

## Reimbursement guide

# Cardiac implantable electronic device management services

Hospital & physician coding, coverage, and payment

January 2023

Overview

---

Billing considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



# Hospital & physician reimbursement guide

## Cardiac Implantable Electronic Device (CIED) management services

This guide has been developed to help you understand Medicare coverage, coding, and payment for CIED patient management.

### Please contact Reimbursement Customer Support for further information:

- ▶ Website: <http://www.medtronic.com/crhfreimbursement>
- ▶ Phone: 866-877-4102 (M-F, 8:00 a.m. to 5:00 p.m. CT)
- ▶ Email: [rs.healthcareeconomics@medtronic.com](mailto:rs.healthcareeconomics@medtronic.com)

---

### Disclaimer

Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules, and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists, and/or legal counsel for interpretation of coding, coverage and payment policies. This document provides assistance for FDA approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (e.g., instructions for use, operator's manual or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

CPT® copyright 2022 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.

**Medtronic**

Overview

---

Billing considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



# Table of contents

Overview of CIED management services	4
Billing considerations for CIED management services	5
Coverage for CIED management services	7
Coding for CIED management services	9
• CPT® codes	10
• CPT coding summary for physician and outpatient hospital	16
Payment for CIED management services	17
• Physician payment	18
• Hospital outpatient payment	23
Frequently Asked Questions	28

## Medtronic

Overview

---

Billing  
considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



# Overview

## CIED management services

Cardiac implantable electronic devices (CIED) require ongoing patient management to maintain and optimize device functionality and inform patient treatment. CIED patient management services may be delivered in-person or remotely and include evaluation, interrogation, and programming services.

The scope of this document is coding, coverage, and payment for patient management services for the following CIED types:

- ✓ Pacemakers
- ✓ Defibrillators (ICDs)
- ✓ Cardiac Resynchronization Therapy (CRT-D & CRT-P)
- ✓ Subcutaneous Cardiac Rhythm Monitors (also referred to as Implantable Loop Recorders [ILR] or Implantable Cardiac Monitors [ICM])
- ✓ Implantable Cardiovascular Physiologic Monitoring (e.g., Cardiac Compass™, OptiVol™)



# Billing considerations for CIED management services

- 1 CIED management may be billed and may be paid separately during the global surgical period**
  - Medicare considers these services to be diagnostic tests. Diagnostic tests are separately billable during the global surgical period.<sup>2</sup>
- 2 A written order is required**
  - Diagnostic tests such as CIED management must be ordered by the practitioner treating the patient who uses the results to treat the patient and recorded in the patient's medical record.<sup>3</sup>
- 3 CIED management technical component services have specific supervision requirements<sup>4</sup>**
  - In-person CIED management services have direct supervision requirements meaning the supervising practitioner must be present in the office suite or hospital setting and immediately available.
  - Remote CIED management services have general supervision requirements meaning the supervising practitioner's presence is not required during the performance of the procedure. The supervising practitioner is responsible for training of the personnel doing the work and maintenance of the necessary equipment and supplies.
  - Effective January 1, 2021, CMS permits **non-physician practitioners** (such as nurse practitioners [NPs] and Physician Assistants [PAs]) to supervise diagnostic tests (including CIED management) ONLY in states where it is allowed by state law and scope of practice.<sup>1</sup>
  - Supervision requirements do not apply to professional services.
- 4 The date of service reported is based on the code description. Professional and technical components may have different dates of service<sup>5</sup>**
  - For professional services, the date of service is the date the physician completes that activity.
  - For technical services, the date of service is the date the monitoring concludes.
- 5 If industry representative provides the technical component of an in-person CIED management service, it is recommended that the practice bill only the professional component using modifier -26 on the professional claim form.<sup>6</sup>**



# Billing considerations- for remote monitoring only

## 01

---

Remote CIED management codes represent all remote work that occurs over the monitoring period

- ▶ For pacemakers, ICD, and CRT devices, the remote monitoring period is 90 days
- ▶ For subcutaneous cardiac rhythm monitors & implantable physiologic cardiac monitors, the remote monitoring period is 30 days

## 02

---

Remote CPT® codes are appropriate when the patient is not physically at a healthcare facility to receive the service. In scenarios where a patient receives service at a healthcare facility but the clinician delivering the service is at a separate facility location, remote codes are not appropriate

## 03

---

If a patient receives in-person CIED management services while in a remote monitoring period, the billing implications depend on the service

- ▶ If patient receives **interrogation** evaluation services during a remote monitoring period, only remote services are billable
- ▶ If patient receives **programming** evaluation services during a remote monitoring period, both services are billable

## Medtronic

Overview

---

Billing considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



# Coverage for CIED management services



## Traditional Medicare coverage

Medicare has a National Coverage Determination (NCD) designating coverage for pacemaker device evaluation (NCD 20 .8 .1 and 20 .8 .1 .1).<sup>7</sup> The pacemaker device evaluation NCD speaks to routine monitoring, and thus increased monitoring due to symptoms and issues may be acceptable to bill as long as there is documented medical necessity.

There is not currently an NCD for other CIED management services. Some local contractors have local coverage determinations (LCD) that specify the coverage criteria for their specific states. In the absence of a formal coverage policy, the Social Security Act allows for coverage when the local contractors determine it is medically reasonable and necessary.<sup>8</sup> Traditional Medicare does not require, nor does it provide, prior authorization. It is the provider's responsibility to document "reasonable and necessary."<sup>9</sup>



## Medicare Advantage coverage

Medicare Advantage plans are required to cover at least what is covered by traditional Medicare. Therefore, Medicare coverage policies apply to both traditional Medicare and Medicare Advantage plans.<sup>10</sup> Medicare Advantage plan administrators may have policies and additional requirements such as prior testing and prior authorization. Medtronic recommends that you review the specific payer coverage policies applicable to your patient to verify all the criteria for coverage are met and/or to request a prior authorization. Asking about coverage or requesting authorization after an implant procedure or device interrogation may result in unpaid claims, leaving both the hospital and the physician without compensation.



# Coverage for CIED management services



## Non-Medicare payer coverage

Non-Medicare payers typically determine coverage for procedures based on any applicable medical policies and prior authorization when indicated. Not all published policies apply to all patients covered by a particular payer. Medtronic recommends that you review the specific payer coverage policies applicable to your patient to verify all the criteria for coverage are met and/or to request a prior authorization. Asking about coverage or requesting authorization after an implant procedure may result in unpaid claims, leaving both the hospital and the physician without compensation.



## Best practices for documentation

Documentation in the patient's medical record must support the medical necessity of all procedures being performed. Some factors to consider including in that documentation might be:

- CIED management must be ordered by the practitioner treating the patient who uses the results to treat the patient and documented in the patient's medical record.
- Document relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.
- For programming evaluation, parameters tested and the result should be maintained in the medical record.



# Coding for CIED management services

The coding information that follows does 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. All diagnosis and procedure codes must be supported by clear documentation within the medical record.<sup>11</sup>



## CPT® Codes

The following CPT® codes<sup>12</sup> describe procedures associated with in person and remote cardiac device evaluation services for cardiac implantable electronic devices. Services rendered will dictate the appropriate coding. These codes may be used by physicians for all services and may be used by facilities when services are rendered in the outpatient hospital. It is the physician's discretion as to what codes to report based on what procedures were performed.



CPT® code<sup>12</sup>

CPT® code description<sup>12</sup>

## Implantable pacemaker – in person

93288	<p><b>Interrogation</b> device evaluation (<b>in person</b>) with analysis, review, and report by a physician or other qualified healthcare professional, includes connection, recording, and disconnection per patient encounter; <b>single, dual, or multiple lead pacemaker</b> system or <b>leadless pacemaker</b> system (Do not report 93288 in conjunction with 93279-93281, 93286, 93294, 93296)</p>
93279	<p><b>Programming</b> device evaluation (<b>in person</b>) 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; <b>single lead pacemaker system</b> or <b>leadless pacemaker</b> system in one cardiac chamber (Do not report 93279 in conjunction with 93286, 93288)</p>
93280	<p><b>Programming</b> device evaluation (<b>in person</b>) 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; <b>dual lead pacemaker</b> system (Do not report 93280 in conjunction with 93286, 93288)</p>
93281	<p><b>Programming</b> device evaluation (<b>in person</b>) 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; <b>multiple lead pacemaker</b> system (Do not report 93281 in conjunction with 93286, 93288)</p>
93286	<p><b>Peri-procedural</b> device evaluation (<b>in person</b>) 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; <b>single, dual, or multiple lead pacemaker</b> system or leadless pacemaker system (Do not report 93286 in conjunction with 93279-93281, 93288, 0408T-0411T, 0414T-0415T)</p>

