



# Electronic Analysis for Patients Implanted with Cardiac Devices

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Data for electronic analysis of implanted cardiac devices can be obtained by in office interrogation of the device using a programmer, remote monitoring, or transtelephonic monitoring. This document provides brief summaries of the CPT®<sup>1</sup> codes applicable to physician practices and hospital outpatient departments when providing device interrogation services.

**Note:** The Heart Rhythm Society (HRS) 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.<sup>2</sup> We encourage providers to seek confirmation or clarification from the payer about the policy statement.

### Pacemaker Device Interrogation/Programming Codes:

CPT	Brief CPT Code Description	
<b>In Person:</b>		
93279	Programming; single lead pacemaker system	
93280	Programming; dual lead pacemaker system	
93281	Programming; multiple lead pacemaker system	
93288	Interrogation; single, dual, or multiple lead pacemaker system	
93286	Peri-procedural; single, dual, or multiple pacemaker system	
<b>Remote:</b>		
93294	Interrogation, up to 90 days; single, dual, or multiple lead pacemaker system	PC <sup>3</sup>
93296	Interrogation, up to 90 days; single, dual, or multiple lead pacemaker system	TC <sup>4</sup>
<b>Pacemaker Transtelephonic (TTM) Codes:</b>		
93293	TTM evaluation(s) single, dual or multiple lead pacemaker system, up to 90 days	

### Implantable Cardioverter-Defibrillator (ICD) Interrogation/Programming Codes:

CPT	Brief CPT Code Description	
<b>In Person:</b>		
93282	Programming; single lead ICD system	
93283	Programming; dual lead ICD system	
93284	Programming; multiple lead ICD system	
93289	Interrogation; single, dual, or multiple lead ICD system	
93287	Peri-procedural; single, dual, or multiple ICD system	
<b>Remote:</b>		
93295	Interrogation, up to 90 days; single, dual, or multiple lead ICD system	PC
93296	Interrogation, up to 90 days; single, dual, or multiple lead pacemaker system	TC

### Implantable Cardiovascular Monitor (ICM) Interrogation Codes:

CPT	Brief CPT Code Description	
<b>In Person:</b>		
93290	Interrogation; ICM system	
<b>Remote:</b>		
93297	Interrogation, up to 30 days; ICM system	PC
93299	Interrogation, up to 30 days; ICM system	TC

## Implantable Loop Recorder (ILR) Interrogation/Programming Codes:

CPT	Brief CPT Code Description	
<b>In Person:</b>		
93285	Programming; ILR system	
93291	Interrogation; ILR system	
<b>Remote:</b>		
93298	Interrogation, up to 30 days; ILR system	PC
93299	Interrogation, up to 30 days; ILR system	TC

## National Medicare Pacemaker Frequency Guidelines:

Medicare issued the “Cardiac Pacemaker Evaluation Services Medicare National Coverage Determinations Manual, Cardiac Pacemaker Evaluation Services”<sup>5</sup> guidelines in 1984. This document includes recommended follow-up guidelines for pacemaker clinic services and transtelephonic monitoring (TTM). These guidelines may be updated in the future.

<b>Pacemaker clinic services:</b>	twice in the first 6 months post-implant, then
Single chamber pacemakers	once a year
Dual chamber pacemakers	once every 6 months

### TTM:

Single and dual chamber pacemaker guidelines include both guideline I and guideline II devices. For more information, please refer to the NCD.

## Medicare has not issued national frequency guidelines for ICDs.\*

Medicare has not issued national frequency guidelines for ICDs. Some local contractors have issued their own policies. Please contact your local contractor/payer for more information.

\*The ACC/AHA/HRS 2008 Guidelines for Device-Based Therapy of Cardiac Rhythm Abnormalities: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines states that 6-month intervals for device follow-up appear to be safe, but more frequent evaluations may be required depending on the device characteristics and the patient’s clinical status.<sup>6</sup>

## 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.<sup>7</sup> 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 website<sup>8</sup> 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.

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.<sup>9</sup> 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 -TC<sup>10</sup> 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 website<sup>11</sup> or under "PFS Relative Value Files" for 2009.<sup>12</sup>

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.<sup>11,13</sup>

General supervision<sup>14</sup> 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<sup>14</sup> 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.<sup>2</sup> We encourage providers to seek confirmation or clarification from the payer about the policy statement.

## References

- <sup>1</sup> Current Procedural Terminology (CPT®) is copyright 2008 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.
- <sup>2</sup> 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. Available at: <http://www.hrsonline.org/Policy/ClinicalGuidelines/>.
- <sup>3</sup> PC: Professional Component.
- <sup>4</sup> TC: Technical Component.
- <sup>5</sup> CMS-Pub. 100.03: Medicare Coverage Issues Manual, §20.8.1.1 (50-1), October 1984 (Rev. October 3, 2003).
- <sup>6</sup> ACC/AHA/HRS 2008 Guidelines for Device-Based Therapy of Cardiac Rhythm Abnormalities: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines, page e44.
- <sup>7</sup> [http://www.access.gpo.gov/su\\_docs/fedreg/a081119c.html](http://www.access.gpo.gov/su_docs/fedreg/a081119c.html).
- <sup>8</sup> [www.medtronic.com/crdmreimbursement](http://www.medtronic.com/crdmreimbursement).
- <sup>9</sup> Social Security Act Section 1848(c) (1) (A) and (B).
- <sup>10</sup> Section 410.32(b) of the Code of Federal Regulations (CFR).
- <sup>11</sup> Medicare's website is: [http://www.cms.hhs.gov/pfslookup/02\\_PFSsearch.asp](http://www.cms.hhs.gov/pfslookup/02_PFSsearch.asp).
- <sup>12</sup> <http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/list.asp#TopOfPage>, file PPRRVU09.
- <sup>13</sup> 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>.
- <sup>14</sup> Medicare Benefit Policy Manual, CMS-Pub. 100-02, Chapter 15, §80. <http://www.cms.hhs.gov/Manuals/IOM/list.asp>.

Please refer to the Medtronic technical manuals for indications, contraindications, and warnings related to pacemakers, implantable cardioverter-defibrillators, and implantable loop recorders.

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