



# 2009 CPT® Codes for Cardiac Device Monitoring

The following CPT<sup>®1</sup> codes are effective for services provided on and after January 1, 2009:

CPT Code	CPT Code Description
<b>IMPLANTABLE PACEMAKER</b>	
93288	<b>Interrogation</b> device evaluation ( <b>in person</b> ) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead <b>pacemaker</b> system  (Do not report 93288 in conjunction with 93279-93281, 93286, 93294, 93296)
93279	<b>Programming</b> 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; <b>single</b> lead <b>pacemaker</b> system  (Do not report 93279 in conjunction with 93286, 93288)
93280	<b>Programming</b> 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; <b>dual</b> lead <b>pacemaker</b> system  (Do not report 93280 in conjunction with 93286, 93288)
93281	<b>Programming</b> 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; <b>multiple</b> lead <b>pacemaker</b> system  (Do not report 93281 in conjunction with 93286, 93288)
93296	<b>Interrogation</b> device evaluation(s) ( <b>remote</b> ), up to 90 days; single, dual, or multiple lead <b>pacemaker</b> system or implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and <b>technician</b> review, technical support and distribution of results  (Do not report 93296 in conjunction with 93288, 93289, 93299)  (Report 93296 only once per 90 days)
93294	<b>Interrogation</b> device evaluation(s) ( <b>remote</b> ), up to 90 days; single, dual, or multiple lead <b>pacemaker</b> system with interim <b>physician</b> analysis, review(s) and report(s)  (Do not report 93294 in conjunction with 93288, 93293)  (Report 93294 only once per 90 days)
93293	<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 physician analysis, review and report(s), 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)

CPT Code	CPT Code Description
<b>IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR</b>	
93289	<p><b>Interrogation</b> device evaluation (<b>in person</b>) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable <b>cardioverter-defibrillator</b> system, including analysis of heart rhythm derived data elements</p> <p>(For monitoring physiologic cardiovascular data elements derived from an ICD, use 93290)</p> <p>(Do not report 93289 in conjunction with 93282-93284, 93287, 93295, 93296)</p>
93282	<p><b>Programming</b> 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; <b>single</b> lead implantable <b>cardioverter-defibrillator</b> system</p> <p>(Do not report 93282 in conjunction with 93287, 93289, 93745)</p>
93283	<p><b>Programming</b> 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; <b>dual</b> lead implantable <b>cardioverter-defibrillator</b> system</p> <p>(Do not report 93283 in conjunction with 93287, 93289)</p>
93284	<p><b>Programming</b> 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; <b>multiple</b> lead implantable <b>cardioverter-defibrillator</b> system</p> <p>(Do not report 93284 in conjunction with 93287, 93289)</p>
93295	<p><b>Interrogation</b> device evaluation(s) (<b>remote</b>), up to 90 days; single, dual, or multiple lead implantable <b>cardioverter-defibrillator</b> system with interim <b>physician</b> analysis, review(s) and report(s)</p> <p>(For remote monitoring of physiologic cardiovascular data elements derived from an ICD, use 93297)</p> <p>(Do not report 93295 in conjunction with 93289)</p> <p>(Report 93295 only once per 90 days)</p>
93296	<p><b>Interrogation</b> device evaluation(s) (<b>remote</b>), up to 90 days; single, dual, or multiple lead pacemaker system or implantable <b>cardioverter-defibrillator</b> system, remote data acquisition(s), receipt of transmissions and <b>technician</b> review, technical support and distribution of results</p> <p>(Do not report 93296 in conjunction with 93288, 93289, 93299)</p> <p>(Report 93296 only once per 90 days)</p>

