



2009 Medicare Physician Relative Value Units for Cardiac Device Monitoring Services

The tables below reflect the 2009 CPT®¹ code, CPT code description, and the 2009 Medicare relative value units (RVUs) assigned for work, practice, and malpractice expenses.²

		2009 Medicare RVUs				
Implantable Pacemaker						
CPT Code	Description	Physician Work	Non-Facility Practice Expense ³	Malpractice	Total	Component
93288	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	0.43	0.72	0.05	1.20	Global
		0.00	0.49	0.04	0.53	TC
		0.43	0.23	0.01	0.67	-26
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim physician analysis, review(s) and report(s)	0.65	0.34	0.03	1.02	
93296	Interrogation device evaluation(s) (remote), up to 90 days; 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	0.00	1.00	0.01	1.01	
93279	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead pacemaker system	0.65	0.84	0.06	1.55	Global
		0.00	0.51	0.04	0.55	TC
		0.65	0.33	0.02	1.00	-26
93280	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead pacemaker system	0.77	1.01	0.05	1.83	Global
		0.00	0.60	0.03	0.63	TC
		0.77	0.41	0.02	1.20	-26
93281	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead pacemaker system	0.90	1.18	0.06	2.14	Global
		0.00	0.70	0.04	0.74	TC
		0.90	0.48	0.02	1.40	-26
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with physician analysis, review and report(s), up to 90 days	0.32	1.21	0.13	1.66	Global
		0.00	1.08	0.11	1.19	TC
		0.32	0.13	0.02	0.47	-26

Global: Technical and Professional Components TC: Technical Component⁴ -26: Professional Component⁴

2009 Medicare RVUs

Implantable Cardioverter-Defibrillator

CPT Code	Description	Physician Work	Non-Facility Practice Expense	Malpractice	Total	Component
93289	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements	0.78	1.01	0.05	1.84	Global
		0.00	0.60	0.03	0.63	TC
		0.78	0.41	0.02	1.21	-26
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable cardioverter-defibrillator system with interim physician analysis, review(s) and report(s)	1.17	0.63	0.04	1.84	
93296	Interrogation device evaluation(s) (remote), up to 90 days; 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	0.00	1.00	0.01	1.01	
93282	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead implantable cardioverter-defibrillator system	0.85	1.06	0.07	1.98	Global
		0.00	0.63	0.04	0.67	TC
		0.85	0.43	0.03	1.31	-26
93283	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead implantable cardioverter-defibrillator system	1.05	1.28	0.08	2.41	Global
		0.00	0.72	0.04	0.76	TC
		1.05	0.56	0.04	1.65	-26
93284	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead implantable cardioverter-defibrillator system	1.25	1.49	0.08	2.82	Global
		0.00	0.82	0.04	0.86	TC
		1.25	0.67	0.04	1.96	-26
Implantable Cardiovascular Monitor						
93290	Interrogation device evaluation (in person) with physician analysis, review and report, 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	0.43	0.40	0.06	0.89	Global
		0.00	0.26	0.04	0.30	TC
		0.43	0.14	0.02	0.59	-26
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, physician analysis, review(s) and report(s)	0.52	0.17	0.02	0.71	
93299	Interrogation device evaluation(s), (remote) up to 30 days; 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	Carrier Priced ⁵				

Global: Technical and Professional Components TC: Technical Component -26: Professional Component

2009 Medicare RVUs

Implantable Loop Recorder

CPT Code	Description	Physician Work	Non-Facility Practice Expense	Malpractice	Total	Component
93291	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	0.43	0.67	0.05	1.15	Global
		0.00	0.44	0.03	0.47	TC
		0.43	0.23	0.02	0.68	-26
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, physician analysis, review(s) and report(s)	0.52	0.28	0.02	0.82	
93299	Interrogation device evaluation(s), (remote) up to 30 days; 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	Carrier Priced				
93285	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; implantable loop recorder system	0.52	0.76	0.06	1.34	Global
		0.00	0.48	0.04	0.52	TC
		0.52	0.28	0.02	0.82	-26
Peri-Procedural						
93286	Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead pacemaker system	0.30	0.42	0.04	0.76	Global
		0.00	0.32	0.02	0.34	TC
		0.30	0.10	0.02	0.42	-26
93287	Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead implantable cardioverter-defibrillator system	0.45	0.50	0.05	1.00	Global
		0.00	0.35	0.04	0.39	TC
		0.45	0.15	0.01	0.61	-26

Global: Technical and Professional Components **TC:** Technical Component **-26:** Professional Component

These coding suggestions do not replace 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.

Additional Coding Information:

Medtronic has prepared this document to reflect the current information provided in the 2009 Final Rule for the Medicare Physician Fee Schedule.⁶ It is important to refer to the new CPT code descriptions in order to ensure that a billed code meets the specific requirements defined for each individual code. Any time new procedure codes are implemented, there may be some ambiguity as to exact usage guidelines and/or applicability to very specific individual scenarios. You should contact your local Medicare contractor/payer for interpretation of applicable policies. Medtronic may periodically post updated versions of this document on its reimbursement website⁷ as additional information becomes available.

