

## Part B Insider (Multispecialty) Coding Alert

### No More 14-Day Wait To Bill For Lead Repositioning

Good news: Not only did Medicare add a new code for repositioning a left ventricular lead, it also did away with the 14-day waiting period to bill for lead repositioning. Unlike last year, when you had to wait two weeks after placing a lead before billing for repositioning it if the lead became dislodged, Medicare has removed the waiting period from lead positioning, says consultant **Jim Collins**. Now there's only a one-day wait imposed by the Correct Coding Initiative.

The new codes for placing and repositioning left ventricular leads, [CPT 33225](#) and 33226, should be used in combination with other codes, explains Collins. For example you can bill 33225, for lead placement, along with 33208 (dual pacemaker chamber implant) and 71090 (fluoroscopy). Or you could bill it with 33249, for a defibrillator.

A third lead placement code, 33224, caused some confusion among coders because the documentation refers to a "replacement" of a generator, says Collins. In fact, this code is for removing a generator, adding a Y-plug for an extra lead, and then putting the same generator back in - not replacing it with a new one. This code should be seldom used, because upgrading an old generator using a Y-plug raises all sorts of clinical concerns, Collins says.