Medtronic Cardiac Rhythm and Heart Failure (CRHF) Cardiac Device Evaluations

June 16, 2015
Disclaimer

- This presentation is intended for educational use. Any duplication is prohibited without written consent of Medtronic’s Economics and Health Policy department. This information does not replace seeking coding advice from the payer and/or your coding staff. The ultimate responsibility for correct coding lies with the provider of services. Please contact your local payer for their interpretation of the appropriate codes to use for specific procedures. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other third party payers as to the correct form of billing or the amount that will be paid to providers of service.

- CPT copyright 2014 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 the data contained or not contained herein.

- Note: CPT® code descriptions may be abbreviated and not listed in their entirety in all cases in this presentation. For full descriptions, please refer to your 2015 CPT code book.
Agenda

- Cardiac Device Evaluation Backgrounder
- National Medicare Pacemaker Evaluation Guidelines
- Office-Based or Provider-Based
- Cardiac Device Evaluation Medicare National Payment Rates
- Medicare Global Surgical Period
- Medicare Requirements: Diagnostic Tests and Supervision
- Cardiac Device Evaluation Coding Examples
- Frequently Asked Questions
- Appendix
Device Monitoring Requirements

- Coding rules must be followed
- A written order is needed
- Supervision requirements must be met
- Diagnosis coding should reflect the reason for the monitoring; Is it medical necessity or routine monitoring?
- The Provider Report should include findings and patient care plan
- For a Medicare patient, the CMS national and/or local coverage policies must be followed.
Cardiac Device Monitoring Definitions Per the AMA

**Programming Device Evaluation**

- **Iterative** adjustments made to parameters and evaluated.
- Final parameters may be same as original
- Always includes interrogation and (temporary) reprogramming

**Remote Monitoring**

- Defined time periods:
  - 30 day monitoring period, do not report if monitoring period is less than 10 days
  - 90 day monitoring period, do not report if monitoring period is less than 30.
- Monitoring period starts with the first monitoring service, continues through 30 or 90 days
- New time period begins on the 31st or 91st day

AMA 2015 CPT code book
The Technical Component (TC) of a service: All non-physician work, and includes administrative, personnel and capital (equipment and facility) costs, and related malpractice expenses.¹

For remote services, the Technical Component includes remote data acquisition(s), receipt of transmissions and technical review, technical support and distribution of results²

The Professional Component (PC) of a service: Physician’s work interpreting a diagnostic test or performing a procedure, and includes indirect practice and malpractice expenses related to that work.¹

A Modifier TC (Technical Component) or a Modifier -26 (Professional Component) may be applicable. There are two separate procedure codes for remote device monitoring.²

² AMA 2015 CPT code book
The decision as to how often any patient's pacemaker should be monitored is the responsibility of the patient's physician who is best able to take into account the condition and circumstances of the individual patient.

Transtelephonic monitoring (TTM) Guidelines I and II are for both single and dual chamber pacemakers. The TTM guidelines are in this NCD.

Pacemaker clinic* service frequency guidelines for routine monitoring are:
- Single chamber: Twice in the first 6 months following implant, then once every 12 months
- Dual chamber: Twice in the first 6 months following implant, then once every 6 months

Increased frequency of monitoring must be supported by documented medical necessity.

* Please note that “Pacemaker clinic” also includes “Physician practice” and “Hospital device monitoring departments”
Provider-Based Physician Practice “Split billing”

- Hospital-Physician integration has an impact on claim submission Place of Service (POS):
  - Practice designated as office-based (POS 11 Office) 
    or
  - Provider-based (POS 22 Outpatient Hospital)

- When a physician practice becomes provider-based and the practice becomes an outpatient department of the hospital:
  - For Medicare, the hospital portion of the claim (facility) is paid separately from the physician (professional) portion of the claim (“split billed”):
    - Hospital payment is made under the hospital Outpatient Prospective Payment System (OPPS)
    - Physician payment is made from the Medicare Physician Fee Schedule (MPFS)

