CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 3204	**Date: February 20, 2015**
	Change Request 9078

SUBJECT: National Coverage Determination (NCD) for Single Chamber and Dual Chamber Permanent Cardiac Pacemakers - This CR rescinds and fully replaces CR 8525

I. SUMMARY OF CHANGES: The purpose of this CR is to inform contractors that CMS issued a National Coverage Determination (NCD and concluded 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.

EFFECTIVE DATE: August 13, 2013
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 6, 2015

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	32/TOC
N	32/320.4/Cardiac Pacemakers: Single Chamber and Dual Chamber
N	32/320.4.1/Cardiac Pacemakers:Single Chamber and Dual Chamber Policy
N	32/320.4.2/Cardiac Pacemaker Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) Codes
N	32/320.4.3/Cardiac Pacemaker Covered ICD-9/ICD-10 Diagnosis Codes
N	32/320.4.4/Cardiac Pacemaker Claims Require the KX Modifier
N	32/320.4.5/Cardiac Pacemaker Claims Without the KX modifier
N	32/320.4.6/Cardiac Pacemaker Non -Covered ICD-10 Diagnosis Codes
N	32/320.4.7/Cardiac Pacemaker Claims Non-Covered ICD-9/ICD-10 Diagnosis Codes: Denial Messages

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined

in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:
Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 3204	Date: February 20, 2015	Change Request: 9078

SUBJECT: National Coverage Determination (NCD) for Single Chamber and Dual Chamber Permanent Cardiac Pacemakers - This CR rescinds and fully replaces CR 8525

EFFECTIVE DATE: August 13, 2013
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 6, 2015

I. GENERAL INFORMATION

A. Background: 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. 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.

B. Policy: On August 13, 2013, the Centers for Medicare & Medicaid Services (CMS) issued a National Coverage Determination (NCD). In this NCD, CMS concluded 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).

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.

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. *(exception)

3. Asymptomatic sinus bradycardia.

4. Asymptomatic sino-atrial block or asymptomatic sinus arrest. *(exception)

5. Ineffective atrial contractions (e.g., chronic atrial fibrillation or flutter, or giant left atrium) without symptomatic bradycardia. *(exception)

6. Asymptomatic second degree atrioventricular block of Mobitz Type I unless the QRS complexes are prolonged or electrophysiologicalstudies 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. *(exception)

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. *(exception)

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. *(exception)

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.

Medicare Administrative Contractors (MACs) 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 NCD.

NOTES:

Contractors shall accept the inclusion of the -KX modifier on the claim line(s) 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 (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)).

Contractors are reminded that the following business requirements should not be assumed to apply to related codes that are not specifically identified and listed within the business requirements or associated manual

instructions.