Medtronic

Overview

Billing considerations

Coverage

Coding

Payment

FAQ



CPT® code<sup>12</sup>

CPT® code description<sup>12</sup>

### Implantable pacemaker – remote

93294	<p><b>Interrogation</b> device evaluation(s) (<b>remote</b>), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a <b>physician</b> or other qualified health care professional (Do not report 93294 in conjunction with 93288, 93293. Report 93294 only once per 90 days. Do not report 93293-93296 if the monitoring period is less than 30 days)</p>
93296	<p><b>Interrogation</b> device evaluation(s) (<b>remote</b>), up to 90 days; single, dual, or multiple lead pacemaker system, leadless <b>pacemaker</b> system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results (Do not report 93296 in conjunction with 93288-93289, G2066. Report 93296 only once per 90 days. Do not report 93293-93296 if the monitoring period is less than 30 days)</p>
93293	<p><b>Transtelephonic</b> rhythm strip <b>pacemaker</b> 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 (Do not report 93293 in conjunction with 93294. For in person evaluation, see 93040, 93041, 93042. Report 93293 only once per 90 days. Do not report 93293-93296 if the monitoring period is less than 30 days)</p>

Overview

---

Billing considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



CPT® code <sup>12</sup>	CPT® code description <sup>12</sup>
<b>Implantable defibrillator – in person</b>	
93289	<p><b>Interrogation</b> device evaluation (<b>in person</b>) 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 <b>defibrillator</b> system, including analysis of heart rhythm derived data elements (For monitoring physiologic cardiovascular data elements derived from an implantable defibrillator, use 93290. Do not report 93289 in conjunction with 93261, 93282-93284, 93287, 93295, 93296)</p>
93282	<p><b>Programming</b> device evaluation (<b>in person</b>) 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; <b>single</b> lead transvenous implantable <b>defibrillator</b> system (Do not report 93282 in conjunction with 93260, 93287, 93289, 93745)</p>
93283	<p><b>Programming</b> device evaluation (<b>in person</b>) 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; <b>dual</b> lead transvenous implantable <b>defibrillator</b> system (Do not report 93283 in conjunction with 93287, 93289)</p>
93284	<p><b>Programming</b> device evaluation (<b>in person</b>) 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; <b>multiple</b> lead transvenous implantable <b>defibrillator</b> system (Do not report 93284 in conjunction with 93287, 93289)</p>
93287	<p><b>Peri-procedural</b> device evaluation (<b>in person</b>) 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 <b>defibrillator</b> system (Do not report 93287 in conjunction with 93260-93261, 93282-93284, 93289, 0408T-0411T, 0414T-0415T)</p>

Overview

---

Billing considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



CPT® code <sup>12</sup>	CPT® code description <sup>12</sup>
-------------------------	-------------------------------------

## Implantable defibrillator – remote

93295	<p><b>Interrogation</b> device evaluation(s) (<b>remote</b>), up to 90 days; single, dual, or multiple lead implantable <b>defibrillator</b> system with interim analysis, review(s) and report(s) by a <b>physician</b> or other qualified health care professional (For remote monitoring of physiologic cardiovascular data elements derived from an ICD, use 93297. Do not report 93295 in conjunction with 93289. Report 93295 only once per 90 days. Do not report 93293-93296 if the monitoring period is less than 30 days)</p>
-------	---

93296	<p><b>Interrogation</b> device evaluation(s) (<b>remote</b>), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable <b>defibrillator</b> system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results (Do not report 93296 in conjunction with 93288-93289, G2066. Report 93296 only once per 90 days. Do not report 93293-93296 if the monitoring period is less than 30 days)</p>
-------	--

## Implantable cardiovascular physiologic monitor – in person

93290	<p><b>Interrogation</b> device evaluation (<b>in person</b>) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable <b>cardiovascular physiologic monitor system</b>, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors (For heart rhythm derived data elements, use 93289. Do not report 93290 in conjunction with 93297, G2066)</p>
-------	--

Overview

---

Billing considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



CPT® code<sup>12</sup>

CPT® code description<sup>12</sup>

## Implantable cardiovascular physiologic monitor – remote

93297

**Interrogation** device evaluation(s), (**remote**) up to 30 days; **implantable cardiovascular physiologic 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 (For heart rhythm derived data elements, use 93295) (Do not report 93297 in conjunction with 93264, 93290, 93298, 99091, 99454. Report 93297 only once per 30 days. Do not report 93297-93298, if the monitoring period is less than 10 days)

G2066

**Interrogation** device evaluation(s), (**remote**) up to 30 days; **implantable cardiovascular physiologic monitor system**, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, **technical support** and distribution of results

## Subcutaneous cardiac rhythm monitor (includes loop recorders) – in person

93285

**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; **subcutaneous cardiac rhythm monitor system** (Do not report 93285 in conjunction with 33285, 93279-93284, 93291)

