An implantable cardiovascular physiologic monitoring (ICPM) code for OptiVol™ technology is available for heart failure management.

An ICPM device collects longitudinal physiologic cardiovascular data elements from one or more internal sensors, such as right ventricular pressure, left atrial pressure, or an index of lung water and/or external sensors, such as blood pressure or body weight, to help with ongoing management of conditions like heart failure.

The CPT® codes reflect ICPM interrogations. Interrogation includes analysis, review(s), and report(s) by a physician or other qualified healthcare professional. Documentation in the medical record must support the medical necessity of services performed.

Implantable Cardiovascular Physiologic Monitor
Device Interrogation

93290
In Person per Encounter
$48.36 (Global)
$22.38 (26)
$25.98 (TC)

93297
Remote per 30 Days

G2066*
Contractor Priced

93297
Professional Analysis
Up to 30 Days
$27.79

93297
Remote Data Acquisition and Technical Support
Up to 30 Days


*CMS created code G2066 for Medicare patients; effective 1/1/2020. 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.

Section 1862(a)(1)(A) of the Social Security Act allows coverage and payment for only those services that are considered to be medically reasonable and necessary. The medical necessity for services provided must be documented in the medical record.

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 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.

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2020 Medicare program payments above DO NOT REFLECT a reduction of 2% due to sequestration effective for services provided on or after 4-1-2013. This 2% reduction is required by the Budget Control Act (BCA) of 2011, as amended by the American Taxpayers Relief Act of 2012. The 2020 Medicare physician national payment rates reported on the CMS website at https://www.cms.gov/apps/physician-fee-schedule/overview.aspx.
Additional Coding Information:

It is important to refer to the CPT code descriptions in order to ensure that a billed code meets the specific requirements defined for each individual code. You should contact your local Medicare contractor/payer for any applicable policies. Furthermore, please check the National Correct Coding Initiative¹ (NCCI) edits for any applicable restrictions/limitations.

Monitoring Period:
The monitoring period described by these codes includes in person and a 30- or 90-day remote monitoring period. Remote monitoring codes have separate CPT codes for the professional and technical components. For in person codes, the CPT codes include the professional and technical components. When both components of care are rendered in an office setting (POS 11), it is not necessary to append a modifier to the code. If only one component is performed (technical or professional), then the appropriate modifier would need to be added. However, the remote monitoring codes have two different CPT codes representing each component; technical and professional.

Professional Component:
The Professional Component reflects physician time and intensity in furnishing the service, including activities before and after direct patient contact.³ 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.

Technical Component:
The Technical Component refers to the resources used in furnishing the service, such as office rent, wages of personnel, and other office practice expenses. Modifier –TC⁴ should be added to the appropriate CPT code when only the technical component is performed. Modifier –TC would not be appended if the CPT code description represents only the technical support and service.

Physician Supervision Requirements:

Medicare established specific diagnostic test supervision requirements 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 Lookup function on the Medicare website⁵ or under “PFS Relative Value Files” for 2020.⁶

Medicare requires:

□ General supervision of the technical component for all remote interrogation services and transtelephonic pacemaker monitoring (codes 93296, G2066, and 93293)

□ Direct supervision of the technical component for all in person cardiac device interrogations

General supervision⁷ 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 supervision⁷ 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) released a document which 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.⁸ We encourage providers to seek confirmation or clarification from the payer about the policy statement.

References

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³ Section 410.32(b) of the Code of Federal Regulations (CFR).

⁴ Social Security Act Section 1848(c)(1)(A) and (B).