NOTE: The final decision memorandum addresses Medicare policy specific to implanted permanent cardiac pacemakers, single chamber or dual chamber, for the treatment of non-reversible symptomatic bradycardia due to sinus node dysfunction and second and/or third degree atrioventricular block. Medicare coverage of removal/replacement of implanted permanent cardiac pacemakers, single chamber or dual chamber, for the above-noted indications, were not addressed in the final decision. Therefore, it is expected that MACs will continue to apply the reasonable and necessary standard in determining local coverage within their respective jurisdictions for removal/replacement of implanted permanent cardiac pacemakers, single chamber or dual chamber.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9078 - 04.1	Effective for claims with dates of service on or after August 13, 2013, contractors shall allow payment for nationally covered implanted permanent cardiac pacemakers, single chamber or dual chamber, for the indications listed in Pub. 100-03, Medicare National Coverage Determinations Manual, chapter 1, section 20.8.3, and Pub. 100-04, Medicare Claims Processing Manual, chapter 32, section 320.4.	X	X			X	X			
9078 - 04.2	Contractors shall pay claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, for one of the following CPT codes: 33206, 33207, or 33208, if the claim contains at least one of the following ICD-9/ICD-10 diagnosis codes, and only when the claim is submitted with the -KX modifier: • 426.0/I44.2, 426.12/I44.1, 426.13/I44.1, 427.81/I49.5, or 746.86/Q24.6		X							
9078 - 04.2.1	Contractors shall return claim lines, if the -KX modifier is not present using the following messages: CARC 4: The procedure code is inconsistent with the modifier used or a required modifier is missing. RARC N517: Resubmit a new claim with the requested information. Group Code CO assigning financial liability to the provider, if a claim is received with a GZ modifier		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	indicating no signed ABN is on file.									
9078 - 04.3	Contractors shall pay **outpatient** claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, HCPCS codes C1785, C1786, C2619, or C2620, provided that the claim contains at least one of the following CPT codes, at least one of the following ICD-9/ICD-10 codes, and when the claim is submitted with the -KX modifier: • CPT 33206, 33207, or 33208, 33227, or 33228, • ICD-9/ICD-10 426.0/I44.2, 426.12/I44.1, 426.13/I44.1, 427.81/I49.5, or 746.86/Q24.6	X				X				
9078 - 04.3.1	Effective for claims with dates of service on or after August 13, 2013, contractors shall return to provider claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, if conditions of requirement 9078.3 are not met.	X				X				
9078 - 04.4	Effective for claims with dates of service on or after August 13, 2013, contractors shall pay **inpatient** claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, provided the claim contains at least one of the following ICD-9/ICD-10 diagnosis codes: • 426.0/I44.2,	X				X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• 426.12/I44.1, • 426.13/I44.1, • 427.81/I49.5, or • 746.86/Q24.6, and, contains one of the following procedure codes: • 37.81/0JH604Z, 0JH634Z, 0JH804Z, 0JH834Z, • 37.82/0JH605Z, 0JH635Z, 0JH805Z, 0JH835Z, or • 37.83/0JH606Z, 0JH636Z, 0JH806Z, 0JH836Z									
9078 - 04.4.1	Effective for claims with dates of service on or after August 13, 2013, contractors shall return to providers claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, if conditions of requirement 9078.4 are not met.	X				X				
9078 - 04.5	Effective for claims with dates of service on or after the implementation of ICD-10, contractors shall deny		X				X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	claims for implanted permanent cardiac pacemakers, single chamber or dual chamber for one of the following CPT codes: 33206, 33207, or 33208 and contain ICD-10 diagnosis code R55 (even if submitted with at least one of the diagnosis codes listed in 9078.2. Note: ICD-9 diagnosis code 780.2 will be excluded beginning with implementation of ICD-10 and diagnosis code R55.									
9078 - 04.6	At the contractors' discretion, contractors shall pay claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, for one of the following CPT codes: 33206, 33207, or 33208, if the claim contains at least one diagnosis code listed in 9078.2, is submitted with the -KX modifier, and contains at least one of the following diagnosis codes: • 426.10/I44.30 • 426.4/I45.10/I45.19 • 427.0/I47.1 • 426.11/I44.0 • 427.31/I48.1/I48.91		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• 427.32/I48.3/I48.4/ or I48.91 • 780.2 /(R55 is the ICD-10 dx code but is not payable upon implementation of ICD-10 and is only included here informationally)									
9078 - 04.6.1	Contractors shall deny claims when submitted **WITHOUT** at least one of the diagnosis codes in requirement 9078.2, for implanted permanent cardiac pacemakers, single chamber or dual chamber, for one of the following CPT codes: 33206, 33207, or 33208, and at least one of the following diagnosis codes: • 426.10/I44.30 • 426.4/I45.10/I45.19 • 427.0/I47.1 • 426.11/I44.0 • 427.31/I48.1/I48.91 • 427.32/I48.3/I48.4/ or I48.91 • 780.2/(R55 is the ICD-10 dx code but is not payable upon implementation of ICD-10 and is only included here informationally)		X				X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9078 - 04.7	At the contractors' discretion, contractors shall pay **outpatient** claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, (HCPCS C1785, C1786, C2619, or C2620) if the claim contains CPT code 33206, 33207, 33208, 33227 & 33228, and at least one diagnosis codes listed in 9078.3, is submitted with the -KX modifier, and is submitted with at least one of the following diagnosis codes: • 426.10/I44.30 • 426.4/I45.10/I45.19 • 427.0/I47.1 • 426.11/I44.0 • 427.31/I48.1/I48.91 • 427.32/I48.3/I48.4/ or I48.91 • 780.2/(R55 is the ICD-10 dx code but is not payable upon implementation of ICD-10 and is only included here informationally)	X				X				
9078 -	Contractors shall deny **outpatient** claims when	X				X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
04.7.1	submitted WITHOUT at least one of the diagnosis codes in requirement 9078.3 for implanted permanent cardiac pacemakers, single chamber or dual chamber, and at least one of the following diagnosis codes: • 426.10/I44.30 • 426.4/I45.10/I45.19 • 427.0/I47.1 • 426.11/I44.0 • 427.31/I48.1/I48.91 • 427.32/I48.3/I48.4/ or I48.91 • 780.2/(R55 is the ICD-10 dx code but is not payable upon implementation of ICD-10 and is only included here informationally)									
9078 - 04.8	9078.8 At the contractors' discretion, contractors shall pay inpatient claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, provided the claim contains at least one diagnosis code listed in 9078.4, and at least one of the following diagnosis codes:	X				X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• 426.10/I44.30 • 426.4/I45.10/I45.19 • 427.0/I47.1 • 426.11/I44.0 • 427.31/I48.1/I48.91 • 427.32/I48.3/I48.4/ or I48.91 • 780.2//(R55 is the ICD-10 dx code but is not payable upon implementation of ICD-10 and is only included here informationally)									
9078 - 04.8.1	Contractors shall deny inpatient claims when submitted **WITHOUT** at least one of the diagnosis codes in requirement 9078.4, for implanted	X				X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	permanent cardiac pacemakers, single chamber or dual chamber, and at least one of the following diagnosis codes: • 426.10/I44.30 • 426.4/I45.10/I45.19 • 427.0/I47.1 • 426.11/I44.0 • 427.31/I48.1/I48.91 • 427.32/I48.3/I48.4/ or I48.91 • 780.2//(R55 is the ICD-10 dx code but is not payable upon implementation of ICD-10 and is only included here informationally)									
9078 - 04.9	For claims with dates of service on or after implementation of ICD-10, contractors shall deny **outpatient** claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, containing HCPCS C1785, C1786, C2619, or C2620, and contains ICD-10 diagnosis code R55 (even if submitted with at least one of the diagnosis codes listed in 9078.3).	X				X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9078 - 04.10	For claims with dates of service on or after implementation of ICD-10, contractors shall deny inpatient claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, and contains ICD-10 diagnosis code R55 (even if submitted with at least one of the diagnosis codes listed in 9078.4).	X				X				
9078 - 04.11	Contractors shall deny claims submitted with ICD-10 code R55, as indicated in BRs 9078.5, 9078.9, and 9078.10, and contractors shall deny claims that are submitted with one of the ICD-9/ICD-10 codes listed in the following BRs: • 9078.5 • 9078.6.1, • 9078.7.1, and • 9078.8.1 • 9078.9 • 9078.10 using the following messages: • CARC 96: Non-covered charge(s).	X	X			X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• RARC N569: Not covered when performed for the reported diagnosis. • MSN 14.9: Medicare cannot pay for this service for the diagnosis shown on the claim. Spanish Version- Este servicio fue denegado porque Medicare solamente lo cubre bajo ciertas circunstancias. Group Code CO assigning financial liability to the provider, if a claim is received with a GZ modifier indicating no signed ABN is on file. Group Code PR assigning financial liability to the beneficiary, if a claim is received with occurrence code 32 indicating a signed ABN is on file, or occurrence code 32 is present with modifier GA.									
9078 - 04.12	Contractors shall not search for and adjust any claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, with dates of service on or after August 13, 2013. However, contractors may adjust claims brought to their attention.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	DME	CED

