IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Anesthesia in Cardiac Pacemaker Surgery (NCD 10.6)

physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). 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. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

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. The Medicare Administrative Contractor obtains advice from its medical consultants or from appropriate specialty physicians or groups in its locality regarding the adequacy of documentation before deciding whether a particular claim should be covered.

A second type of pacemaker surgery that is sometimes performed involves the use of the thoracic method of implantation, which requires open surgery. Where the thoracic method is employed, general anesthesia is always used and should not require special medical documentation.

CPT/HCPCS Codes

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<th>Description</th>
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<tr>
<td>00530</td>
<td>Anesthesia for permanent transvenous pacemaker insertion</td>
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Modifiers

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<th>Code</th>
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<td>G9</td>
<td>Monitored anesthesia care for patient who has history of severe cardiopulmonary condition</td>
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<td>QS</td>
<td>Monitored anesthesiology care services (can be billed by a qualified nonphysician anesthetist or a physician)</td>
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References Included (but not limited to):

**CMS NCD(s)**

NCD 10.6 Anesthesia in Cardiac Pacemaker Surgery
Reference NCDs: NCD 20.8 Cardiac Pacemakers; NCD 20.8.1 Cardiac Pacemaker Evaluation Services; NCD 20.8.1.1 Transtelephonic Monitoring of Cardiac Pacemakers; NCD 20.8.3 Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers

**CMS LCD(s)**
Numerous LCDs

**CMS Article**
One article

**CMS Claims Processing Manual**
Chapter 12; § 50 Payment for Anesthesiology Services

**CMS Transmittals**
Transmittal 2872, Change Request 8525, Dated 03/06/2014 (National Coverage Determination (NCD) for Single Chamber and Dual Chamber Permanent Cardiac Pacemakers)
Anesthesia in Cardiac Pacemaker Surgery (NCD 10.6)

UnitedHealthcare Medicare Advantage Coverage Summaries
Cardiac Pacemakers and Defibrillators

MLN Matters
Article MM8525, National Coverage Determination (NCD) for Single Chamber and Dual Chamber Permanent Cardiac Pacemakers

Others
Decision Memo for Cardiac Pacemakers: Single-Chamber and Dual-Chamber Permanent Cardiac Pacemakers (CAG-00063R3)

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