2020 Coding Changes for Remote Device Interrogations

Effective January 1, 2020, CPT® code 93299 (Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results) will be deleted from the CPT® code book. CPT® code 93299 is reported for the technical services related to long term monitoring (e.g. Reveal LINQ™ insertable cardiac monitor (ICM) and OptiVol™ fluid status monitoring). In place of CPT® code 93299, Centers for Medicare & Medicaid Services (CMS) has created a new Healthcare Common Procedure Coding System (HCPCS) code. CMS has specified HCPCS code G2066 (Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results) will replace CPT® code 93299 effective January 1, 2020.

Frequently Asked Reimbursement Questions

Q1: Considering that CPT® code 92399 will be deleted effective January 1, 2020, how do I report remote technical services on remaining claims for dates of service prior to January 1, 2020?
A1: Remote technical services are to be submitted based on the date of service reported. Therefore, CPT® code 93299, should be reported on all applicable claims where the date of service reported was December 31, 2019 or before. HCPCS code G2066 should be submitted on claims where the date of service reported is on or after January 1, 2020. Remember to check with your commercial payers before reporting code G2066 as some commercial payers may have different coding recommendations for this service.

Q2: CMS created code G2066 for Medicare patients. What code should we report to our commercial payers?
A2: Some commercial payers may accept this code, but it will be important to check with your commercial payers before reporting code G2066, as some commercial payers may have different coding recommendations for this service.

Q3: Will I use the new HCPCS code G2066 when providing the technical portion of remote monitoring related to Reveal LINQ ICM or OptiVol fluid status monitoring transmissions?
A3: Yes. You will use HCPCS code G2066 when providing the technical portion of remote monitoring services for Reveal LINQ ICM (subcutaneous cardiac rhythm monitor system) or OptiVol fluid status monitoring (cardiovascular physiologic monitor system) when reporting to Medicare and some commercial payers. Remember to check with your commercial payers before reporting code G2066 as some commercial payers may have different coding recommendations for this service.

Q4: Will HCPCS code G2066 be contractor priced (meaning there are no assigned RVUs and the rates are developed at the discretion of the local Medicare Administrative Contractors (MACs)) like CPT® code 93299 was when it existed?
A4: Yes. HCPCS code G2066 will be contractor priced meaning there will be no assigned RVU’s and rates will be developed at the discretion of your local MAC.
Q5: Do I need to use modifier -TC (technical component) when reporting G2066?
A5: No. The code description indicates that the code represents the technical component only and will not need to be reported with a technical component modifier.

Q6: When will the contractor rates for G2066 come out?
A6: The MACs release their contractor priced fee schedules at different times (generally during the first quarter of the year). We recommend reaching out to your local MAC for their specific fee schedule information.

Q7: What is a G-code?
A7: G-codes are temporary national codes assigned to services that are under review before determining if they will be replaced by permanent CPT codes. G-codes are created by Medicare for Medicare use, with some commercial payers using the code also. Payment for these G-coded services is under the jurisdiction of the local MACs.

Q8: Where can I go if I have further questions regarding this change?
A8: Please reach out to the Medtronic Cardiac Rhythm and Heart Failure Reimbursement Team by phone at 866-877-4102 (M-F 8am CST- 5pm CST), email us at rs.healthcareeconomics@medtronic.com or visit our website at www.medtronic.com/crhfreimbursement.

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References: