Reference Guide for Cardiac Rhythm and Heart Failure (CRHF) Procedures
CONTENTS

Pacemaker Procedures ................................................................. 3
Implantable Defibrillator Procedures ........................................... 5
Electrophysiology Procedures ....................................................... 9
Implantable Devices for Diagnostic Procedures ....................... 11
Medtronic CareLink™ Network Procedures ................................. 13
This booklet includes the commonly billed physician codes for cardiac rhythm and heart failure devices and procedures. This is not a comprehensive list of all available codes, and it is possible that there is a more appropriate code for any given procedure. These coding suggestions do not replace seeking coding advice from the payer and/or your own coding staff. The ultimate responsibility for correct coding lies with the provider of services. Please contact your local payer for 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.

For questions or for more information, please contact Medtronic at 1 (866) 877-4102.

Cardiac Rhythm and Heart Failure (CRHF) reimbursement customer information is available at www.medtronic.com/crdmreimbursement.

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A FEW NOTES ABOUT PHYSICIAN CODING

Physician Coding and Reimbursement

For service dates on and after October 1, 2015, Physicians must report ICD-10 diagnosis codes rather than ICD-9 diagnosis codes for virtually all payers. Physicians or other qualified health care professionals report CPT codes for services regardless of where the service was provided (physician office, inpatient or outpatient hospital).

Typically changes to CPT codes are effective January 1st of each calendar year. Category III codes reflect emerging technology and therefore are temporary codes that may be implemented during the year. Medicare Contractors will determine the reimbursement for Category III codes.

The information in this document does not identify code pairs that may be subject to the Medicare National Correct Coding Initiatives (NCCI) edits.

Modifiers:

KX: Requirements specified in the medical policy have been met.
Q0 (zero): Investigational clinical service provided in a clinical research study that is in an approved clinical research study. *This modifier also denotes a primary prevention patient for Medicare implantable defibrillator device implants.
-22: Increased procedural services (work required to provide a service is substantially greater than typically required)
-25: Significant, separately identifiable E/M service by the same physician or other qualified health care professional on the same day of the procedure or other service
-26: Professional component (certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier -26 to the usual procedure number).
-51: Multiple procedures, other than E/M, performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier -51 to the additional procedure or service code(s).
-52: Reduced services
-53: Discontinued procedure (physician elects to terminate a surgical or diagnostic procedure)
-58: Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period
-76: Repeat procedure or service by same physician or other qualified health care professional
-77: Repeat procedure by another physician or other qualified health care professional
-78: Unplanned return to the OR/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period
-79: Unrelated procedure or service by the same physician during the postoperative period
PACEMAKER PROCEDURES

Insertion
33202 Insertion of epicardial electrode(s); open incision (e.g., thoracotomy, median sternotomy, subxiphoid approach)\(^1\)
33203 Insertion of epicardial electrode(s); endoscopic approach (e.g., thoracoscopy, pericardioscopy)\(^2\)
33206 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial ventricular
33207 atrial and ventricular
33212 Insertion of pacemaker pulse generator only; with existing single lead
33213 with existing dual leads
33214 with existing multiple leads
33216 Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)
33217 Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
33224 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
+33225 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)
0387T Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular

Insertion or Replacement of Temporary Pacemaker
33210 Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
33211 Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)

Removal and Replacement
33227 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
33228 dual lead system
33229 multiple lead system

Removal
33233 Removal of permanent pacemaker pulse generator only
33234 Removal of transvenous pacemaker electrode(s), single lead system, atrial or ventricular
33235 dual lead system
33236 Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
dual lead system
33237 Removal of permanent transvenous electrode(s) by thoracotomy
0388T Transcatheter removal of permanent leadless pacemaker, ventricular

Repositioning, Repair, Relocation
33215 Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
33218 Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
33220 Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
33222 Relocation of skin pocket for pacemaker
33225 Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)