		A	B	H H H	M A C	I
9078 - 04.13	MLN Article : A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Patricia Brocato-Simons, 410-786-0261 or Patricia.Brocato-Simons@cms.hhs.gov (Coverage) , Jamie Hermansen, 410-786-2064 or Jamie.Hermansen@cms.hhs.gov (Coverage) , Wanda Belle, 410-786-7491 or Wanda.Belle@cms.hhs.gov (Coverage) , William Ruiz, 410-786-9283 or William.Ruiz@Cms.hhs.gov (Intermediary Part A Claims) , Dennis Savedge, 410-786-0140 or Dennis.Savedge@cms.hhs.gov (Practictioner Part B Claims)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Claims Processing Manual
Chapter 32 – Billing Requirements for Special Services
Table of Contents
(Rev.3204, Issued: 02-20-15)

320.4 –Cardiac Pacemakers: Single Chamber and Dual Chamber
(Rev.3204, Issued: 02-20-15, Effective: 08-13-13, Implementation: 07-06-15)

320.4.1 – Cardiac Pacemakers: Single Chamber and Dual Chamber Policy
(Rev.3204, Issued: 02-20-15, Effective: 08-13-13, Implementation: 07-06-15)

On August 13, 2013, the
Centers for Medicare & Medicaid Services (CMS) issued a National Coverage Determination (NCD). In this NCD, CMS concluded 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). See Pub. 100-03, Medicare National Coverage Determinations Manual, chapter 1, section 20.8.3, for complete coverage requirements.

Notes:
Medicare Administrative Contractors (MACs) 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 NCD.