## Physician Owned Practice and Provider-Based Physician Practice Examples

<table>
<thead>
<tr>
<th>CPT® code</th>
<th>CPT Brief Description</th>
<th>Jan-June 2015 Medicare National Payment after 2% Sequestration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Physician owned practice and Place of Service: 11 Office</td>
</tr>
<tr>
<td>93283</td>
<td>Dual lead ICD in person programming</td>
<td>$81 Global</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider-based physician practice and Place of Service: 22 Outpatient Hospital</td>
</tr>
<tr>
<td>93283-26</td>
<td>Dual lead ICD in person programming</td>
<td>$57 PC</td>
</tr>
<tr>
<td>93283</td>
<td>Dual lead ICD in person programming (Technical Component)</td>
<td>$35 TC Hospital Outpatient APC*</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Provider-Based Payment</strong></td>
<td><strong>$92</strong></td>
</tr>
</tbody>
</table>

PC: Professional Component  
TC: Technical Component  
* APC: Ambulatory Payment Classification

Hospital payment rate: [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html)
Physician National Payment Amounts After 2% Sequestration
Pacemaker Cardiac Device Monitoring

G: Global
TC: Technical Component
PC: Professional Component

The National Medicare Pacemaker Follow-up Guidelines released in 1984 are still in effect.

January through June 2015 Medicare physician payments are available at:

CRHF ECONOMICS
Medtronic
Hospital National Payment Amounts After 2% Sequestration Pacemaker Cardiac Device Monitoring

The National Medicare Pacemaker Follow-up Guidelines released in 1984 are still in effect.

Pacemaker

- Programming evaluation per encounter
  - Single Lead
  - Dual Lead
  - Multiple Lead
  - APC 0690

- Interrogation
  - In Person
  - Remote
  - APC 0690

- Peri-Procedural in person only any # of leads
  - APC 0690

- Transtelephonic one code any # of leads
  - APC 0690

Ambulatory Payment Classification (APC) 0690: $35.43

Calendar Year 2015 Hospital APC payments are available at:
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html

CRHF ECONOMICS
Physician National Payment Amounts After 2% Sequestration
ICD Cardiac Device Monitoring

G: Global
TC: Technical Component
PC: Professional Component

ICD

Programming evaluation per encounter

Single Lead
G: $63
TC: $20
PC: $43

Dual Lead
G: $81
TC: $24
PC: $57

Multiple Lead
G: $89
TC: $27
PC: $62

Interrogation

In Person

One code any # of leads per encounter

G: $64
TC: $19
PC: $45

Remote

Professional Analysis any # of leads Up to 90 days

G: $63
TC: $20
PC: $43

Technical Support any # of leads Up to 90 days

G: $36
TC: $13
PC: $23

Peri-Procedural in person only any # of leads

January through June 2015 Medicare physician payments are available at:
Hospital National Payment Amounts After 2% Sequestration
ICD Cardiac Device Monitoring

ICD

- Programming evaluation per encounter
  - Single Lead
  - Dual Lead
  - Multiple Lead
  - APC 0690

- Interrogation
  - In Person
    - Any # of leads
    - Up to 90 days
    - Status M
    - APC 0690

- Remote
  - Any # of leads
  - Up to 90 days
  - Status N
  - APC 0690

- Peri-Procedural in person only any # of leads
  - Status N
  - APC 0690

Ambulatory Payment Classification (APC) 0690: $35.43

Calendar Year 2015 Hospital APC payments are available at:
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html
Physician National Payment Amounts After 2% Sequestration
Implantable Cardiovascular Device Monitoring – ICM

Implantable Cardiovascular Monitor (ICM)

In Person per encounter
- 93290
  - G: $30
  - TC: $9
  - PC: $21

Remote
- 93297
  - Professional Analysis
    - Up to 30 days
  - PC: $26
- 93299
  - Remote Data Acquisition and Technical Support
    - Up to 30 days
  - Contractor Priced

January through June 2015 Medicare physician payments are available at:
Implantable Cardiovascular Monitor (ICM)

- **In Person per encounter**
  - APC 0690

- **Remote**
  - Professional Analysis Up to 30 days
    - 93297
  - Remote Data Acquisition and Technical Support Up to 30 days
    - 93299

Ambulatory Payment Classification (APC) 0690: $35.43

Calendar Year 2015 Hospital APC payments are available at:
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html
Heart Failure Management Summary

Patient: _________________________  DOS: _________________________

The Heart Failure Report/Cardiac Compass for the above patient was reviewed with the following results:

☐ All parameters are stable and/or within normal limits.