Echocardiography
93303 Transthoracic echocardiography for congenital cardiac anomalies; complete
93304 follow-up or limited study
93306 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
Pacemaker Procedures, continued

93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
93308 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
+93320 Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete (List separately in addition to codes for echocardiographic imaging)
   (Use 93320 in conjunction with 93303, 93304, 93312, 93314, 93315, 93317, 93350, 93351)
+93321 follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
   (Use 93321 in conjunction with 93303, 93304, 93308, 93312, 93314, 93315, 93317, 93350, 93351)
+93325 Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
   (Use 93325 in conjunction with 76825, 76826, 76827, 76828, 93303, 93304, 93308, 93312, 93314, 93315,
    93317, 93350, 93351)

Cardiac Device Analysis, Interrogation, and Programming Evaluation

93724 Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)

In Person

93279 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
93280 dual lead pacemaker system
93281 multiple lead pacemaker system
93288 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
93290 implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
0389T 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, leadless pacemaker system
0391T Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system

Transtelephonic/Remote

93293 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
93294 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
93296 single, dual, or multiple lead pacemaker system or implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93297 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
93299 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

Peri-Procedural

93286 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
0390T 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, leadless pacemaker system

Frequency Guidelines:
Medicare identifies the frequency guidelines for pacemaker clinic services in the Cardiac Pacemaker Evaluation Services Medicare National Coverage Determinations Manual (CMS Pub, 100-03) §20.8.1—Cardiac Pacemaker Evaluation Services (Rev. 173, Issued: 09-04-14) CIM 50-1. Contact your local payer to discuss this pacemaker evaluation National Coverage Determination and procedure code definitions.

+ Codes with a + symbol are “add-on” codes. These procedures are always performed in addition to the primary service/procedure, and are never reported as stand-alone codes.
**Implantable Defibrillator Procedures**

**Insertion**
- 33202: Insertion of epicardial electrode(s); open incision (e.g., thoracotomy, median sternotomy, subxiphoid approach)
- 33203: Insertion of epicardial electrode(s); endoscopic approach (e.g., thoracoscopy, pericardioscopy)
- 33216: Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
- 33217: Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator
- 33224: Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
- +33225: Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)
- 33230: Insertion of implantable defibrillator pulse generator only; with existing dual leads
- 33231: with existing multiple leads
- 33240: with existing single lead
- 33249: Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber
- 33270: Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
- 33271: Insertion of subcutaneous implantable defibrillator electrode

**Insertion or Replacement of Temporary Pacemaker**
(May be applicable to Implantable Defibrillator Procedures, verify with payers as deemed appropriate)
- 33210: Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
- 33211: Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)

**Removal and Replacement**
- 33262: Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system
- 33263: dual lead system
- 33264: multiple lead system

**Removal**
- 33241: Removal of implantable defibrillator pulse generator only
- 33243: Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy
- 33244: by transvenous extraction
- 33272: Removal of subcutaneous implantable defibrillator electrode

**Repositioning, Repair, Relocation**
- 33215: Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
- 33218: Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
- 33220: Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
- 33223: Relocation of skin pocket for implantable defibrillator
- 33226: Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)
- 33273: Repositioning of previously implanted subcutaneous implantable defibrillator electrode

**Intra-operative Device Testing**
- 93640-26: Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;
- 93641-26: with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator
Follow-Up Device Testing

93642-26
Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

93644-26
Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

Echocardiography

93303
Transthoracic echocardiography for congenital cardiac anomalies; complete

93304
follow-up or limited study

93306
Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography

93307
Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography

93308
Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study

+93320
Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete (List separately in addition to codes for echocardiographic imaging)

+93321
follow-up or limited study (List separately in addition to codes for echocardiographic imaging)

+93325
Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)

Cardiac Device Analysis, Interrogation, and Programming Evaluation

In Person

93260
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 subcutaneous lead defibrillator system

93261
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; implantable subcutaneous lead defibrillator system

93282
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

93283
multiple lead transvenous implantable defibrillator system

93284
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

Remote

93295
Interrogation device evaluation(s) (remote), up to 90 days; 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

93296
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

External

93288
External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real-time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional

