Medicare National Coverage Policy

Single and Dual Chamber Cardiac Pacemakers

BIOTRONIK
excellence for life

Medicare National Coverage Policy

Single and Dual Chamber Cardiac Pacemakers

Effective Date: August 13, 2013
Implementation Date: July 7, 2014

What patient indications does Medicare require for reimbursement of a single or dual chamber pacemaker?

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
2. Documented non-reversible symptomatic bradycardia due to second degree and/or third degree atrioventricular block

What patient indications does Medicare not cover?

The following indications are not 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
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
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

What if a patient has indications that are not included in the lists above?

CMS will determine coverage based on "reasonable and necessary" requirements under the law (Social Security Act, Section 1862(a)(1)(A)) for any other indications for the implantation and use of single chamber or dual chamber cardiac pacemakers that are not specifically addressed in this document.

What are symptoms of bradycardia?

According to CMS, 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).

Are there any special billing rules that apply to single and dual chamber pacemaker procedures?

Yes. Providers must include a special "KX" modifier on the physician claim for reimbursement. CMS will accept the inclusion of the KX modifier on the claim as an attestation by the practitioner and/or provider of the service that documentation is on file verifying the patient has non-reversible symptomatic bradycardia. If the KX modifier is not present, CMS will return the claim with the following message: *Claim Adjustment Reason Code (CARC) 4: The procedure code is inconsistent with the modifier used or a required modifier is missing. Remittance Advice Remarks Code (RARC) N517: Resubmit a new claim with the requested information.*

Are there any CPT codes and /or ICD-9 diagnosis codes required?

Yes. CMS will pay professional and outpatient facility claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, provided the claim contains at least one of the CPT codes *or* ICD-9 procedure codes *and* ICD-9 diagnosis codes listed below.

CPT Codes *(Note: Applies to Physician and Outpatient Hospital Facility Claims ONLY)*

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

OR

ICD-9 Procedure Codes *(Note: Applies to Inpatient Hospital Facility Claims ONLY)*

37.81	Initial insertion of single-chamber device, not specified as rate responsive *Excludes: replacement of existing pacemaker device (37.85- 37.87)*
37.82	Initial insertion of single-chamber device, rate responsive *Rate responsive to physiologic stimuli other than atrial rate* *Excludes: replacement of existing pacemaker device (37.85- 37.87)*
37.83	Initial insertion of dual-chamber device *Atrial ventricular sequential device* *Excludes: replacement of existing pacemaker device (37.85- 37.87)*

AND

ICD-9 Diagnosis Codes *(Note: Applies to All Provider Claims)*

426.0	Atrioventricular block, complete *(Third degree atrioventricular block)*
426.12	Mobitz (type) II atrioventricular block *(Incomplete atrioventricular block: Mobitz (type) II, second degree, Mobitz (type) II)*
426.13	Other second degree atrioventricular block *(Incomplete atrioventricular block: Mobitz (type) I [Wenckebach's], second degree: NOS Mobitz (type) I with 2:1 atrioventricular response [block] Wenckebach's phenomenon)*
426.81	Lown-Ganong-Levine syndrome *(Syndrome of short P-R interval, normal QRS complexes, and supraventricular tachycardias)*
746.86	Congenital heart block *(Complete or incomplete atrioventricular [AV] block)*

Are there any other diagnosis codes that *may* be covered by Medicare?

Yes. The following diagnosis codes *may* be covered based on MAC discretion if submitted in addition to at least one of the acceptable coding combinations listed above:

Potentially Covered ICD-9 Diagnosis Codes

426.10	Atrioventricular block, unspecified *(Atrioventricular [AV] block (incomplete) (partial))*
426.4	Right bundle branch block
427.0	Paroxysmal supraventricular tachycardia *(Paroxysmal tachycardia: atrial [PAT], atrioventricular [AV], junctional, nodal)*

Continue >

Medicare National Coverage Policy

Single and Dual Chamber Cardiac Pacemakers

Are there any diagnosis codes that are not covered for dual chamber pacemakers?

Yes. Medicare Administrative Contractors (MACs) will deny claims for *dual chamber* pacemakers that include at least one of the following ICD-9 diagnosis codes:

Non-Covered ICD-9 Diagnosis Codes for Dual Chamber Pacemakers

426.11	First degree atrioventricular block *(Incomplete atrioventricular block, first degree, Prolonged P-R interval NOS)*
427.31	Atrial Fibrillation
427.32	Atrial Flutter
427.89	Other *(Rhythm disorder: coronary sinus, ectopic, nodal, Wandering (atrial) pacemaker)* *Excludes: carotid sinus syncope (337.0), neonatal bradycardia (779.81), neonatal tachycardia (779.82), reflex bradycardia (337.0), tachycardia NOS (785.0)*
780.2	Syncope and collapse *(Blackout, Fainting, (Near) (Pre)syncope, Vasovagal attack)* *Excludes: carotid sinus syncope (337.0)*

If one of the above diagnosis codes is present on a claim for a dual chamber procedure, CMS will return the claim with the following message: *Claim Adjustment Reason Code (CARC) 96: Non-covered charge(s); Remittance Advice Remarks Code (RARC) N569: Not covered when performed for the reported diagnosis.*

Does this policy apply to replacement of existing single or dual chamber pacemakers?

No. According to the policy, only procedures for patients who do not already have a single or dual chamber pacemaker are covered by this policy.

SOURCES:

1. CMS, National Coverage Determination (NCD) for Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers (20.8.3)
2. CMS, MLN Matters® Number: MM8525, Effective August 13, 2013, Implementation Date July 7, 2014
3. CMS, Medicare Manual System, Pub 100-04 Medicare Claims Processing, Transmittal 2872.

BIOTRONIK, Inc.
6024 Jean Road
Lake Oswego, OR 97035-5369
(800) 547-0394 (24-hour)
(800) 291-0470 (fax)
www.biotronik.com

BR273r1 6/3/14

BIOTRONIK
excellence for life