93291

**Interrogation** device evaluation(s) (**in person**) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; **subcutaneous cardiac rhythm monitor system**, including heart rhythm derived data analysis (Do not report 93291 in conjunction with 33285, 93288-93290, 93298)

Overview

---

Billing considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



CPT® code<sup>12</sup>

CPT® code description<sup>12</sup>

Subcutaneous cardiac rhythm monitor (includes loop recorders) – remote

93298	<p>Interrogation device evaluation(s) (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional (Do not report 93298 in conjunction with 33285, 93291, 93297, 99091, 99454. Do not report 93297-93298, if the monitoring period is less than 10 days)</p>
G2066	<p>Interrogation device evaluation(s) (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</p>
0650T	<p>Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, 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 (Do not report 0650T in conjunction with 33285, 93260, 93279, 93280, 93281, 93282, 93284, 93285, 93291)</p>

Overview

---

Billing considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



# CPT<sup>®12</sup> coding summary for physician and outpatient hospital

**Medtronic**

		Pacemaker	Implantable defibrillator	Subcutaneous cardiac rhythm monitor	Implantable cardiovascular physiologic monitoring
In-person programming		93279-93281	93282-93284	93285	N/A
In-person interrogation		93288	93289	93291	93290
Remote programming		N/A	N/A	0650T	N/A
Remote interrogation/ Remote monitoring	Professional	93294*	93295*	93298†	93297†
	Technical	93296*	93296*	G2066†	G2066†
Peri-procedural device programming		93286	93287	N/A	N/A
Transtelephonic evaluation		93293*	N/A	N/A	N/A

\* Cannot be reported more than once every 90 days. Do not report if the monitoring period is less than 30 days.

† Cannot be reported more than once every 30 days. Do not report if the monitoring period is less than 10 days.

Overview

---

Billing considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



# Payment for CIED management services

The following information reflects the Medicare national allowable amount published by CMS and does not include Medicare payment reductions resulting from sequestration adjustments to the amount payable to the provider, as mandated by the Budget Control Act of 2011. The Medtronic Customer Economics and Reimbursement teams can provide current site-specific information.

CIED management services are not currently reimbursed in an Ambulatory Surgical Center (ASC) place of service. When CIED management services are performed during an inpatient hospital stay, it does not change the reimbursement for the hospitalization.



## Physician coding and payment<sup>13</sup>

Effective Jan. 1, 2023 - Dec. 31, 2023

Physicians use CPT® codes to represent procedures and services performed in all places of service. Under Medicare's methodology for physician payment, each CPT code is assigned a value, known as relative value units (RVUs). RVUs are part of how Medicare determines a payment amount.

The descriptions below are based upon the CPT short descriptions but may have additional wording included from the CPT long descriptor to differentiate from other procedures with similar short descriptors.

## Medtronic

Overview

---

Billing considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



CPT® code <sup>12</sup>	Modifier	CPT® description <sup>12</sup>	2023 Medicare national non-facility		2023 Medicare national facility	
			Total RVUs <sup>14</sup>	Payment rate <sup>13</sup>	Total RVUs <sup>14</sup>	Payment rate <sup>13</sup>
<b>Pacemaker device programming – in person</b>						
93279		Programming device evaluation; single lead or leadless pacemaker system	2.03	\$69	N/A	N/A
93279	26		0.92	\$31	0.92	\$31
93279	TC		1.11	\$38	N/A	N/A
93280		Programming device evaluation; dual lead pacemaker system	2.38	\$81	N/A	N/A
93280	26		1.09	\$37	1.09	\$37
93280	TC		1.29	\$44	N/A	N/A
93281		Programming device evaluation; multiple lead pacemaker system	2.54	\$86	N/A	N/A
93281	26		1.23	\$42	1.23	\$42
93281	TC		1.31	\$44	N/A	N/A
<b>Pacemaker device interrogation – in person</b>						
93288		Interrogation device evaluation; single, dual, or multiple lead or leadless pacemaker system	1.69	\$57	N/A	N/A
93288	26		0.60	\$20	0.60	\$20
93288	TC		1.09	\$37	N/A	N/A
<b>Pacemaker device evaluation – remote</b>						
93294		Interrogation device evaluation(s); dual, multiple lead or leadless pacemaker system – PC	0.88	\$30	0.88	\$30

