



Conduction System Pacing Reimbursement Guide

Conduction system pacing targets the natural conduction system of the heart and is considered more physiologic than traditional RV pacing at the RV apex region.

The INGEVITY+ is to be used in the Left Bundle Branch Area as an alternative to right ventricular pacing in single and dual chamber pacemakers.

Q: What codes should be billed for Conduction System Pacing?

A: There are no new CPT[®] codes specific to Conduction System Pacing. Instead, clinicians and facilities may bill established transvenous pacemaker insertion codes when performing CSP procedures. Current CPT codes for pacemakers and defibrillators describe the work related to placing lead(s) in the chamber of the heart and are based on the anatomical location of the lead, not the function of the lead.

Q: Will there be differential payment for CSP?

A: No, codes and payment for transvenous pacemaker codes are nationally established and can apply to CSP procedures. See **Table A** below for the CPT codes and 2024 national average Medicare rates by site of service that may apply to CSP.

Table A: 20	ble A: 2024 Transvenous Pacemaker Coding & Payment by Site of Service							
CPT®/ HCPCS	Description	Physician		ASC	Hospital Outpatient		Hospital Inpatient	
		Facility Rate	Office Rate	ASC Payment	APC Category	APC Payment	Possible ICD-10 PCS Codes	Possible MS-DRG Assignment
33206*	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	\$446	N/A	\$7223	APC 5223	\$10,185	02H63JZ 0JH804Z 0JH604Z	Permanent cardiac pacemaker implant • MS-DRG 242 with MCC • MS-DRG 243 with CC • MS-DRG 244 without CC/MCC
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	\$469	N/A	\$7421	APC 5223	\$10,185	02HK3JZ 0JH804Z 0JH604Z	
33208*	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	\$508	N/A	\$7639	APC 5223	\$10,185	02H63JZ 02HK3JZ 0JH606Z	

*Boston Scientific does not have FDA-approval for His bundle lead pacing; codes are provided for comprehensive coding purposes only.

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options. This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific product for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient b

CPT® Copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. 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. Boston Scientific does not promote the use of its products outside their FDAapproved label.





Q: What is the C-Code for the INGEVITY+ Lead?

A: The appropriate HCPCS C-Code for the INGEVITY+ lead is C1898: Lead, pacemaker, other than transvenous VDD single pass.

Q: Is BSC INGEVITY+ labeled for cardiac resynchronization therapy (CRT)?

A: The INGEVITY+ is not labeled or indicated for CRT at this time and BSC cannot offer reimbursement guidance on off-label use of products.

Q: How do I select the appropriate code for the CSP procedure performed?

A: The applicable CPT code for the CSP procedure performed depends on the chamber of the heart where the lead is placed. Some scenarios are described in Table B.

Table B: Coding for Common Pacemaker Scenarios							
Pacemaker Scenario	CPT Code	ICD-10 Codes for Inpatient Setting*					
Single chamber PM or LBBAP lead in the RA	33206*	Appropriate insertion code + 02H63JZ (insertion of pacemaker lead into right atrium, percutaneous approach)					
Single chamber PM or LBBAP lead in the RV	33207	Appropriate insertion code + 02HK3JZ (insertion of pacemaker lead into right ventricle, percutaneous approach)					
Dual chamber PM or LBBAP, lead in the RA and RV	33208*	Appropriate insertion code + 02H63JZ (insertion of pacemaker lead into right atrium, percutaneous approach) + 02HK3JZ (insertion of pacemaker lead into right ventricle, percutaneous approach)					

*Boston Scientific does not have FDA-approval for His bundle lead pacing; codes are provided for comprehensive coding purposes only.

Sources:

- 1. 2024 Boston Scientific Billing and Coding Guide for Cardiac Rhythm Management
- 2. CMS. CY2024 Physician Fee Schedule, Final Rule. CMS-1784-F
- 3. CMS. CY2024 Hospital Outpatient Prospective Payment System, Final Rule: CMS-1786-FC, Addenda A, Addenda AA
- 4. CMS. FY2024 Hospital Inpatient Prospective Payment System, CMS-1785-F

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement payerials, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options. This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific product for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient aba

CPT® Copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. 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. Boston Scientific does not promote the use of its products outside their FDAapproved label.