93299
technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
Implantable Defibrillator Procedures, continued

93292  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; wearable defibrillator system

93745  Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events

Peri-Procedural
93287  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 implantable defibrillator system

ICD/CRT-D Devices with OptiVol™ Technology
Cardiac Device Analysis Interrogation
In Person
93290  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; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors

Remote
93297  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

93299  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

+ Codes with a + symbol are “add-on” codes. These procedures are always performed in addition to the primary service/procedure, and are never reported as stand-alone codes.
ELECTROPHYSIOLOGY PROCEDURES

ELECTROPHYSIOLOGY PROCEDURES

Modifier –26 is required for all of the following procedures except 92960, 92961, 93650, 93653, 93654, and 93656 when performed in the facility setting (e.g., hospital).

Recording, Mapping, and Pacing Procedures
93600 Bundle of His recording
93602 Intra-atrial recording
93603 Right ventricular recording
+93609 Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)
93610 Intra-atrial pacing
93612 Intraventricular pacing
+93613 Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
93615 Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing
93616 Intra-atrial pacing
93618 Induction of arrhythmia by electrical pacing

Electrophysiologic Evaluations
93619 Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
93620 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording
+93621 with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)
+93622 with left ventricular pacing and recording (List separately in addition to code for primary procedure)

Pharmacologic Assessment during EPS
+93623 Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)

EP Follow-Up Study
93624 Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia

Intra-Operative Cardiac Pacing and Mapping
93631 Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction

Intra-Operative Device Testing
93640-26 Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;
93641-26 with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator

Follow-Up Device Testing
93642-26 Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
93644-26 Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

Intracardiac Echocardiography
+93662 Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
Electrophysiology Procedures, continued

**External and Internal Cardioversion**

92960  Cardioversion, elective, electrical conversion of arrhythmia; external
92961  internal (separate procedure)

**Catheter Ablation**

93650  Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93653  Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
93654  with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed
+93655  Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)
93656  Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation
+93657  Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)

**Transseptal Puncture**

+93462  Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
(Use 93462 in conjunction with 93452, 93453, 93458-93461, 93582, 93653, 93654)

**Tilt Table Testing**

93660  Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention

**Cardiac Device Analysis, Interrogation, and Programming Evaluation**

93724  Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)

*Codes with a + symbol are “add-on” codes. These procedures are always performed in addition to the primary service/procedure, and are never reported as stand-alone codes.*
**Implantable Devices for Diagnostic Procedures**

**Implantable Patient-Activated Cardiac Event Recorders:**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insertion</td>
<td>33282</td>
<td>Implantation of patient-activated cardiac event recorder</td>
</tr>
<tr>
<td>Removal</td>
<td>33284</td>
<td>Removal of an implantable, patient-activated cardiac event recorder</td>
</tr>
<tr>
<td><strong>Cardiac Device Analysis, Interrogation, and Programming Evaluation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Person</td>
<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></td>
<td>93291</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; implantable loop recorder system, including heart rhythm derived data analysis</td>
</tr>
<tr>
<td>Remote</td>
<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></td>
<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>
MEDTRONIC CARELINK NETWORK PROCEDURES

Pacemaker and Implantable Defibrillator Systems

93294 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.

93295 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.

93296 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.

Implantable Cardiovascular Monitor (ICM) and Implantable Loop Recorder (ILR)

93297 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.

93298 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.

93299 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.

Frequency Guidelines:
Medicare identifies the frequency guidelines for pacemaker clinic services in the Cardiac Pacemaker Evaluation Services Medicare National Coverage Determinations Manual (CMS Pub, 100-03) §20.8.1 – Cardiac Pacemaker Evaluation Services (Rev. 173, Issued: 09-04-14) CIM 50-1. Contact your local payer to discuss this pacemaker evaluation National Coverage Determination and procedure code definitions.
ADDITIONAL CODING INFORMATION:

It is important to refer to the CPT® code\(^1\) descriptions in order to ensure that a billed code meets the specific requirements defined for each individual code. You should contact your local Medicare contractor/payer for interpretation of applicable policies. Furthermore, please check the National Correct Coding Initiative (NCCI) edits.