Overview

---

Billing considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



CPT® code <sup>12</sup>	Modifier	CPT® description <sup>12</sup>	2023 Medicare national non-facility		2023 Medicare national facility	
			Total RVUs <sup>14</sup>	Payment rate <sup>13</sup>	Total RVUs <sup>14</sup>	Payment rate <sup>13</sup>
<b>Pacemaker device evaluation – remote, cont’d.</b>						
93296		Interrogation device evaluation(s); single, dual, multiple lead or leadless pacemaker system – TC	0.67	\$23	N/A	N/A
<b>Transtelephonic pacemaker evaluation</b>						
93293		TTM rhythm strip pacemaker evaluation(s), up to 90 days (Do not report if the monitoring period is less than 30 days)	1.36	\$46	N/A	N/A
93293	26		0.42	\$14	0.42	\$14
93293	TC		0.94	\$32	N/A	N/A
<b>Implantable defibrillator programming – in person</b>						
93282		Programming device evaluation; single lead transvenous implantable defibrillator system	2.42	\$82	N/A	N/A
93282	26		1.23	\$42	1.23	\$42
93282	TC		1.19	\$40	N/A	N/A
93283		Programming device evaluation; dual lead transvenous implantable defibrillator system	2.95	\$100	N/A	N/A
93283	26		1.65	\$56	1.65	\$56
93283	TC		1.30	\$44	N/A	N/A
93284		Programming device evaluation; multiple lead transvenous implantable defibrillator system	3.18	\$108	N/A	N/A
93284	26		1.79	\$61	1.79	\$61
93284	TC		1.39	\$47	N/A	N/A

Overview

---

Billing considerations

---

Coverage

---

Coding

---

[Payment](#)

---

FAQ



CPT® code <sup>12</sup>	Modifier	CPT® description <sup>12</sup>	2023 Medicare national non-facility		2023 Medicare national facility	
			Total RVUs <sup>14</sup>	Payment rate <sup>13</sup>	Total RVUs <sup>14</sup>	Payment rate <sup>13</sup>
<b>Implantable defibrillator interrogation – in person</b>						
93289		Interrogation device evaluation; single, dual, or multiple lead transvenous implantable defibrillator system	2.18	\$74	N/A	N/A
93289	26		1.08	\$37	1.08	\$37
93289	TC		1.10	\$37	N/A	N/A
<b>Implantable defibrillator interrogation – remote</b>						
93295		Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system - PC	1.08	\$37	1.08	\$37
93296		Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system - TC	0.67	\$23	N/A	N/A
<b>Peri-procedural device programming</b>						
93286		Peri-procedural device evaluation (in person) and programming device system parameters before or after a surgery, procedure, or test; pacemaker system	1.38	\$47	N/A	N/A
93286	26		0.43	\$15	0.43	\$15
93286	TC		0.95	\$32	N/A	N/A

- Overview

---

- Billing considerations

---

- Coverage

---

- Coding

---

- Payment**

---

- FAQ



CPT® code <sup>12</sup>	Modifier	CPT® description <sup>12</sup>	2023 Medicare national non-facility		2023 Medicare national facility	
			Total RVUs <sup>14</sup>	Payment rate <sup>13</sup>	Total RVUs <sup>14</sup>	Payment rate <sup>13</sup>
<b>Peri-procedural device programming, cont'd.</b>						
93287		Peri-procedural device evaluation (in person) and programming device system parameters before or after a surgery, procedure, or test; implantable defibrillator system	1.60	\$54	N/A	N/A
93287	26		0.65	\$22	0.65	\$22
93287	TC		0.95	\$32	N/A	N/A
<b>Implantable cardiovascular physiologic monitor interrogation – in person</b>						
93290		Interrogation device evaluation; ICM	1.61	\$55	N/A	N/A
93290	26		0.62	\$21	0.62	\$21
93290	TC		0.99	\$34	N/A	N/A
<b>Implantable cardiovascular physiologic monitor interrogation – remote</b>						
93297		Interrogation device evaluation(s); ICM - PC	0.76	\$26	0.76	\$26
G2066		Interrogation device evaluation(s); ICM or subcutaneous cardiac rhythm monitor - TC	Contractor priced*			
<b>Subcutaneous cardiac rhythm monitor interrogation – in person</b>						
93291		Interrogation device evaluation; subcutaneous cardiac rhythm monitor	1.49	\$50	N/A	N/A
93291	26		0.53	\$18	0.53	\$18
93291	TC		0.96	\$33	N/A	N/A

