Pacemaker or generator replacements
 - Sustained pause-dependent ventricular tachycardia, with or without QT prolongation

Modifier KX - Group I-II

Attestation of Practitioner/Provider:

- Documentation verifies symptomatic arrhythmia/high potential for progression requiring permanent pacemaker
- Bradycardia from long-term drug therapy does not exclude the use of modifier - KX

KX Use Without Symptoms in Groups I-II

- Awake, symptom-free patients in sinus rhythm, with documented periods of asystole
- Awake, symptom-free patients with atrial fibrillation and bradycardia
- Catheter ablation of the AV junction
- Postoperative AV block not expected to resolve
- Patients with neuromuscular diseases with third-degree and advanced second-degree AV block
- Asymptomatic persistent third-degree AV block

KX Use Without Symptoms in Groups I-II

- Second or third-degree AV block during exercise
- Asymptomatic Persistent third-degree AV block
- Asymptomatic second-degree AV block
- First- or second-degree AV block with symptoms similar to pacemaker syndrome or hemodynamic compromise
- Asymptomatic type II second-degree AV block

SC Modifier

Group III

- Medically Necessary
- Not addressed by the NCD or LCA

Coding Information

Bill Type Codes:

013x Hospital Outpatient

085x Critical Access Hospital

Revenue Codes:

0480 Cardiology - General Classification

Common Denials

- Not utilizing KX modifier appropriately
- Utilization of SC modifier inappropriately
- Afib only two covered...I48.1 and I48.91 and require KX modifier
- Resynchronization (must use KX modifier only if Diagnosis used from Group I-II)
- Use of SC modifier that doesn't meet Reasonable and Necessary (R&N) requirements

Case Example 1: Upgrade from Existing to Resynchronization

Ensure Claim Contains and Medical Record Supports:

- Correct CPT code billed
- Covered diagnosis
- ICD 10 code from Group I or II with KX modifier
- If falls under “Other” Group III use SC Modifier that meets R&N requirements

Case Example 2: Component Replacement

Ensure Claim Contains and Medical Record Supports:

- Original Indication for pacing (even if replacing)
- Correct CPT code billed
- Covered diagnosis
- ICD 10 code from Group I or II with KX modifier
- If falls under “Other” Group III use SC Modifier that meets R&N requirements
- Include T82XXX (mechanical problem with generator) if related to battery failure

Pacemaker Flowchart