The monitoring period described by these codes includes both in person and a remote 30- or 90-day monitoring period. Remote monitoring codes have separate CPT codes for the professional component (PC) and the technical component (TC). For CPT codes other than for remote monitoring (in person codes), the Global CPT codes comprise the professional and technical components. In an office Place Of Service (POS)\(^5\) the remote monitoring codes require two different CPT codes to be billed together. One code represents the professional service and another code represents the technical service (e.g., CPT 93294 and 93296, 93295 and 93296, 93297 and 93299, and 93298 and 93299) when performing the global service. For hospital inpatient or outpatient services, the service is “split-billed” with the professional component billed on a 1500 (professional claim form) and the technical component (facility fee) billed by the hospital on a UB-04 claim form.

The **professional component** reflects physician time and intensity in furnishing the service, including activities before and after direct patient contact.\(^3\) When the professional component is performed in a facility (hospital) setting, the professional component would require the “-26” modifier. The “-26” modifier would be appended in all the codes except those representing the professional services only (e.g., CPT 93294, 93295, 93297, and 93298).

The **technical component** refers to the resources used in furnishing the service, such as office rent, wages of personnel, and other office practice expenses. Modifier “-TC”\(^7\) should be added to the appropriate CPT code when only the technical component is performed. Modifier “-TC” would not be appended if the specific CPT code description represents only the professional services (e.g., CPT 93296 and 93299). When the technical component is performed in a facility setting (hospital), this service would fall under the hospital Inpatient or Outpatient billing rules and would be submitted on the hospital claim form. For remote monitoring, the CPT code description (CPT codes 93296 & 93299) identifies the work involved with remote monitoring technical services, including remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results.

**Physician Supervision Requirements**

Cardiac device monitoring services are defined by Medicare as diagnostic services. As such, Medicare regulations require specific supervision for diagnostic tests. These are applicable to the technical component of the electronic analysis of implanted cardiac devices. These supervision requirements are in addition to any other Medicare coverage requirements. The Medicare supervision requirements for individual CPT codes are available on the Physician Fee Schedule (PFS) lookup function on the Medicare website\(^2\) or under “PFS Relative Value Files” for 2016.\(^2\)

Medicare Requires:

- **General supervision** of the technical component for all remote interrogation services and transtelephonic pacemaker monitoring (codes 93296, 93299, and 93293).
- **Direct supervision** of the technical component for all in person cardiac device evaluations when performed with an office POS.

**General supervision**\(^8\) means 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 non-physician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

**Direct supervision**\(^9\) in a hospital (facility) setting means that the physician must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician is not required to be present in the room where the procedure is being performed in this hospital (facility) setting or within any other physical boundary as long as he or she is immediately available.
References

1 CPT copyright 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. The KX and the Q0 Medicare alpha-numeric HCPCS (Healthcare Common Procedure Coding System) modifiers are available at: http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html

2 Medicare contractors will establish RVUs (Relative Value Units) and payment amounts for these services, typically on a case by case basis following review of documentation, such as an operative report. This information can be found at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html. Click on PFS Relative Value Files, Calendar Year and then access the current file.

3 These codes are used for implantation of epicardial leads with all types of cardiac rhythm management devices including pacemakers, defibrillators, and cardiac resynchronization therapy (CRT) devices. They can be used alone, when epicardial lead implantation is the only procedure performed. When electrodes are inserted epicardially as part of a full system, separate codes are added for the pulse generator.

4 Modifier –26 identifies the professional component of procedures that are a combination of a physician component and a technical component.


6 Social Security Act Section 1848(c) (1) (A) and (B). https://www.ssa.gov/OP_Home/ssact/title18/1848.htm