These new CPT codes were developed to more accurately reflect current cardiac device monitoring capabilities, remote interrogation network systems, and follow-up practices. Some of these new code sets are structured differently than the CPT codes that they replace. Specifically, the new codes for remote monitoring do not have separate professional (-26) and technical components (-TC) applied to an individual code. Instead, the new remote monitoring codes have separate CPT codes that represent the professional and technical components. The new device programming codes are generally defined by the number of leads, rather than the type of generator. The monitoring period described by these codes includes an in-person, 30-day, or 90-day monitoring period.

There are two new peri-procedural device evaluation and programming codes: 93286 for pacemakers and 93287 for ICDs. These codes are used when performing an evaluation of an implantable device system to adjust the device settings appropriate for the patient before and/or after a surgery, procedure, or test. The device system data are interrogated to evaluate the lead(s), sensor(s), and battery in addition to review of stored information, including patient and system measurements. The device is programmed to settings appropriate for the surgery, procedure, or test, as required. A second evaluation and programming are performed after the surgery, procedure, or test to provide settings appropriate to the post-procedural situation, as required. Each instance of either pre- or post-evaluation and programming services may be reported.

For CPT codes other than for remote monitoring, the **Global CPT** codes comprise the Professional and Technical Components. If both components of care are rendered, it is not necessary to append a modifier to the code. However, the remote monitoring codes are an example of a global service that requires two different CPT codes to be billed together, as one code represents the Professional Service and another code represents the Technical Service (e.g., CPT 93294 & 93296, 93295 & 93296, 93297 & 93299, 93298 & 93299).

The **Professional Component** reflects physician time and intensity in furnishing the service, including activities before and after direct patient contact.⁸ When only the professional component is performed, modifier -26 should be added to the appropriate CPT code to identify the service. The -26 modifier would not be appended if the code represents only the professional services of the CPT code description (e.g., CPT 93294, 93295, 93297, 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. When only the technical component is performed, the modifier -TC⁹ should be added to the appropriate CPT code to identify the service. The -TC modifier would not be appended if the code represents only the technical support and services component of the CPT code description (e.g., CPT 93296, 93299).

Physician Supervision Requirements

Medicare established specific diagnostic test supervision requirements 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 Lookup function on the Medicare website¹⁰ or under "PFS Relative Value Files" for 2009.¹¹

Medicare requires:

- General supervision of the technical service for all remote interrogation services and transtelephonic pacemaker monitoring (codes 93296, 93299, and 93293)
- Direct supervision of the technical component for in person cardiac device interrogations

Medicare has also indicated that the specific supervision requirements for device monitoring of implanted cardiac devices are inapplicable where the physician is eligible to bill a global CPT code, a CPT code with a professional component modifier (-26) or a specific code that represents the professional component (93294, 93295, 93297 and 93298) for their analysis.^{10,12}

General supervision¹³ 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 supervision¹³ means 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.

The Heart Rhythm Society (HRS) has recently released a document that represents their consensus statement on the role of manufacturers' representatives in the care of patients with heart rhythm disorders. This policy statement also contains HRS' perspective on appropriate delivery of and billing for the technical component of services associated with cardiac devices.¹⁴ We encourage providers to seek confirmation or clarification from the payer about the policy statement.

References


- ¹ CPT copyright 2008 American Medical Association. All rights reserved.
- ² *Federal Register*. Vol. 73, No. 224/Wednesday, November 19, 2008/Rules and Regulations, pages 70120-70121.
- ³ Separate Practice Expense RVUs are established for procedures that can be performed in both a non-facility setting, such as a physician's office, and a facility setting, such as a hospital outpatient department. The non-facility RVUs reflect all of the direct and indirect Practice Expenses of providing a particular service. *Federal Register*, Vol. 73, No. 224/Wednesday, November 19, 2008/Rules and Regulations, page 69730.
- ⁴ A modifier is shown if there is a technical component (modifier TC) and a professional component (PC) (modifier -26) for the service. If there is a PC and a TC for the service, Addendum B contains three entries for the code. A code for: the global values (both professional and technical); modifier -26 (PC); and, modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PC and the TC of the service. *Federal Register*, Vol. 73, No. 224/Wednesday, November 19, 2008/Rules and Regulations, page 69942.
- ⁵ Carrier Priced: Carriers price the code. Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation, such as an operative report. *Federal Register*, Vol. 73, No. 224/Wednesday, November 19, 2008/Rules and Regulations, page 69943.
- ⁶ http://www.access.gpo.gov/su_docs/fedreg/a081119c.html.
- ⁷ www.medtronic.com/crdmreimbursement.
- ⁸ Social Security Act Section 1848(c) (1) (A) and (B).
- ⁹ Section 410.32(b) of the Code of Federal Regulations (CFR).
- ¹⁰ Medicare's website is: http://www.cms.hhs.gov/pfslookup/02_PFSsearch.asp.
- ¹¹ <http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/list.asp#TopOfPage>, file PRRVU09.
- ¹² The Medicare Benefit Policy Manual, Chapter 15, Section 80-Covered Medical and Other Health Services indicates that the "concept does not apply." This Policy Manual can be found at <http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10>.
- ¹³ Medicare Benefit Policy Manual, CMS-Pub. 100-02, Chapter 15, §80. <http://www.cms.hhs.gov/Manuals/IOM/list.asp>.
- ¹⁴ Lindsay BD, Estes NA III, Maloney JD, Reynolds DW. Heart Rhythm Society Policy Statement Update: Recommendations on the Role of Industry Employed Allied Professionals (IEAPs). *Heart Rhythm*. November 2008;5(11):e8-10.

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