Contractors are reminded that the following manual instructions should not be assumed to apply to related codes that are not specifically identified and listed within the manual instructions or associated business requirements.

It is anticipated that Medicare coverage of removal/replacement of implanted permanent cardiac pacemakers, single chamber or dual chamber, for the above-noted indications, will continue to be determined by the MACs in applying the reasonable and necessary standard for local coverage within their respective jurisdictions.

320.4.2 – Cardiac Pacemaker Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) Codes
(Rev.3204, Issued: 02-20-15, Effective: 08-13-13, Implementation: 07-06-15)

Professional claims
Effective for claims with dates of service on or after August 13, 2013, MACs shall pay for implanted permanent cardiac pacemakers, single chamber or dual chamber, for one of the following CPT codes:

- *33206 - Insertion or replacement of permanent pacemaker with transvenous electrode(s) – atrial*
- *33207 - Insertion or replacement of permanent pacemaker with transvenous electrode(s) – ventricular*
- *33208 - Insertion or replacement of permanent pacemaker with transvenous electrode(s) – atrial and ventricular*

Institutional claims
Effective for claims with dates of service on or after August 13, 2013, MACs shall pay for implanted permanent cardiac pacemakers, single chamber or dual chamber, for the following HCPCS codes:

- *C1785 – Pacemaker, dual chamber, rate-responsive (implantable)*
- *C1786 – Pacemaker, single chamber, rate-responsive (implantable)*

- *C2619 – Pacemaker, dual chamber, nonrate-responsive (implantable)*
- *C2620 – Pacemaker, single chamber, nonrate-responsive (implantable)*
- *33206 – Insertion or replacement of permanent pacemaker with transvenous electrode(s) – atrial*
- *33207 – Insertion or replacement of permanent pacemaker with transvenous electrode(s) – ventricular*
- *33208 – Insertion or replacement of permanent pacemaker with transvenous electrode(s) – atrial and ventricular*
- *33227 – Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system*
- *33228 – Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system*

320.4.3 – Cardiac Pacemaker Covered ICD-9/ICD-10 Diagnosis Codes
(Rev.3204, Issued: 02-20-15, Effective: 08-13-13, Implementation: 07-06-15)

Professional claims
Claims with dates of service on and after August 13, 2013, for implanted permanent cardiac pacemakers, single chamber or dual chamber, are covered if submitted with one of the following CPT codes: 33206, 33207, or 33208, and that contain at least one of the following ICD-9/ICD-10 diagnosis codes listed below.

- *426.0 Atrioventricular block, complete/ I44.2 Atrioventricular block, complete*
- *426.12 Mobitz (type) II atrioventricular block/ I44.1 Atrioventricular block, second degree*
- *426.13 Other second degree atrioventricular block/ I44.1 Atrioventricular block, second degree*
- *427.81 Sinoatrial node dysfunction/ I49.5 Sick sinus syndrome*
- *746.86 Congenital heart block/ Q24.6 – Congenital heart block*

The following diagnosis codes can be covered at contractor discretion if submitted with at least one of the CPT codes and diagnosis codes listed above:

- *426.10 Atrioventricular block, unspecified/ I44.30 Unspecified atrioventricular block*
- *426.11 First degree atrioventricular block/ I44.0 Atrioventricular block first degree*
- *426.4 Right bundle branch block/ I45.10 Unspecified right bundle-branch block/ I45.19 Other right bundle-branch block*
- *427.0 Paroxysmal supraventricular tachycardia/ I47.1 Supraventricular tachycardia*
- *427.31 Atrial fibrillation/ I48.1 Persistent atrial fibrillation/ I48.91, Unspecified atrial fibrillation*

- *427.32 Atrial flutter/ I48.3 Typical atrial flutter/ I48.4 Atypical atrial flutter or I48.91 Unspecified atrial fibrillation*

- *780.2 Syncope and collapse /R55 Syncope and collapse (R55 is the ICD-10 dx code but is not payable upon implementation of ICD-10 and is only included here informationally)*

Institutional claims

For claims with dates of service on and after August 13, 2013, for implanted permanent cardiac pacemakers, single chamber or dual chamber, using HCPCS codes: C1785, C1786, C2619, C2620, 33206, 33207, or 33208, the following ICD-9 codes are covered:

- *37.81 Initial insertion of single chamber device, not specified as rate responsive*