Overview

Billing considerations

Coverage

Coding

Payment

FAQ



CPT® code <sup>12</sup>	Modifier	CPT® description <sup>12</sup>	2023 Medicare national non-facility		2023 Medicare national facility	
			Total RVUs <sup>14</sup>	Payment rate <sup>13</sup>	Total RVUs <sup>14</sup>	Payment rate <sup>13</sup>
<b>Subcutaneous cardiac rhythm monitor programming – in person</b>						
93285		Programming device evaluation; subcutaneous cardiac rhythm monitor	1.82	\$62	N/A	N/A
93285	26		0.75	\$25	0.75	\$25
93285	TC		1.07	\$36	N/A	N/A
<b>Subcutaneous cardiac rhythm monitor interrogation – remote</b>						
93298		Interrogation device evaluation(s); subcutaneous cardiac rhythm monitor - PC	0.77	\$26	0.77	\$26
G2066		Interrogation device evaluation(s); ICM or subcutaneous cardiac rhythm monitor - TC	Contractor priced*			
<b>Subcutaneous cardiac rhythm monitor interrogation - remote</b>						
0650T		Programming device evaluation; subcutaneous cardiac rhythm monitor	Contractor priced*			

Overview

Billing considerations

Coverage

Coding

[Payment](#)

FAQ

26 – Professional Component TC – Technical Component

\*Contractor-priced codes are not assigned a rate on a national level. Local contractors will determine the reimbursement amount on a case-by-case basis.



# Hospital Outpatient Payment<sup>15</sup>

Effective Jan. 1, 2023-Dec. 31, 2023

Hospitals use CPT® codes for outpatient services. The procedure codes below apply to services performed in the hospital outpatient setting.

Under Medicare’s Ambulatory Payment Classification (APC) methodology for hospital outpatient payment, each CPT code is assigned to an ambulatory payment category. Each APC has a relative weight that is then converted to a flat payment amount.

CPT® code <sup>12</sup>	CPT® description	Final 2023 APC <sup>15</sup>	APC title <sup>15</sup>	2023 status indicator <sup>15</sup>	Final 2023 national average OPPS payment <sup>15</sup>
<b>Pacemaker device programming – in person</b>					
93279	Programming device evaluation; single lead or leadless pacemaker system	5741	Level 1 electronic analysis of devices	Q1	\$35
93280	Programming device evaluation; dual lead pacemaker system	5741	Level 1 electronic analysis of devices	Q1	\$35
93281	Programming device evaluation; multiple lead pacemaker system	5741	Level 1 electronic analysis of devices	Q1	\$35
<b>Pacemaker device interrogation – in person</b>					
93288	Interrogation device evaluation; single, dual, or multiple lead or leadless pacemaker system	5741	Level 1 electronic analysis of devices	Q1	\$35

Overview

Billing considerations

Coverage

Coding

Payment

FAQ



CPT® code <sup>12</sup>	CPT® description	Final 2023 APC <sup>15</sup>	APC title <sup>15</sup>	2023 status indicator <sup>15</sup>	Final 2023 national average OPPS payment <sup>15</sup>
<b>Pacemaker device evaluation – remote</b>					
93294	Interrogation device evaluation(s); dual, multiple lead or leadless pacemaker system - PC	N/A	N/A	M	\$0
93296	Interrogation device evaluation(s); single, dual, multiple lead or leadless pacemaker system - TC	5741	Level 1 Electronic Analysis of Devices	Q1	\$35
<b>Transtelephonic pacemaker evaluation</b>					
93293	TTM rhythm strip pacemaker evaluation(s), up to 90 days (Do not report if the monitoring period is less than 30 days)	5741	Level 1 Electronic Analysis of Devices	Q1	\$35
<b>Transvenous defibrillator programming – in person</b>					
93282	Programming device evaluation; single lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	\$35
93283	Programming device evaluation; dual lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	\$35
93284	Programming device evaluation; multiple lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	\$35

Overview

Billing considerations

Coverage

Coding

[Payment](#)

FAQ



CPT® code <sup>12</sup>	CPT® description	Final 2023 APC <sup>15</sup>	APC title <sup>15</sup>	2023 status indicator <sup>15</sup>	Final 2023 national average OPPS payment <sup>15</sup>
<b>Implantable defibrillator interrogation – in person</b>					
93289	Interrogation device evaluation; single, dual, or multiple lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	\$35
<b>Implantable defibrillator device interrogation – remote</b>					
93295	Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system - PC	N/A	N/A	M	\$0
93296	Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system - TC	5741	Level 1 Electronic Analysis of Devices	Q1	\$35
<b>Peri-procedural device programming</b>					
93286	Peri-procedural device evaluation (in person) and programming device system parameters before or after a surgery, procedure, or test; pacemaker system	N/A	N/A	N	\$0
93287	Peri-procedural device evaluation (in person) and programming device system parameters before or after a surgery, procedure, or test; implantable defibrillator system	N/A	N/A	N	\$0

