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

IMPLANTABLE DEFIBRILLATORS, cont’d.

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; subcutaneous cardiac rhythm monitor
- **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
- **G2066** 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
- **G2066** Interrogation device evaluation(s); ICM or Subcutaneous Cardiac Rhythm Monitor – TC

VENTRICULAR ASSIST DEVICES (VAD)

Ventricular Assist Device Interrogation
- **93750** Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (e.g., drivelines, alarms, power surges), review of device function (e.g., flow and volume status, septum status, recovery), with programming, if performed, and report

*Service performed in a facility setting (hospital or ASC) may require a –26 modifier that represents professional component only.*
Cardiac device monitoring services are defined by Medicare as diagnostic services. The service is “split-billed” with the Hospital Inpatient or Outpatient Billing: the work involved with remote monitoring technical services, including remote data distribution of results.

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 the technical component (TC). These 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 the direct patient contact.¹

¹ The technical component refers to the resources used in furnishing the service, such as office rent, wages of personnel, and other office practice expenses. 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, 93299, and 93293)
- 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 means 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.¹

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.

References

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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.


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