

Part B Insider (Multispecialty) Coding Alert

Unlisted Code Could Spell Lost Reimbursement

No Extra Pay For Extra Work On Pacemaker Or ICD

Sometimes a new code for an added effort doesn't guarantee you'll get paid for following up on your hard work.

Medicare may have added CPT codes for implanting and repositioning a left ventricular lead with a multi-chamber device (33225 and 33226) but don't expect to get paid for monitoring the extra lead once it's in place.

A cardiologist must monitor a pacemaker or implantable cardiac defibrillator after inserting them, and that includes devices with a left ventricular lead attached, says consultant **Jim Collins** with **Compliant MD** in Matthews, NC. But Medicare didn't add any codes to cover follow-up monitoring for devices with left ventricular leads. That oversight has given rise to confusion and controversy, say experts.

So how can you bill for monitoring when a device has a left ventricular lead? The **North American Society of Pacing and Electrophysiology** encourages coders to pretend that extra lead isn't there, and just bill for a regular dual-chamber device using 93731-93732 and 93734-93735 for pacemakers and 93741-93744 for ICDs. The descriptions for the codes refer to a dual-chamber device capable of having leads in both ventricles and one atrium, says **Brian Outland**, coding specialist at NASPE.

"The masses are going with the NASPE recommendation with the idea there's safety in numbers," says Collins.

But at least one carrier, **Trailblazer**, has told physicians they must bill for monitoring of a pacemaker or ICD with a left ventricular lead using the unlisted code, 93799. This code will reimburse the same amount as the specific monitoring codes, but it'll take a lot longer to receive that payment, warns Collins.

"You have to submit the claim on paper and get the medical records [and] explain why it's different to a typical dual chamber" device, Collins explains. "It creates a lot of administrative burdens." But other carriers may follow Trailblazer's lead in requiring the unlisted code, in which case you must follow your carrier's recommendation.

When the new codes came out for pacemakers and ICDs with left ventricular leads, NASPE believed that there wasn't enough extra work involved in monitoring the devices with leads to justify a separate code, says Outland. Because of Medicare's "zero work rule," adding another code would have reduced reimbursement automatically for the existing codes, explains Outland. "We would lose money once CMS revalued the existing monitoring code" to make room for the new code, Outland says.

But now that the new codes have been in place for a while, NASPE plans to survey its members and find out if they're doing a lot of extra work that is going unreimbursed. Already some members have argued that they're doing enough extra monitoring work on the left ventricular leads to justify more reimbursement.