- *37.82 Initial insertion of single chamber device, rate responsive*

- *37.83 Initial insertion of single chamber device*

- *426.0 Atrioventricular block, complete*

- *426.12 Mobitz (type) II atrioventricular block*

- *426.13 Other second degree atrioventricular block*

- *427.81 Sinoatrial node dysfunction*

- *746.86 Congenital heart block*

The following diagnosis codes can be covered, at contractor discretion, if submitted with at least one of the diagnosis codes listed above:

- *426.10 Atrioventricular block, unspecified/ I44.30 Unspecified atrioventricular block*

- *426.11 First degree atrioventricular block/ I44.0 Atrioventricular block first degree*

- *426.4 Right bundle branch block/ I45.10 Unspecified right bundle-branch block/ I45.19 Other right bundle-branch block*

- *427.0 Paroxysmal supraventricular tachycardia/ I47.1 Supraventricular tachycardia*

- *427.31 Atrial fibrillation/ I48.1 Persistent atrial fibrillation/ I48.91, Unspecified atrial fibrillation*

- *427.32 Atrial flutter/ I48.3 Typical atrial flutter/ I48.4 Atypical atrial flutter or I48.91 Unspecified atrial fibrillation*

- *780.2 Syncope and collapse/ R55 Syncope and collapse (R55 is the ICD-10 dx code but is not payable upon implementation of ICD-10 and is only included here informationally)*

Contractors shall note the appropriate ICD-10 diagnosis and procedure code(s) for future implementation. Contractors shall track the ICD-10 codes and ensure that the updated edit is turned on as part of the ICD-10 implementation.

320.4.4 – Cardiac Pacemaker Claims Require the -KX Modifier
(Rev.3204, Issued: 02-20-15, Effective: 08-13-13, Implementation: 07-06-15)

Contractors shall pay for implanted permanent cardiac pacemakers, single chamber or dual chamber, on professional and outpatient institutional claims containing HCPCS and/or CPT codes listed in section 320.4.2, when submitted with the -KX modifier.

NOTE: MACs shall accept the inclusion of the -KX modifier on the claim line(s) 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 (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).

320.4.5 – Cardiac Pacemaker Claims Without the -KX Modifier
(Rev.3204, Issued: 02-20-15, Effective: 08-13-13, Implementation: 07-06-15)

Professional claims
Contractors shall return claims lines for implanted permanent cardiac pacemakers, single chamber or dual chamber, containing one of the following CPT codes: 33206, 33207, or 33208, as unprocessable when the -KX modifier is not present. Contractors shall use the following messages:

CARC 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing.

RARC N517 - Resubmit a new claim with the requested information.

Institutional claims
Contractors shall return to providers claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, when the -KX modifier is not present on the claim.

320.4.6 – Cardiac Pacemaker Non-covered ICD-10 Diagnosis Code
(Rev.3204, Issued: 02-20-15, Effective: 08-13-13, Implementation: 07-06-15)

For claims with dates of service on or after implementation of ICD-10, for implanted permanent cardiac pacemakers, single chamber or dual chamber, using one of the following HCPCS and/or CPT codes: C1785, C1786, C2619, C2620, 33206, 33207, or 33208, the following ICD-10 diagnosis code is not covered, even if submitted with at least one of the diagnosis codes listed in section 320.4.3:

- *R55 Syncope and collapse*

Contractors shall note the appropriate ICD-10 diagnosis and procedure code(s) for future implementation. Contractors shall track the ICD-10 codes and ensure that the updated edit is turned on as part of the ICD-10 implementation.

320.4.7 – Cardiac Pacemaker Claims Non-covered ICD-10 Diagnosis Code: Denial Messages
(Rev.3204, Issued: 02-20-15, Effective: 08-13-13, Implementation: 07-06-15)

Contractors shall use the following messages when denying claims for implanted permanent cardiac pacemakers, single chamber or dual chamber, containing one of the following HCPCS and/or CPT codes: C1785, C1786, C2619, C2620, 33206, 33207, or 33208, and /ICD-10 diagnosis code R55 (even if submitted with at least one of the diagnosis codes listed in section 320.4):

CARC 96: Non-covered charge(s).

RARC N569: Not covered when performed for the reported diagnosis.

MSN 14.9: Medicare cannot pay for this service for the diagnosis shown on the claim.

Spanish Version- Este servicio fue denegado porque Medicare solamente lo cubre bajo ciertas circunstancias.

Group Code CO assigning financial liability to the provider, if a claim is received with a GZ modifier indicating no signed ABN is on file.

Group Code PR assigning financial liability to the beneficiary, if a claim is received with occurrence code 32 indicating a signed ABN is on file, or occurrence code 32 is present with modifier GA.