☐ The following issues were identified:
  ☐ New onset AF: ________  ☐ Increased AF Burden: ________
  ☐ Ave V Rate during AF: >100 ______ _100 ______
  ☐ Decreased BiV Pacing: ________  ☐ Increased V Pacing: ________
  ☐ Decreased activity  ☐ Decreased Heart Rate Variability
  ☐ VT/VF: ________  ☐ Increasing Night time Heart Rate

The report revealed the following:

☐ No change in impedance
☐ Increased thoracic impedance
☐ Decreased thoracic impedance – resolved
☐ Decreased thoracic impedance - increasing
☐ Decreased thoracic impedance – ongoing

Number of FI crossings since last transmission: ________
Number of FI crossings in last 6 months: ________

Patient contacted by _________________________  Date: _________________________
Weight: ________  Edema: ________  Orthopnea: ________  Dyspnea: ________
Dietary indiscretion: ________  Palpitations: ________  Dizziness: ________

The following action was recommended:

☐ No action necessary.
☐ Modify diet/fluid intake and transmit in ________ weeks.
☐ Increase diuretic therapy as follows: ____________________________________
  And transmit
☐ Medication change: ____________________________________
☐ Lab work: ____________________________________ on _______________
☐ Schedule office visit with _________________________ on _______________
☐ Hospitalization

Signature: _________________________
Physician National Payment Amounts After 2% Sequestration
Implantable Loop Recorder Device Monitoring

Implantable Loop Recorder (ILR)

- 93285
  - Programming evaluation per encounter
    - G: $42
    - TC: $16
    - PC: $26

- 93291
  - In Person per encounter
    - G: $35
    - TC: $14
    - PC: $21

- 93298
  - Professional Analysis
    - Up to 30 days
    - PC: $26

- 93299
  - Remote Data Acquisition and Technical Support
    - Up to 30 days
    - Contractor Priced

January through June 2015 Medicare physician payments are available at:
Implantable Loop Recorder (ILR)

- **Programming evaluation per encounter**
  - 93285
  - APC 0690

- **Interrogation**
  - 93291
  - APC 0450
  - APC 0690 for CY 2014

- **In Person per encounter**
  - 93291
  - APC 0690

- **Remote**
  - 93298
  - Professional Analysis
    - Up to 30 days
  - 93299
  - Remote Data Acquisition and Technical Support
    - Up to 30 days

**Ambulatory Payment Classification (APC)**

- APC 0690: $35.43

Calendar Year 2015 Hospital APC payments are available at:

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html
Medicare Global Surgical Period

- Each surgical CPT code has a surgical period associated with the service
- 90 days: Major surgical procedures, includes all CRHF implants
- 10 days: Minor surgical procedures
- Some procedures have zero global days

Major surgical procedures and the 90 day global surgical period:
- Bundled: preoperative visits after the decision is made to operate (includes 1 day before procedure), and 90 days post-implant
- Included: Routine follow-up (e.g., post-op visits), wound checks

Not included in the Global Surgery Period (may be paid separately):
- Initial consultation/evaluation by the surgeon to determine need for major surgery
- Visits unrelated to the diagnosis for which the surgical procedure is performed, unless the visits occur due to complication of the surgery.
- Diagnostic tests/procedures, including diagnostic radiological procedures.
  - Device monitoring procedures are diagnostic procedures

Diagnostic Tests: Medicare Written Documentation Requirements

- Diagnostic tests must be ordered by the physician/practitioner treating the patient and who uses the results to treat the patient. *(Diagnostic tests ordered by a non-treating physician/practitioner are considered not reasonable and necessary)*

- What is an order?
  - Communication from the treating physician/practitioner requesting that a diagnostic test be performed for the Medicare beneficiary
  - When a physician/practitioner’s order for a diagnostic test does not require a signature, the physician/practitioner must clearly document, in the medical records, his or her intent that the test be performed.