CPT Code	CPT Code Description
<b>IMPLANTABLE CARDIOVASCULAR MONITOR</b>	
93290	<p><b>Interrogation</b> device evaluation (<b>in person</b>) with <b>physician</b> analysis, review and report, includes connection, recording and disconnection per patient encounter; <b>implantable cardiovascular monitor</b> system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors</p> <p>(For heart rhythm derived data elements, use 93289)</p> <p>(Do not report 93290 in conjunction with 93297, 93299)</p>
93297	<p><b>Interrogation</b> device evaluation(s), (<b>remote</b>) up to 30 days; <b>implantable cardiovascular monitor</b> system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, <b>physician</b> analysis, review(s) and report(s)</p> <p>(For heart rhythm derived data elements, use 93295)</p> <p>(Do not report 93297 in conjunction with 93290, 93298)</p> <p>(Report 93297 only once per 30 days)</p>
93299	<p><b>Interrogation</b> device evaluation(s), (<b>remote</b>) up to 30 days; <b>implantable cardiovascular monitor</b> system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and <b>technician</b> review, technical support and distribution of results</p> <p>(Do not report 93299 in conjunction with 93290, 93291, 93296)</p> <p>(Report 93299 only once per 30 days)</p>
<b>IMPLANTABLE LOOP RECORDER</b>	
93285	<p><b>Programming</b> 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; <b>implantable loop recorder</b> system</p> <p>(Do not report 93285 in conjunction with 33282, 93279, 93284, 93291)</p>
93291	<p><b>Interrogation</b> device evaluation (<b>in person</b>) with <b>physician</b> analysis, review and report, includes connection, recording and disconnection per patient encounter; <b>implantable loop recorder</b> system, including heart rhythm derived data analysis</p> <p>(Do not report 93291 in conjunction with 33282, 93288-93290, 93298, 93299)</p>

CPT Code	CPT Code Description
<b>IMPLANTABLE LOOP RECORDER</b> <i>(continued)</i>	
93298	<p><b>Interrogation</b> device evaluation(s), (<b>remote</b>) up to 30 days; <b>implantable loop recorder</b> system, including analysis of recorded heart rhythm data, <b>physician</b> analysis, review(s) and report(s)</p> <p>(Do not report 93298 in conjunction with 93291, 93297)</p> <p>(Report 93298 only once per 30 days)</p>
93299	<p><b>Interrogation</b> device evaluation(s), (<b>remote</b>) up to 30 days; implantable cardiovascular monitor system or <b>implantable loop recorder</b> system, remote data acquisition(s), receipt of transmissions and <b>technician</b> review, technical support and distribution of results</p> <p>(Do not report 93299 in conjunction with 93290, 93291, 93296)</p> <p>(Report 93299 only once per 30 days)</p>
<b>PERI-PROCEDURAL</b>	
93286	<p><b>Peri-procedural</b> 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 <b>pacemaker</b> system</p> <p>(Report 93286 once before and once after surgery, procedure, or test, when device evaluation and programming is performed before and after surgery, procedure, or test)</p> <p>(Do not report 93286 in conjunction with 93279-93281, 93288)</p>
93287	<p><b>Peri-procedural</b> 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 <b>cardioverter-defibrillator</b> system</p> <p>(Report 93287 once before and once after surgery, procedure, or test, when device evaluation and programming is performed before and after surgery, procedure, or test)</p> <p>(Do not report 93287 in conjunction with 93282-93284, 93289)</p>

CPT Code	CPT Code Description
<b>MOBILE CARDIOVASCULAR TELEMETRY</b>	
93228	Wearable <b>mobile cardiovascular telemetry</b> 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; <b>physician</b> review and interpretation with report (Report 93228 only once per 30 days) (Do not report 93228 in conjunction with 93014)
93229	Wearable <b>mobile cardiovascular telemetry</b> 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; <b>technical</b> support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports (Report 93229 only once per 30 days) (Do not report 93229 in conjunction with 93014) (For wearable cardiovascular monitors that do not perform automatic ECG triggered transmissions to an attended surveillance center, see 93224-93227, 93230-93272)
<b>WEARABLE CARDIOVERTER-DEFIBRILLATOR</b>	
93292	<b>Interrogation</b> device evaluation ( <b>in person</b> ) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; <b>wearable defibrillator</b> system (Do not report 93292 in conjunction with 93745)
93745*	Initial set-up and programming by a <b>physician</b> of <b>wearable cardioverter-defibrillator</b> 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 (Do not report 93745 in conjunction with 93282, 93292)

\* This code was created in 2005.

#### 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<sup>5</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.<sup>6</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>7</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).

## 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).
- <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, §80. <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.

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