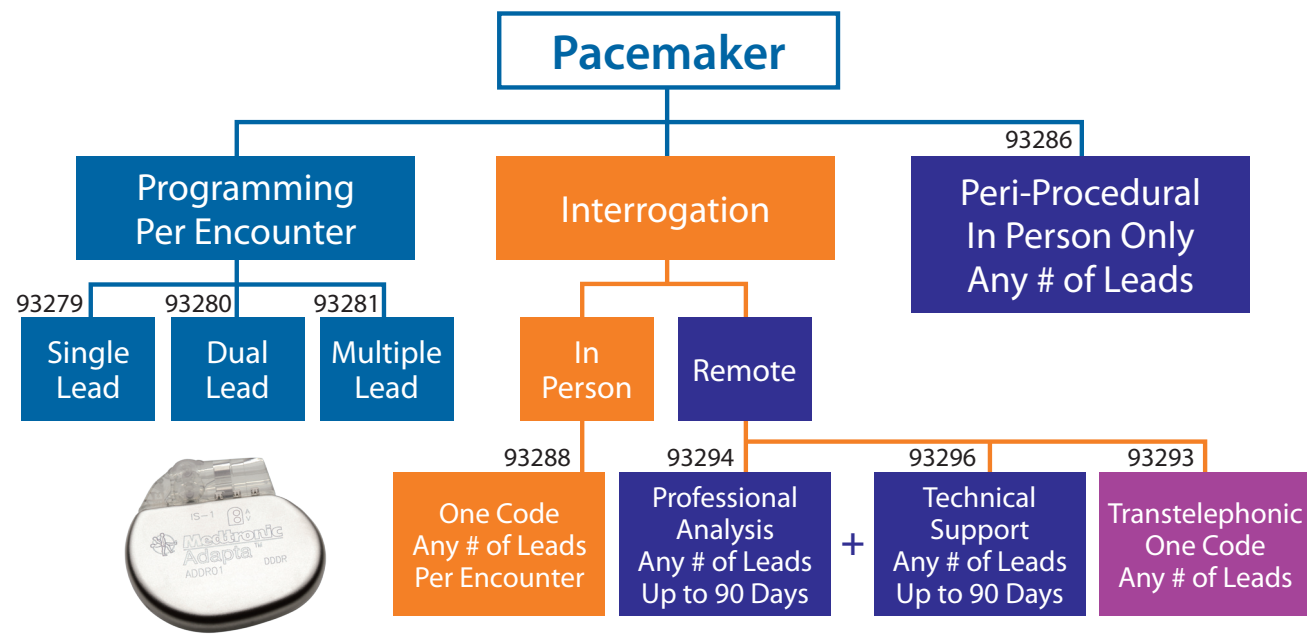


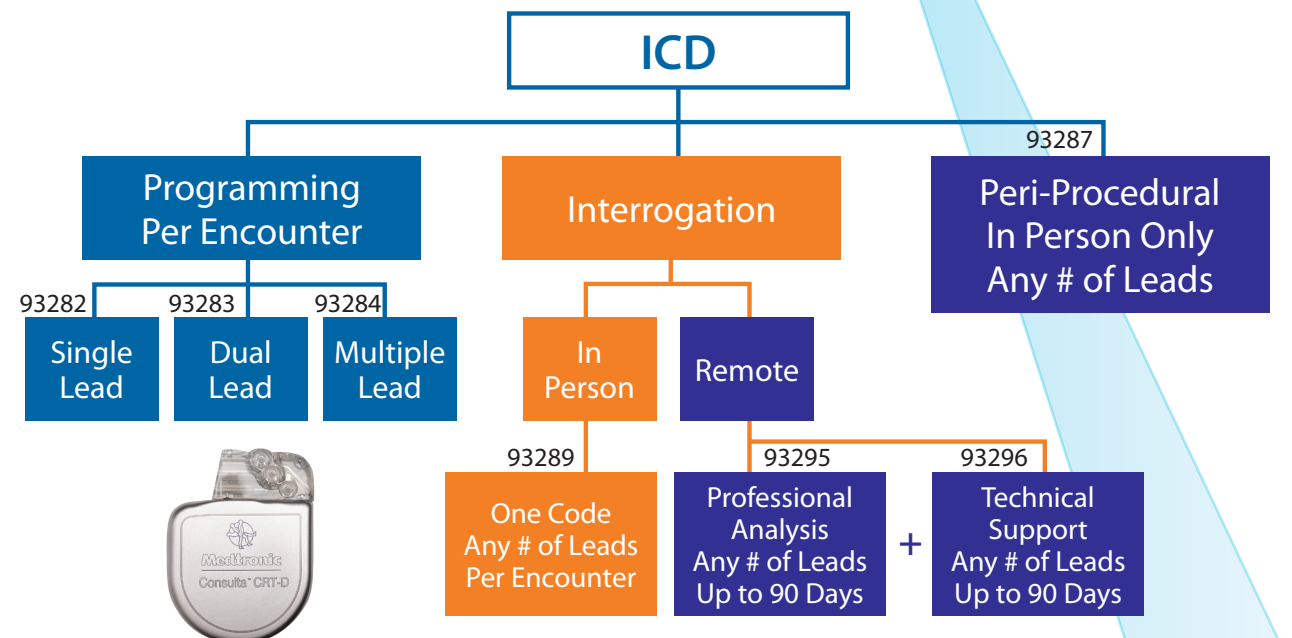
# New CPT<sup>®1</sup> Codes for Cardiac Device Monitoring

