

Note: This checklist does not address biventricular pacemakers, pacemakers that stimulate more than two hearts chambers, those devices that treat tachyarrhythmias and cardiac dysynchrony, cardiac resynchronization therapy, or self-contained pacemaker monitors.

NCD-20.8.3	Patient Name:	MR:	
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Effective Date: For services performed on or after 08/13/2013

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 power source is surgically inserted under the skin on the upper portion of the chest wall.

GENERAL REQUIREMENTS/CODING

<u>Covered Procedure Codes:</u>	<u>Covered Pacemaker Codes:</u>	<u>Diagnosis Codes</u> LCA-A54926
<ul style="list-style-type: none"> • CPT 33206 - Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial • CPT 33207 - Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular • CPT 33208 - Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular <p><i>Note: MAC has the discretion to cover services associated with replacement of pacemaker pulse generator reflected in the following codes: 33227, 33228, 33229 , 33233.</i></p>	<ul style="list-style-type: none"> • HCPCS C1785 - Pacemaker, dual chamber, rate-responsive (implantable) • HCPCS C1786 - Pacemaker, single chamber, rate-responsive (implantable) • HCPCS C2619 - Pacemaker, dual chamber, nonrate-responsive (implantable) • HCPCS C2620 - Pacemaker, single chamber, nonrate-responsive (implantable) 	<ul style="list-style-type: none"> • Refer to Local Coverage Article- A54926 (see link) for the list of covered diagnoses <u>AND</u> modifier requirements.

COVERAGE INDICATIONS

Implanted permanent single chamber or dual chamber cardiac pacemakers ARE covered for the following:

<input type="checkbox"/> Documented non-reversible symptomatic bradycardia due to sinus node dysfunction	<input type="checkbox"/> Documented non-reversible symptomatic bradycardia due to second degree and/or third degree atrioventricular block
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NON-COVERED INDICATIONS

Implanted permanent single chamber or dual chamber cardiac pacemakers ARE non-covered for the following:

- Reversible causes of bradycardia such as electrolyte abnormalities, medications or drugs, and hypothermia
- Asymptomatic first degree atrioventricular block
- Asymptomatic sinus bradycardia
- Asymptomatic sino-atrial block or asymptomatic sinus arrest
- Ineffective atrial contractions (e.g., chronic atrial fibrillation or flutter, or giant left atrium) without symptomatic bradycardia
- 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)
- Syncope of undetermined cause
- Bradycardia during sleep
- 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
- Asymptomatic bradycardia in post-myocardial infarction patients about to initiate long-term beta-blocker drug therapy
- Frequent or persistent supraventricular tachycardias, except where the pacemaker is specifically for the control of tachycardia
- A clinical condition in which pacing takes place only intermittently and briefly, not associated with a reasonable likelihood that pacing needs will become prolonged

ANESTHESIA

NCD-10.6	The use of general or monitored anesthesia during transvenous cardiac pacemaker surgery may be reasonable and necessary and therefore covered under Medicare only if adequate documentation of medical necessity is provided on a case-by-case basis.
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POST-IMPLANT FOLLOW-UP AND EVALUATION

NCD-20.8.1	The decision as to how often any patient's pacemaker should be monitored is the responsibility of the patient's physician who is best able to take into account the condition and circumstances of the individual patient. Monitoring may vary over time, requiring modifications of the frequency. The physician's prescription for monitoring is required and should be periodically renewed (at least annually) to assure that the frequency of monitoring is proper for the patient.
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Checklist completed by:	Date:
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Disclaimer: The content of the checklists were created as an educational tool. Use of these documents are not intended as a replacement for the documentation requirements published in National or Local Coverage Determinations, or the CMS's documentation guidelines, written law or regulations. Medicare policy changes frequently; Providers/Departments are reminded to review current National and Local Coverage Determination and Policy Articles for specific documentation and coding guidelines.