- How may an order be delivered?
  - An order may be delivered via signed written document, a telephone call, or via email

---

Medicare Supervision Requirements for the Technical Component of Diagnostic Tests

DIRECT SUPERVISION

Applies to the technical component for all in person cardiac device interrogations. The physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

In a hospital (facility) setting, direct supervision means that the physician must be immediately available to furnish assistance and direction throughout the performance of the procedure.

GENERAL SUPERVISION

Applies to the technical component for all remote interrogation services. The procedure is furnished under the physician’s overall direction and control, but the physician’s presence is not required during the performance of the procedure. Under general supervision, the training of the nonphysician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.


Medicare supervision requirements for specific procedure codes: http://www.cms.gov/PhysicianFeeSched/PFSRVF/list.asp#TopOfPage

Click on PFS Relative Value Files, then Calendar Year 2015. The most updated file is “RVU15C.”
A 67 year old male receives his annual routine pacemaker programming device evaluation on his implanted dual chamber pacemaker.

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Code</th>
<th>Physician Office</th>
<th>Outpatient Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>V45.01</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cardiac pacemaker in situ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPT® Procedure</td>
<td>93280 (Global)</td>
<td>93280</td>
</tr>
<tr>
<td></td>
<td>93280-26 (PC only)</td>
<td></td>
</tr>
</tbody>
</table>

Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system

The TC can only be billed by one provider.
A 67 year old female tells her physician that she thought she received a shock from her device. Patient receives programming evaluation of her dual chamber cardioverter-defibrillator (ICD).

**Physician Office** | **Outpatient Hospital**
--- | ---
**ICD-9-CM Diagnosis Code** |  | 
V53.32 | Yes | Yes 
Fitting and adjustment of automatic implantable cardioverter defibrillator

**CPT® Procedure**

| 93283 (Global) | 93283-26 (PC only) | 93283 |

Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system

**The TC can only be billed by one provider.**
### Routine Device Monitoring

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Code</th>
<th>ICD-10-CM Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pacemaker</strong></td>
<td></td>
</tr>
<tr>
<td>V45.01</td>
<td>Z95.0</td>
</tr>
<tr>
<td>Cardiac pacemaker in situ</td>
<td>Presence of cardiac pacemaker</td>
</tr>
<tr>
<td><strong>Implantable Defibrillator</strong></td>
<td></td>
</tr>
<tr>
<td>V45.02</td>
<td>Z95.810</td>
</tr>
<tr>
<td>Automatic implantable cardiac defibrillator in situ</td>
<td>Presence of automatic (implantable) cardiac defibrillator</td>
</tr>
<tr>
<td><strong>Other Cardiac Devices (ILR)</strong></td>
<td></td>
</tr>
<tr>
<td>V45.09</td>
<td>Z95.818</td>
</tr>
<tr>
<td>Other specified cardiac device in situ</td>
<td>Presence of other cardiac implants and grafts</td>
</tr>
</tbody>
</table>
## Device Monitoring Diagnosis Codes
### ICD-9 versus ICD-10