Overview

Billing considerations

Coverage

Coding

Payment

FAQ



CPT® code <sup>12</sup>	CPT® description	Final 2023 APC <sup>15</sup>	APC title <sup>15</sup>	2023 status indicator <sup>15</sup>	Final 2023 national average OPPS payment <sup>15</sup>
<b>Implantable defibrillator interrogation – in person</b>					
93290	Interrogation device evaluation; ICM	5741	Level 1 Electronic Analysis of Devices	Q1	\$35
<b>Implantable cardiovascular physiologic monitor interrogation – remote</b>					
93297	Interrogation device evaluation(s); ICM - PC	N/A	N/A	M	\$0
G2066	Interrogation device evaluation(s); ICM or subcutaneous cardiac rhythm monitor - TC	5741	Level 1 Electronic Analysis of Devices	Q1	\$35
<b>Subcutaneous cardiac rhythm monitor interrogation – in person</b>					
93291	Interrogation device evaluation; subcutaneous cardiac rhythm monitor	5731	Level 1 Electronic Analysis of Devices	Q1	\$25
<b>Peri-procedural device programming</b>					
93285	Programming device evaluation; subcutaneous cardiac rhythm monitor	5741	Level 1 Electronic Analysis of Devices	Q1	\$35

Overview

---

Billing considerations

---

Coverage

---

Coding

---

[Payment](#)

---

FAQ



CPT® code <sup>12</sup>	CPT® description	Final 2023 APC <sup>15</sup>	APC title <sup>15</sup>	2023 status indicator <sup>15</sup>	Final 2023 national average OPPS payment <sup>15</sup>
<b>Subcutaneous cardiac rhythm monitor interrogation – remote</b>					
93298	Interrogation device evaluation(s); subcutaneous cardiac rhythm monitor - PC	N/A	N/A	M	\$0
G2066	Interrogation device evaluation(s); ICM or subcutaneous cardiac rhythm monitor - TC	5741	Level 1 electronic analysis of devices	Q1	\$35
<b>Subcutaneous cardiac rhythm monitor programming – remote</b>					
0650T	Programming device evaluation; subcutaneous cardiac rhythm monitor	5741	Level 1 electronic analysis of devices	Q1	\$35

Overview

---

Billing considerations

---

Coverage

---

Coding

---

Payment

---

FAQ



# Frequently asked questions

## 01

### **Is there a way to bill separately for each Carelink™ alert reviewed during a monitoring period?**

No. The remote monitoring period is considered a single episode of care and includes all transmissions received during the monitoring period. See [Remote Monitoring Billing Considerations](#) for more details.

## 02

### **Can a provider bill an in-person programming during the remote monitoring period?**

Yes, programming is a separate service from interrogation and is billable in the remote monitoring period.<sup>12</sup>

## 03

### **Can a provider bill an in-person interrogation during the remote monitoring period?**

No, all interrogations (remote & in-person) are included in the remote monitoring period.<sup>12</sup>

## 04

### **Is CPT 0650T (remote programming of subcutaneous cardiac rhythm monitor) a global code?**

Yes, 0650T includes both a professional and technical component.

# Frequently asked questions

## 05

### **Is there a remote programming code for pacemakers and ICDs like there is for subcutaneous cardiac rhythm monitors?**

No. Programming can only be performed in person for pacemakers and ICDs.

## 06

### **When a remote transmission is received but not reviewed for a few days, what date of service should be reported?**

Per Medicare guidance, the date of service for the interpretation is the date the interpretation occurs or the end of the monitoring period, whichever is later. The technical component is billable at the end of the remote monitoring period.<sup>5</sup>

## 07

### **How many days does a patient with a pacemaker or ICD need to be monitored during the 90-day period in order for the service to be billable?**

A patient has to be monitored a minimum of 30 days during the 90-day period for the service to be billable.

## 08

### **Can non-physician practitioners (NPP) supervise other staff performing device monitoring services?**

An NPP can supervise other staff only if it is in their scope of practice and allowed by state licensing. Check with your state licensing board for more information.

# Frequently asked questions

## 09

**All pacemaker and ICD implant procedures have a 90-day global surgical period. Can device monitoring be billed during the global period?**

Yes, device monitoring is considered a diagnostic test and diagnostic tests are separately billable during the global surgical period.

## 10

**Can in-person interrogation and programming be billed on the same date or service?**

No, an interrogation is an included part of the programming service and is not separately billable.<sup>10</sup>

## 11

**When are peri-procedural device programming codes billable?**

The peri-procedural codes are used to report when a device is reprogrammed before and/or after a procedure as test (e.g., MRI or surgery).

