UnitedHealthcare®

Reimbursement Policy

Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers (NCD 20.8.3)

Policy Number	20.8.3	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	04/09/2014

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. 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.

Summary

Overview

Permanent cardiac pacemakers refer to a group of self-contained, battery operated, implanted devices that send electrical stimulation to the heart through one or more implanted leads. They are often classified by the number of chambers of the heart that the devices stimulate (pulse or depolarize). Single chamber pacemakers typically target either the right atrium or right ventricle. Dual chamber pacemakers stimulate both the right atrium and the right ventricle.

The implantation procedure is typically performed under local anesthesia and requires only a brief hospitalization. A catheter is inserted into the chest and the pacemaker's leads are threaded through the catheter to the appropriate chamber(s) of the heart. The surgeon then makes a small "pocket" in the pad of the flesh under the skin on the upper portion of the chest wall to hold the power source. The pocket is then closed with stitches.

The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to conclude that implanted permanent cardiac pacemakers, single chamber or dual chamber, are reasonable and necessary for the treatment of non-reversible symptomatic bradycardia due to sinus node dysfunction and second and/or third degree atrioventricular block. Symptoms of bradycardia are symptoms that can be directly attributable to a heart rate less than 60 beats per minute (for example: syncope, seizures, congestive heart failure, dizziness, or confusion).

Reimbursement Guidelines

Nationally Covered Indications

The following indications are covered for implanted permanent single chamber or dual chamber cardiac pacemakers:

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

The following indications are non-covered for implanted permanent single chamber or dual chamber cardiac pacemakers:

1. Reversible causes of bradycardia such as electrolyte abnormalities, medications or drugs, and hypothermia,
2. Asymptomatic first degree atrioventricular block,

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3. Asymptomatic sinus bradycardia,
4. Asymptomatic sino-atrial block or asymptomatic sinus arrest,
5. Ineffective atrial contractions (e.g., chronic atrial fibrillation or flutter, or giant left atrium) without symptomatic bradycardia,
6. Asymptomatic second degree atrioventricular block of Mobitz Type I unless the QRS complexes are prolonged or electrophysiological studies have demonstrated that the block is at or beyond the level of the His Bundle (a component of the electrical conduction system of the heart),
7. Syncope of undetermined cause,
8. Bradycardia during sleep,
9. Right bundle branch block with left axis deviation (and other forms of fascicular or bundle branch block) without syncope or other symptoms of intermittent atrioventricular block,
10. Asymptomatic bradycardia in post-myocardial infarction patients about to initiate long-term beta-blocker drug therapy,
11. Frequent or persistent supraventricular tachycardias, except where the pacemaker is specifically for the control of tachycardia, and
12. A clinical condition in which pacing takes place only intermittently and briefly, and which is not associated with a reasonable likelihood that pacing needs will become prolonged.

Other

Medicare Administrative Contractors will determine coverage under section 1862(a)(1)(A) of the Social Security Act for any other indications for the implantation and use of single chamber or dual chamber cardiac pacemakers that are not specifically addressed in this national coverage determination.

*Related to NCD 20.8 Cardiac Pacemakers

CPT / HCPCS Codes

Code	Description
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
C1785	Pacemaker, dual chamber, rate-responsive (implantable) (Packaged service/item; no separate payment made)
C1786	Pacemaker, single chamber, rate-responsive (implantable) (Packaged service/item; no separate payment made)
C2619	Pacemaker, dual chamber, nonrate-responsive (implantable) (Packaged service/item; no separate payment made)
C2620	Pacemaker, single chamber, nonrate-responsive (implantable) (Packaged service/item; no separate payment made)

Modifiers

Code	Description
KX	Requirements specified in the medical policy have been met

ICP / PCS Codes

ICP Code	Description	PCS Code	Description
37.81	Initial insertion of single-chamber device, not specified as rate responsive	0JH604Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach

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		0JH634Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
		0JH804Z	Insertion of Pacemaker, Single Chamber into Abdomen Subcutaneous Tissue and Fascia, Open Approach
		0JH834Z	Insertion of Pacemaker, Single Chamber into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
37.82	Initial insertion of single-chamber device, rate responsive	0JH605Z	Insertion of Pacemaker, Single Chamber Rate Responsive into Chest Subcutaneous Tissue and Fascia, Open Approach
		0JH635Z	Insertion of Pacemaker, Single Chamber Rate Responsive into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
		0JH805Z	Insertion of Pacemaker, Single Chamber Rate Responsive into Abdomen Subcutaneous Tissue and Fascia, Open Approach
		0JH835Z	Insertion of Pacemaker, Single Chamber Rate Responsive into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
37.83	Initial insertion of dual-chamber device	0JH606Z	Insertion of Pacemaker, Dual Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
		0JH636Z	Insertion of Pacemaker, Dual Chamber into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
		0JH806Z	Insertion of Pacemaker, Dual Chamber into Abdomen Subcutaneous Tissue and Fascia, Open Approach
		0JH836Z	Insertion of Pacemaker, Dual Chamber into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach

Questions and Answers

1	**Q:**	Why is the KX modifier required?
	A:	The inclusion of the KX modifier on the claim line(s) is an attestation by the practitioner and/or provider of the service that documentation is on file verifying the patient has non-reversible symptomatic bradycardia (symptoms of bradycardia are symptoms that can be directly attributable to a heart rate less than 60 beats per minute (for example: syncope, seizures, congestive heart failure, dizziness, or confusion)).

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2	Q:	Is prior authorization required?
	A:	Yes, CPT codes 33206, 33207 and 33208 are part of the Cardiology Prior Authorization Program.

References Included (but not limited to):

CMS NCD(s)

NCD 20.8.3 Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers

Reference NCDs: NCD 20.8 Cardiac Pacemakers, NCD 20.8.1 Cardiac Pacemaker Evaluation Services, NCD 10.6 Anesthesia in Cardiac Pacemaker Surgery

CMS LCD(s)

Numerous LCDs

CMS Benefit Policy Manual

Chapter 1; § 40 Supplies, Appliances, and Equipment

Chapter 15; § 120 Prosthetic Devices

CMS Claims Processing Manual

Chapter 3; § 10.4 Payment of Nonphysician Services for Inpatients

Chapter 12; § 30.4 B. Electronic Analyses of Implantable Cardioverter-defibrillators and Pacemakers

Chapter 13; § 40 Magnetic Resonance Imaging (MRI) Procedures, § 40.1.1 - Magnetic Resonance Angiography (MRA) Coverage Summary, § 40.1.4 - Payment Requirements

Chapter 32; § 50.1 Coverage Requirements, § 320 Billing Requirements for Cardiac Pacemakers: Single and Dual Chamber, § 320.1 Cardiac Pacemakers: Single and Dual Chamber Policy, § 320.2 Cardiac Pacemaker Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) Codes, § 320.3 Cardiac Pacemaker Covered ICD-9/ICD-10 Diagnosis Codes, § 320.4 Cardiac Pacemaker Claims Require the KX Modifier, § 320.5 Cardiac Pacemaker Claims Without the KX modifier, § 320.6 Cardiac Pacemaker Non Covered ICD-9/ICD-10 Diagnosis Codes, § 320.7 Cardiac Pacemaker Claims Non Covered ICD-9/ICD-10 Diagnosis Codes: Denial Messages

Chapter 35; § 10.2 B. Transtelephonic and Electronic Monitoring Services

CMS Transmittals

Transmittal 161, Change Request 8525, Dated 02/06/2014 (National Coverage Determination (NCD) for Single Chamber and Dual Chamber Permanent Cardiac Pacemakers)

Transmittal 2872, Change Request 8525, Dated 02/06/2014 (National Coverage Determination (NCD) for Single Chamber and Dual Chamber Permanent Cardiac Pacemakers)

UnitedHealthcare Medicare Advantage Coverage Summaries

Cardiac Pacemakers and Defibrillators

Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid

MLN Matters

Article MM8525, National Coverage Determination (NCD) for Single Chamber and Dual Chamber Permanent Cardiac Pacemakers

Article MM7441 Revised, Magnetic Resonance Imaging (MRI) in Medicare Beneficiaries with Food and Drug Administration (FDA)-Approved Implanted Permanent Pacemakers (PMs) for Use in the MRI Environment

Others

Decision Memo for Cardiac Pacemakers: Single-Chamber and Dual-Chamber Permanent Cardiac Pacemakers (CAG-00063R3) Date: August 13, 2013

History

Date	Revisions
04/09/2014	New NCD effective 08/13/2013; CPT codes 33206, 33207 and 33208 are part of the Cardiology Prior Authorization Program