PACEMAKERS

Device Follow-Up: Pacemakers In Person

- 93279* Programming device evaluation; single lead or leadless pacemaker system
- 93280* Programming device evaluation; dual lead pacemaker system
- 93281* Programming device evaluation; multiple lead pacemaker system
- 93288* Interrogation device evaluation; single, dual, or multiple lead or leadless pacemaker system

Remote Pacemaker (Up to 90 days; Do not report if the monitoring period is less than 30 days)

- 93294 Interrogation device evaluation(s); dual, multiple lead or leadless pacemaker system – PC
- 93296 Interrogation device evaluation(s); single, dual, multiple lead or leadless pacemaker system – TC

Other Pacemaker Device Evaluations or Electronic Analysis

- 93286* Peri-procedural device evaluation (in person) and programming device system parameters before or after a surgery, procedure, or test; pacemaker system
- 93293* TTM rhythm strip pacemaker evaluation(s), up to 90 days (Do not report if the monitoring period is less than 30 days)
- 93724* Electronic analysis of antitachycardia pacemaker system

REMOTE PACEMAKER, cont’d.

IMPLANTABLE DEFIBRILLATORS

Other ICD Device Evaluations

- 93287* Peri-procedural device evaluation (in person) and programming device system parameters before or after a surgery, procedure, or test; implantable defibrillator system

SUBCUTANEOUS CARDIAC RHYTHM MONITOR

Device Follow-up: Subcutaneous Cardiac Rhythm Monitor In Person

- 93285* Programming device evaluation; implantable subcutaneous lead defibrillator system
- 93291* Interrogation device evaluation; subcutaneous cardiac rhythm monitor

Remote Subcutaneous Cardiac Rhythm Monitor (Up to 30 days; Do not report if the monitoring period is less than 10 days)

- 93298 Interrogation device evaluation(s); Subcutaneous Cardiac Rhythm Monitor – PC
- 93299 Interrogation device evaluation(s); ICM or Subcutaneous Cardiac Rhythm Monitor – TC

IMPLANTABLE CARDIOVASCULAR MONITOR (ICM)

Device Follow-up: ICM In Person

- 93290* Interrogation device evaluation; ICM

Remote ICM (Up to 30 days; Do not report if the monitoring period is less than 10 days)

- 93297 Interrogation device evaluation(s); ICM – PC
- 93299 Interrogation device evaluation(s); ICM or Subcutaneous Cardiac Rhythm Monitor – TC

WEARABLE CARDIOVERTER-DEFIBRILLATOR

Device Follow-up and Initial Set-Up: Wearable Cardioverter-Defibrillator In Person

- 93292* Interrogation device evaluation; wearable defibrillator system
- 93745* Initial set-up and programming; wearable cardioverter-defibrillator

*Service performed in a facility setting (hospital or ASC) may require a –26 modifier that represents professional component only.
Commonly Used Modifier:

–26: Professional component (certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier –26)."*

NOTES

TC: Technical Component
PC: Professional Component

*Service performed in a facility setting (i.e., hospital or ASC) may require a –26 modifier that represents professional component only.

Additional Coding Information:

It is important to refer to the CPT® code descriptions to ensure that a billed code meets the specific requirements defined for each individual code. The local Medicare contractor/payer should be contacted for interpretation of applicable policies. In addition, the National Correct Coding Initiative (NCCI) edits should be checked.

Cardiac device evaluation CPT codes include both in person and remote monitoring services. Remote monitoring codes represent either a 30- or 90-day monitoring period and are separate codes for the professional component (PC) and the technical component (TC).

Physician Billing: Remote monitoring services require billing two different CPT codes for an office Place of Service (POS), when both components of the service are performed by the office. One code represents the professional component (PC) and another code represents the technical component (TC). These code pairs are: CPT 93294 and 93296, 93295 and 93296, 93297 and 93299, 93298 and 93299. The in person codes are configured as a global code. When the in person device evaluation or interrogation is performed in a facility (hospital) setting, modifier -26 should be appended to the applicable in person code when billing the professional component (PC). This -26 modifier is not applicable for remote monitoring services since there is a separate PC code, CPT 93294, 93295, 93297, and 93298.

The professional component reflects physician time and intensity in furnishing the service, including activities before and after direct patient contact.

The technical component refers to the resources used in furnishing the service, such as supplies and equipment. For remote monitoring, the CPT code description (CPT codes 93296 & 93299) identifies the work involved with remote monitoring technical services, including remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results.

Hospital Inpatient or Outpatient Billing: The service is “split-billed” with the professional component (PC) billed on a 1500 (professional claim form), and the technical component (TC: facility fee) is billed by the hospital on a UB-04 claim form.

Physician Supervision Requirements

Cardiac device monitoring services are defined by Medicare as diagnostic services. As such, Medicare regulations require specific supervision for diagnostic tests. These are 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 (PFS) lookup function on the Medicare website or under “PFS Relative Value Files” for 2018. 1

Medicare requires:

- General supervision of the technical component for all remote interrogation services and transtelephonic pacemaker monitoring (codes 93296, 93297, and 93298)
- Direct supervision of the technical component for all in person cardiac device evaluations when performed with an office POS

General supervision 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 in a hospital facility setting means that the physician must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician is not required to be present in the room where the procedure is being performed in this hospital facility setting or within any other physical boundary as long as he or she is immediately available.

Medicare diagnostic testing rules state that the supervisor must be a Physician. A Non-Physician Practitioner (NPP) such as a nurse practitioner or a physician assistant cannot supervise staff.

These coding suggestions do not replace seeking coding advice from the payer and/or your 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.

Cardiac Rhythm and Heart Failure (CRHF) coding, coverage and reimbursement information is available at medtronic.com/crhfreimbursement.

For questions or for more information, please contact the Cardiac Rhythm & Heart Failure Reimbursement Team at 1-866-877-4102 (M-F, 8:00 a.m. to 5:00 p.m. CT) or rs.healthcareeconomics@medtronic.com.

Disclaimer

Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage and payment policies. This document provides assistance for FDA approved or cleared indications. Where reimbursement is not sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (e.g., instructions for use, operator’s manual or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

References

1  CPT copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.


3 New and Revised Place of Service Codes (POS) for Outpatient Hospital Effective January 1, 2016: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3315CP.pdf.


5 The Medicare supervision requirements are available by accessing the “PFS Relative Value Files” or “Medicare Physician Schedule Look-Up” located at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html.