### For additional information

- ▶ Visit our website: [www.Medtronic.com/crhfreimbursement](http://www.Medtronic.com/crhfreimbursement)
- ▶ Email us: [rs.healthcareconomics@medtronic.com](mailto:rs.healthcareconomics@medtronic.com)
- ▶ Call our Reimbursement Customer Support: 1-866-877-4102



# References

<sup>1</sup> CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies. <https://public-inspection.federalregister.gov/2020-26815.pdf>. Accessed December 22, 2022.

<sup>2</sup> Centers for Medicare and Medicaid Services. Global Surgery Booklet. <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/global-surgery-icn907166.pdf>. Accessed December 22, 2022.

<sup>3</sup> Centers for Medicare and Medicaid Services. MLN Matters Article ICN909221. Released December 2020. Available at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Lab-Services-ICN909221-Text-Only.pdf>. Accessed December 22, 2022.

<sup>4</sup> Medicare supervision requirements for specific procedure codes: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>. Click on PFS Relative Value Files, then Calendar Year 2022 to obtain the most updated file. Accessed December 22, 2022.

<sup>5</sup> Centers for Medicare and Medicaid Services. MLN Matters Article SE17023 (Revised) Released February 1, 2019. Available at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE17023.pdf>. Accessed December 22, 2022.

<sup>6</sup> Publication 100-04 Medicare Claims Processing Manual, Chapter 13, Section 20.1 - Professional Component (PC). Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf>. Accessed December 22, 2022.

<sup>7</sup> The Medicare NCD for Cardiac Pacemaker Evaluation Services 20.9.1 and 20.8.1.1 can be found at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Accessed December 22, 2022.

<sup>8</sup> Social Security Act Section 1862 42 U.S.C. 1395y(a)(1)(A). Available at: [https://www.ssa.gov/OP\\_Home/ssact/title18/1862.htm](https://www.ssa.gov/OP_Home/ssact/title18/1862.htm). Accessed December 22, 2022.

<sup>9</sup> Centers for Medicare & Medicaid Services. Medicare Program Integrity Manual. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>. Accessed November 4, 2021

<sup>10</sup> Centers for Medicare and Medicaid Services. Medicare Managed Care Coverage Manual - Chapter 4 section 10.7.1 and 10.7.3 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c04.pdf>. Accessed on November 4, 2021.

<sup>11</sup> CMS has posted a "Clinical Concepts in Cardiology" tip sheet on their website identifying several clinical documentation tips for Cardiology services and ICD-10-CM diagnosis codes. Codes may have been revised or updated since its publication. <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10ClinicalConceptsCardiology1.pdf> Accessed on December 21, 2022.

<sup>12</sup> CPT codes and descriptions only are copyright ©2022 American Medical Association. All rights reserved. No fee schedules are included in CPT. The American Medical Association assumes no liability for data contained or not contained herein.

<sup>13</sup> The Medicare Physician Fee Schedule (MPFS) 2023 National payment rates based on information published in the MPFS final rule CMS-1770-F and updates from the legislation signed on December 29, 2022. PFS Federal Regulation Notices. cms.gov <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1770-f> Accessed January 10, 2023. PFS Relative Value Files. cms.gov <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>. Local physician rates will vary based on location specific factors not reflected in this document. CMS may make adjustments to any or all of the data inputs from time to time.

<sup>14</sup> The Medicare Physician Fee Schedule (MPFS) 2023 Relative Value Unit (RVU) amounts are based on information in Addendum B from the MPFS final rule CMS-1770-F which was released on November 11, 2022 and updates from the legislation signed on December 29, 2022. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1770-f> Accessed December 21, 2022.

<sup>15</sup> The OPFS 2023 National payment rates based on information published in the OPFS/ASC final rule CMS-1772-FC and corresponding Addendum B table which was released on November 1, 2022. Hospital Outpatient Regulations and Notices. cms.gov. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospital-outpatient-ppshospital-outpatient-regulations-and-notices/cms-1772-fc> Accessed November 21, 2022. Hospital specific rates will vary based on various hospital-specific factors not reflected in this document and CMS may make adjustments to any or all of the data inputs from time to time.

Medtronic  
710 Medtronic Parkway  
Minneapolis, MN 55432-5604  
USA  
Toll-free in USA: 800.633.8766  
Worldwide: +1.763.514.4000

Medtronic and the Medtronic logo are trademarks of Medtronic.™ Third party brands are trademarks of their respective owners. All other brands are trademarks of a Medtronic company.  
UC202114684b EN ©2023 Medtronic. Minneapolis, MN. All Rights Reserved. 01/2023