#### Device Monitoring for Patients with a Complaint or a Symptom

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Code</th>
<th>ICD-10-CM Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pacemaker</strong></td>
<td></td>
</tr>
<tr>
<td>V53.31</td>
<td>Z45.010</td>
</tr>
<tr>
<td>Fitting and adjustment of cardiac pacemaker</td>
<td>Encounter for checking and testing of cardiac pacemaker pulse generator [battery]</td>
</tr>
<tr>
<td></td>
<td>Z45.018</td>
</tr>
<tr>
<td></td>
<td>Encounter for adjustment and management of other part of cardiac pacemaker</td>
</tr>
<tr>
<td><strong>Implantable Defibrillator</strong></td>
<td></td>
</tr>
<tr>
<td>V53.32</td>
<td>Z45.02</td>
</tr>
<tr>
<td>Fitting and adjustment of automatic implantable cardiac defibrillator</td>
<td>Encounter for adjustment and management of automatic implantable cardiac defibrillator</td>
</tr>
<tr>
<td><strong>Implantable Loop Recorder (ILR)</strong></td>
<td></td>
</tr>
<tr>
<td>V53.39</td>
<td>Z45.09</td>
</tr>
<tr>
<td>Fitting and adjustment of other cardiac device</td>
<td>Encounter for adjustment and management of other cardiac device</td>
</tr>
</tbody>
</table>
### Examples of Complaint/Symptom Diagnosis Codes
**ICD-9 versus ICD-10**

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Code</th>
<th>ICD-10-CM Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>427.9: Unspecified cardiac dysrhythmia</td>
<td>I49.9: Cardiac arrhythmia, unspecified</td>
</tr>
<tr>
<td>780.2: Syncope and Collapse</td>
<td>R55: Syncope and Collapse</td>
</tr>
<tr>
<td>780.4: Dizziness and Giddiness</td>
<td>R42: Dizziness</td>
</tr>
<tr>
<td>785.1: Palpitations</td>
<td>R00.2: Palpitations</td>
</tr>
</tbody>
</table>

Remember to review Medicare Local Coverage Determinations (LCDs), or contact your Medicare Administrative Contractor (MAC), or refer to your private payer policies.
Frequently Asked Questions

Non-Physician Practitioners:
Q1) Can non-physician practitioners (e.g. nurse practitioners, physician assistants) order diagnostic tests?
   A1) Yes as long as they meet the requirements of their respective state licensing laws regarding diagnostic testing orders.¹

Q2) Can non-physician practitioners supervise other clinicians during an in person cardiac device evaluation?
   A2) No. Direct Physician supervision is required throughout the performance of the diagnostic test.¹

Supervision Requirements:
Q3) What are the Medicare device monitoring supervision requirements?
   A3) Remote interrogations and Transtelephonic monitoring: The technical component requires General Supervision (codes 93296, 93299, and 93293)²

   A3) In Person device evaluations: The technical component requires Direct Supervision²

¹ Title 42 Code of Federal Regulations §410.32: [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/downloads/410_32.pdf](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/downloads/410_32.pdf)
² Medicare supervision requirements are available on the Physician Fee Schedule Lookup function which can be found here [http://www.cms.hhs.gov/PfsLookup/](http://www.cms.hhs.gov/PfsLookup/)
Frequently Asked Questions…

**Frequency:**

Q4) For a patient with a pacemaker, how frequently can I bill for remote monitoring?

A4) The code allows the service to be billed once per 90 days. This includes all patient transmissions during that 90 day monitoring period. However, for Medicare patients, **routine monitoring** is limited by the National Coverage Determination for pacemaker follow up services (20.8.1 and 20.8.1.1).¹

Q5) For a patient with an ICD, how frequently can I bill for remote monitoring?

A5) The code allows the service to be billed once per 90 days. This includes all patient transmissions during that 90 day monitoring period. Medicare has not issued a Medicare National Coverage Determination for ICD evaluation services so providers should check their local Medicare contractor’s website or contact them directly for specific guidelines (20.4 Implantable Automatic Defibrillators Covered Indications).¹

---

¹ Medicare National Coverage Determinations Manual, Section 20.8.1, 20.8.1.1 and 20.4
Billing Guidelines:

Q6) How do you bill for increased remote monitoring when the device is nearing Elective Replacement Indicator (ERI) status?

A6) The remote monitoring codes can only be billed once per 90 days and this covers all transmissions that occur within this 90 day period.¹

Q7) What billing date should I use for remote monitoring because there is a date on the report generated for these patient device transmissions?