## Calendar Year 2009

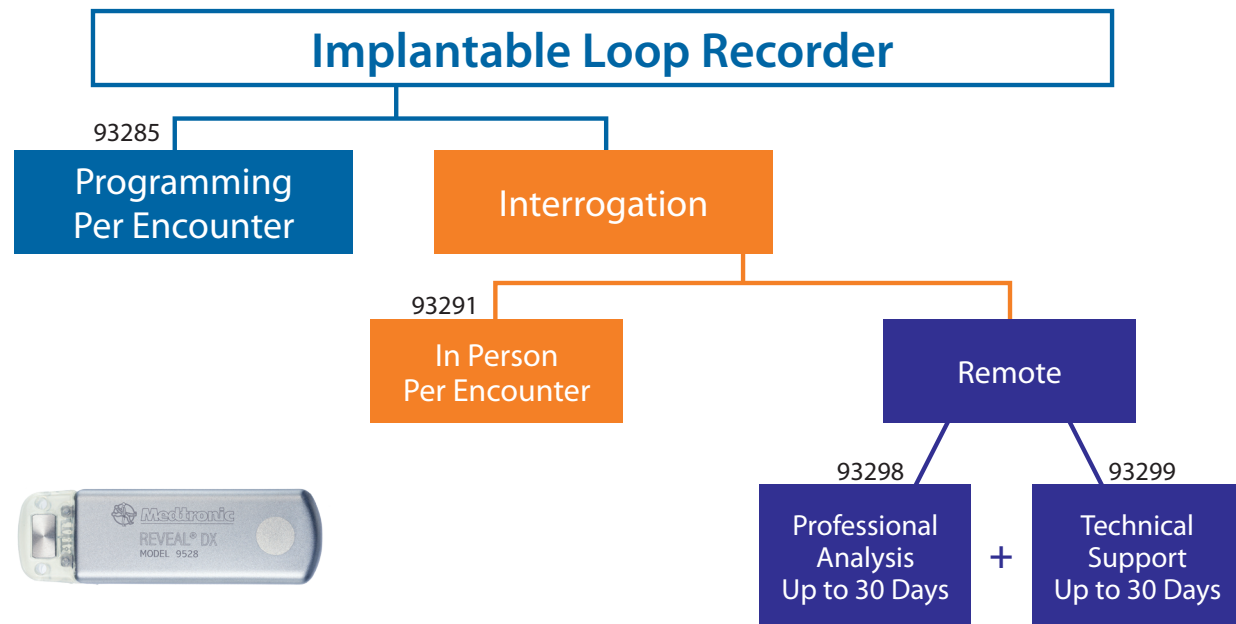
### Cardiac Device Monitoring – Pacemaker



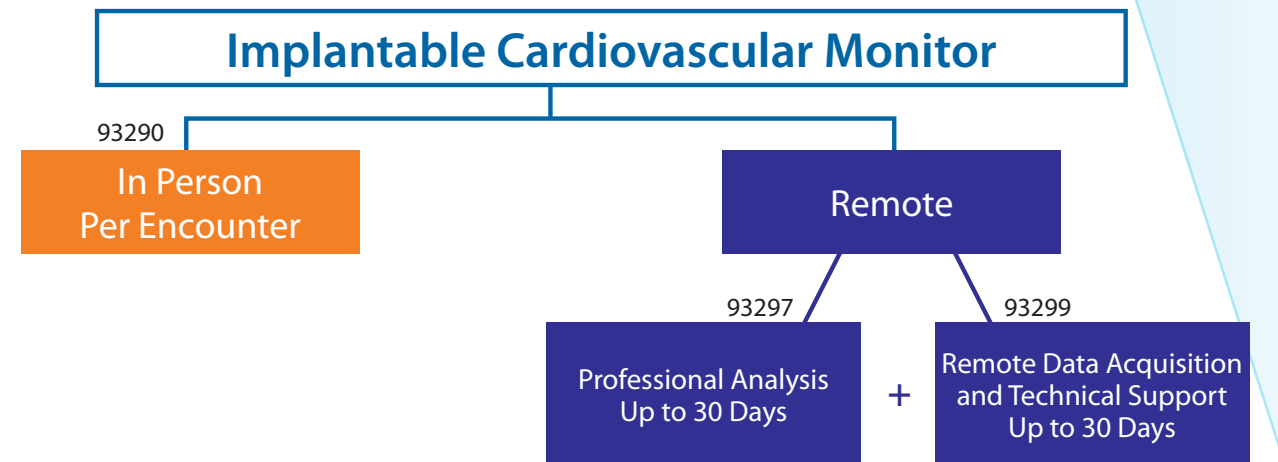
### Cardiac Device Monitoring – ICD



### Cardiac Device Monitoring – ILR



### Cardiac Device Monitoring – ICM



OptiVol<sup>®</sup> Fluid Status Monitoring  
WITH HEART FAILURE MANAGEMENT REPORT

#### Additional Coding Information:

Medtronic has prepared this document to reflect the current information provided in the Display Copy of the 2009 Final Rule for the Medicare Physician Fee Schedule.<sup>2</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 contractor/payer for interpretation of applicable policies. Medtronic may periodically post updated versions of this document on its reimbursement website<sup>3</sup> as additional information becomes available.

These new CPT codes were developed to more accurately reflect current cardiac device monitoring capabilities, long distance telemetry and 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. Also, the period of time included in the specific type of service is indicated as per encounter, 30 or 90 days.

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 prior to 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.<sup>4</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 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).

#### References

- <sup>1</sup> CPT copyright 2008 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
- <sup>2</sup> <http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/list.asp#TopOfPage>.
- <sup>3</sup> [www.medtronic.com/crdmreimbursement](http://www.medtronic.com/crdmreimbursement).
- <sup>4</sup> Social Security Act Section 1848(c) (1) (A) and (B).
- <sup>5</sup> Section 410.32(b) of the Code of Federal Regulations (CFR).

#### Physician Supervision Requirements

Medicare established specific diagnostic test supervision requirements applicable to the technical component of the electronic analysis of implanted cardiac devices.<sup>5</sup> Medicare requires:

- General supervision of the technical service for remote pacemaker and ICD interrogations (codes 93296, 93299)
  - Direct supervision of the technical component for in person cardiac device interrogations
  - Direct supervision for the technical component of a transtelephonic pacemaker evaluation
- NOTE: Medicare specifies direct supervision for the professional service of a remote pacemaker interrogation (CPT 93294). Please contact your Medicare contractor to seek clarification on the difference in supervision requirements between this code and other device evaluation professional services.

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>6</sup> or under "PFS Relative Value Files" for 2009.<sup>8</sup>

**General supervision<sup>9</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>9</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>10</sup> We encourage providers to seek confirmation or clarification from the payer about the policy statement.

*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, option 1.

**Cardiac Rhythm Disease Management (CRDM) reimbursement** customer information is available at: [www.medtronic.com/CRDMreimbursement](http://www.medtronic.com/CRDMreimbursement).

<sup>6</sup> <http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/list.asp#TopOfPage>, pages 1159-1164.

<sup>7</sup> Medicare's website is: [http://www.cms.hhs.gov/pfslookup/02\\_PFSsearch.asp](http://www.cms.hhs.gov/pfslookup/02_PFSsearch.asp)

<sup>8</sup> <http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/list.asp#TopOfPage>.

<sup>9</sup> Medicare Benefit Policy Manual, CMS-Pub. 100-02, Chapter 15, 980. <http://www.cms.hhs.gov/Manuals/IOM/list.asp>

<sup>10</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.