## Coding & Medicare National Payment

### Procedures Performed through December 31, 2018

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>2018 Physician Office National Rate</th>
<th>2018 Physician Rate (Facility)</th>
<th>2018 OPPS National Rate</th>
<th>2018 ASC National Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>33282</td>
<td>Implantation of patient-activated cardiac event recorder</td>
<td>N/A</td>
<td>$236</td>
<td>$7,371</td>
<td>$6,403</td>
</tr>
<tr>
<td>33284</td>
<td>Removal of an implantable, patient-activated cardiac event recorder</td>
<td>N/A</td>
<td>$207</td>
<td>$573</td>
<td>$298</td>
</tr>
</tbody>
</table>

### Procedures Performed on or after January 1, 2019

New descriptors replace the previous coding language to reflect evolving nomenclature for cardiac monitoring devices. These devices have previously been referred to as implantable loop recorders (ILR).

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>2019 Physician Office National Rate</th>
<th>2019 Physician Rate (Facility)</th>
<th>2019 OPPS National Rate</th>
<th>2019 ASC National Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>33285</td>
<td>Insertion, subcutaneous cardiac rhythm monitor, including programming</td>
<td>$5,264</td>
<td>$93</td>
<td>$7,404</td>
<td>$6,375</td>
</tr>
<tr>
<td>33286</td>
<td>Removal, subcutaneous cardiac rhythm monitor</td>
<td>$137</td>
<td>$92</td>
<td>$579</td>
<td>$298</td>
</tr>
</tbody>
</table>

## 2019 Relative Value Units (RVUs)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>wRVU</th>
<th>PE RVU (Facility)</th>
<th>PE RVU (Non-facility)</th>
<th>MP RVU</th>
<th>Total RVU (Facility)</th>
<th>Total RVU (Non-facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>33285</td>
<td>Insertion, subcutaneous cardiac rhythm monitor, including programming</td>
<td>1.53</td>
<td>0.70</td>
<td>144.18</td>
<td>0.36</td>
<td>2.59</td>
<td>146.07</td>
</tr>
<tr>
<td>33286</td>
<td>Removal, subcutaneous cardiac rhythm monitor</td>
<td>1.50</td>
<td>0.69</td>
<td>1.95</td>
<td>0.35</td>
<td>2.54</td>
<td>3.80</td>
</tr>
</tbody>
</table>

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2. Includes the device.
Device Follow-up Procedures
The descriptors for existing device monitoring CPT codes has been revised to reflect the shift from “implantable loop recorder” to “subcutaneous cardiac rhythm monitor.” No code numbers have changed, and Medicare payments for these services are stable. Please review our comprehensive Diagnostics Coding & Payment Overview for specific descriptor and national Medicare rate information.

Frequently Asked Reimbursement Questions
Q: Do the new codes encompass devices other than Reveal LINQ such as Reveal™ XT?
A: Yes. CPT codes are meant to be inclusive and encompass all subcutaneous cardiac rhythm monitoring devices, regardless of manufacturer or model.

Q: What is the global surgical period associated with the new codes?
A: The global period assigned to the new codes is 000 days (“minor surgical procedures”). This represents a change from the existing 090 day global period (“major surgical procedures”) that is assigned to the current codes.

Q: When an insertion takes place in the physician office, how is the office reimbursed for the cost of the device? Is there a separate code (e.g., c-code) that the physician office needs to report?
A: The cost of the device is included in the global MPFS payment for the procedure. Unlike the hospital outpatient department who reports a c-code for the device, the physician office does not report anything other than the CPT code for the insertion procedure: 33285.

Q: Can a non-physician practitioner (NPP) (e.g., physician assistant, nurse practitioner) perform these services?
A: Check with the payer on coverage of an NPP performing these procedures. The global period for the new codes reclassifies the services as minor surgical procedures and therefore it may be possible for an NPP to perform and receive reimbursement for these services depending on several additional factors. The following considerations must be addressed by each institution prior to NPP performance of the procedure:

- Payer policy
- State licensing/state scope of practice
- Credentialing
- Malpractice insurance

Note that under Medicare, independently performed NPP services are reimbursed at 85% of the physician fee schedule (PFS) rate. NPPs may perform minor surgical services incident-to a physician if specified Medicare criteria are met and documented in the medical record. Private payers will have their own rules and criteria. Check with your payer.

Q: Can we expect payer coverage policy changes because of the new CPT codes?
A: We do not anticipate changes in currently covered indications based on these coding changes. We continue to recommend that prior authorization is sought before a Reveal LINQ procedure is performed for patients with private health insurance. Regarding the addition of the office site-of-service, individual payers will determine the site(s) of service for which they will reimburse these procedures. Do not assume that all payers will cover these procedures in the physician office. Check with the payer for their specific policy.

Q: Where can I get more information?
A: If you have additional questions, please visit our website at www.medtronic.com/CRHFreimbursement or contact the Medtronic Cardiac Rhythm & Monitoring Reimbursement team by phone at 866-877-4102, Monday-Friday from 8 a.m.-5 p.m. CT or by email (one business day turnaround) at rs.healthcareeconomics@medtronic.com.
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References
1 Medicare Physician Fee Schedule regulation and data files are available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html.
2 Hospital Outpatient regulation and data files are available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices.html.
3 Ambulatory Surgical Center (ASC) regulation and data files are available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices.html.