A7) Medicare does not dictate what date to use for the remote monitoring episode. The provider should establish a consistent method for assigning the applicable date. You must remember that Pacemaker and ICD remote codes (90 day monitoring period) need to have at least 30 days in the remote episode before this service can be billed. Implantable Loop Recorder (ILR) and Implantable Cardiovascular Monitor (ICM) remote codes must have at least 10 days in a 30 day monitoring period before the service can be billed.¹

¹ CPT 2015 American Medical Association code book
**Coding:**

**Q8)** When my physician clinic provides both the technical and professional remote monitoring services, how are these billed?

**A8)** Remote monitoring codes have separate CPT codes to describe the professional and technical components. If the physician clinic performs both of these services, then both procedure codes would be billed.¹

**Q9)** For in person device monitoring, when should a physician use the -26 modifier (Professional Component)?

**A9)** Modifier -26 reflects physician time and intensity in furnishing the service, including activities before and after direct patient contact.² When the technical component is not performed by the physician clinic, the physician would append the -26 modifier. For example, a patient is either a hospital inpatient or outpatient and the technical component was performed by the hospital or if a vendor is providing the technical component service.³

---

¹ CPT 2015 American Medical Association code book
² Social Security Act Section 1848(c) (1) (A) and (B).
Coding Continued:
Q10) Which V codes are applicable when reporting device monitoring?
   A10) The diagnosis code submitted on the claim should support the reason for
   the monitoring service.
   For routine monitoring you may want to consider:
   • Applicable V codes, such as V45.01, pacemaker in situ or
     V45.02 Automatic implantable cardiac defibrillator in situ
   For a patient complaint or symptom you may want to consider:
   • V53.31: Fitting and adjustment of cardiac pacemaker or
   • V53.32: Fitting and adjustment of automatic implantable cardiac defibrillator
   or
   • Current patient symptom

Incident-to Medicare:
Q11) Are incident-to rules applicable to cardiac device monitoring services?
   A11) No. Cardiac device monitoring is identified by Medicare as a diagnostic
   service and therefore, is subject to Diagnostic testing rules in regards to ordering
   and supervision.¹

¹ Local Coverage Determination (LCD) example: Cardiac Rhythm Device Evaluation Novitas L30529
² CMS Medicare Benefit Policy Manual, Rev. 186, Chapter 15, Section 60
Visit our website:
www.Medtronic.com/crdmreimbursement

Email us:
Rs.healthcareeconomics@Medtronic.com

Call our Coding Hotline:
1-866-877-4102
8 AM – 5 PM CST
## Appendix

<table>
<thead>
<tr>
<th><strong>CPT® Code</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>93279</td>
<td>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system</td>
</tr>
<tr>
<td>93280</td>
<td>dual lead pacemaker system</td>
</tr>
<tr>
<td>93281</td>
<td>multiple lead pacemaker system</td>
</tr>
<tr>
<td>93282</td>
<td>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system</td>
</tr>
<tr>
<td>93283</td>
<td>dual lead transvenous implantable defibrillator system</td>
</tr>
<tr>
<td>93284</td>
<td>multiple lead transvenous implantable defibrillator system</td>
</tr>
<tr>
<td>CPT® Code</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>93285</td>
<td>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system</td>
</tr>
<tr>
<td>93286</td>
<td>Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system</td>
</tr>
<tr>
<td>93287</td>
<td>single, dual, or multiple lead implantable defibrillator system</td>
</tr>
<tr>
<td>93288</td>
<td>Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system</td>
</tr>
<tr>
<td>CPT® Code</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>93289</td>
<td>Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements</td>
</tr>
<tr>
<td>93290</td>
<td>Implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors</td>
</tr>
<tr>
<td>93291</td>
<td>Implantable loop recorder system, including heart rhythm derived data analysis</td>
</tr>
<tr>
<td>93293</td>
<td>Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days</td>
</tr>
<tr>
<td>CPT® Code</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>93294</td>
<td>Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>93295</td>
<td>Single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>93296</td>
<td>Single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</td>
</tr>
<tr>
<td>93297</td>
<td>Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>CPT® Code</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>93298</td>
<td>Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>93299</td>
<td>implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</td>
</tr>
</tbody>
</table>